Late 2022 Wins for Addiction Services

Significant funding increase in several of NAADAC’s priority programs

- **Minority Fellowship Program:**
  - $19.5 million is provided ($3.3 million increase)

- **SUPT Block Grant:**
  - $2 billion is provided ($100 million increase)

- **STAR LRP (SUD Treatment and Recovery (STAR) Loan Repayment Program):**
  - $40 million included for this program ($16 million increase)

- **Peer Support** - no less than $14 million for community-based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals.

- **Opioids, Stimulants, and Pain Management** - no less than $355 million in NIDA for the HEAL Initiative. with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction. Also includes an additional $10 million to support related research on pain and pain management.

- **Reducing Opioid Disparities** - supports efforts to address the disproportionate effects of the opioid overdose epidemic on Black/African Americans.

- **Building Communities of Recovery** - an increase for enhanced long-term recovery support principally governed by people in recovery from substance use disorders.

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Late 2022 Wins for Addiction Services

**Omnibus Spending Bill**

- Reauthorizes the Substance Abuse Prevention and Treatment Block Grant and renames it as the Substance Use Prevention and Treatment (SUPT) Block Grant.

- Includes measures to improve mental health parity, including eliminating the opt-out for nonfederal governmental health plans and authorizes grants to states to enforce and ensure parity compliance.

- Extends Medicare telehealth flexibilities for 2 years (through 12/24)

- LPCs & LMFTs included as covered disciplines under Medicare

- Mainstreaming Addiction Treatment Act (MAT Act) – eliminates X waiver for buprenorphine

- Medication Access & Training Expansion Act (MATE Act) – require prescribers of controlled substances to complete training on treating SUD

**Medical Marijuana and Cannabidiol Research Expansion Act (P.L. 117-215)**

- Encouraged FDA to develop meds derived from marijuana; Requires research on potential benefits & harms of marijuana; Does NOT legalize marijuana
Advocacy Folder

- Investing in the Addiction Workforce
- Addressing the Addiction Crisis: Medicare and Substance Use Disorders in the Elderly
- Legalization and Decriminalization of Cannabis
- Addressing the Addiction Crisis: NAADAC 2023 Legislative Requests
- About NAADAC 2023
- NAADAC Position Statement on Critical Issues in the Black Community: The Complexities of SUD Treatment
- NAADAC Position Statement on the Legalization and Criminalization of Cannabis
- Bipartisan Addiction and Mental Health Task Force
- Congressional Addiction, Treatment and Recovery Caucus

Policy Paper: Investing in the Addiction Workforce

- In 2021, 15.6% of people aged 12 or older (43.7 million people, up 2.6 million from the prior year) were classified as needing substance use treatment in the past year; however, only 6.3% (2.7 million people) received that treatment.
- We must continue our commitment to building and maintaining a strong addiction workforce that is trained specifically to address our nation’s growing addiction crisis.

| At least $3 billion for the Substance Use Prevention and Treatment (SUPT) Block Grant. | At least $44 million for the Loan Repayment Program for Substance Use Disorder Treatment Workforce (STAR LRP). | At least $24.3 million for the Minority Fellowship Program. |
NAADAC Addiction Workforce “Asks” & Talking Points

Support Funding for SUD Programs to Increase Workforce Recruitment and Retention

Policy Paper: Medicare and Substance Use Disorders in the Elderly

How Can Congress Help?

• Support addiction counselors being added to the professionals eligible for participation in the Medicare program and ensure beneficiary access to peer support specialists.

• Ensure Medicare coverage includes a full continuum of care for substance use treatment services.

• Support application of the Mental Health Parity and Addiction Equity Act to Medicare coverage for SUD treatment services.
### Policy Paper: Medicare & SUD Services

<table>
<thead>
<tr>
<th>Covered BH Professionals</th>
<th>Omnibus Spending Bill Provisions</th>
<th>NAADAC Medicare “Asks” &amp; Talking Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to YE 2022 only MD, PhD, SW could provide services; LPC/LMFT can provide but cannot bill independently</td>
<td>LPCs and LMFTs added as allowed practitioners effective 1/24</td>
<td>Authorize Addiction Counselors’ Eligibility for Medicare Participation by Supporting the Addiction Treatment Access Act once it is introduced</td>
</tr>
<tr>
<td>Not a covered LOC for Medicare beneficiaries unless provided in hospital setting</td>
<td>Needs to be added as covered LOC for SUD treatment</td>
<td>Clarify Medicare Reimbursement for Peer Recovery by Supporting the PEERS Act once it is introduced</td>
</tr>
<tr>
<td>Only covered if patient has MH diagnosis; must need PHP in order to prevent inpatient care</td>
<td>Allow PHP coverage as appropriate under standard eligibility guidelines (ex ASAM)</td>
<td>Ensure Medicare Coverage Includes a Full Continuum of Care for SUD Treatment Services</td>
</tr>
<tr>
<td>Not a covered LOC for Medicare beneficiaries</td>
<td>Allowed if provided by CBHC, FQHC, hospital OP dept, rural health clinics, eff 1/24</td>
<td>Support Application of the Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicare Coverage for SUD Treatment Services</td>
</tr>
<tr>
<td>Can only deliver services under office-based SUD services as part of team</td>
<td>Allow any state licensed IOP to qualify for Medicare application</td>
<td></td>
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</tbody>
</table>
Policy Paper: Legalization and Decriminalization of Cannabis

As Congress debates policy changes concerning legalization and decriminalization of cannabis at the federal level, NAADAC strongly urges Congress to solicit the opinions and recommendations of addiction professionals who treat and study cannabis use disorder (CUD), and craft thorough cannabis policy before implementing any change to the criminal or legal status of cannabis.

NAADAC Supports the Decriminalization of Cannabis

NAADAC Opposes Legalization of Cannabis

NAADAC Calls for Expanded Research into Medicinal Value of Cannabis

NAADAC Cannabis “Ask” & Talking Points

Consider Addiction Professional Perspective Regarding Legalization and Decriminalization of Cannabis.

We are also encouraging House lawmakers to stay engaged on these important issues by joining the Bipartisan Addiction and Mental Health Taskforce or the Congressional Addiction, Treatment and Recovery Caucus.
Recap: NAADAC 2023 Legislative Requests

Invest in the Addiction Workforce

• Support fiscal year (FY) 2024 spending bills that include:
  • At least $3 billion for SAMHSA's Substance Use Prevention and Treatment (SUPT) Block Grant
  • At least $44 million for HRSA's Loan Repayment Program for SUD Treatment Workforce
  • At least $24.3 million for SAMHSA's Minority Fellowship Program.

Support Medicare and SUD Treatment

• Authorize Addiction Counselors' Eligibility for Medicare Participation, Clarify Medicare Reimbursement for Peer Recovery, Ensure Medicare Coverage Includes a Full Continuum of Care for SUD Treatment Services, and support application of MHPAEA to Medicare Coverage of SUD services.

Consider Addiction Professional Perspective Regarding Legalization and Decriminalization of Cannabis

• Support the decriminalization of cannabis but not the recreational use of cannabis or use for medicinal purposes until further research is completed.

Q & A

www.naadac.org/advocacy-conference