Addressing the Addiction Crisis: Medicare and Substance Use Disorders in the Elderly

Demand for substance use disorder (SUD) treatment services is high for older adults, but they face severely limited access to a full continuum of care due to the significant gaps in Medicare coverage.

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.

Although younger individuals generally come to mind when thinking of those with problems with alcohol or other drugs, NIDA research indicates older adults are also at increasing risk.

- Use of illicit drugs in older adults has been on the rise.
- 65% of people 65 and over report high-risk drinking, with more than a tenth of this group currently binge drinking.
- Due to changes in the body and brain, older adults are more often susceptible to the effects of drugs and alcohol and the related health consequences.
- Some older adults take substances to cope with big life changes such as retirement, grief and loss, declining health, and changes in their living situation.
- Increases in overdose deaths and hospitalizations in the elderly are associated with the opioid epidemic.

Support Addiction Counselors’ Eligibility for Medicare Reimbursement

Medicare currently does not permit reimbursement for treatment independently provided by addiction professionals despite the fact that addiction counselors are specifically educated, trained and experienced to provide effective and efficient SUD treatment services in a wide variety of settings. Additionally, Medicare reimbursement for peer recovery support services must be clarified, as peer support represents an evidence-based and effective piece of the continuum of care for SUD treatment that generally reduces expenditures for emergency care and other higher cost care.

The soon-to-be-introduced *Addiction Treatment Access Act of 2023* will increase access to treatment for substance use disorders by allowing credentialed addiction counselors to be reimbursed under Medicare Part B. The legislation would also permit credentialed addiction counselors to perform these critical services in Rural Health Clinics and Federally Qualified Health Centers serving underserved and vulnerable populations.

We also expect the *Promoting Effective and Empowering Recovery Services in Medicare Act* or the *PEERS Act* to be reintroduced. This legislation would expand access to peer support specialists by clarifying that they can participate as part of a team that provides behavioral health integration services for Medicare beneficiaries.

**Build and Support a Full Continuum of Care for SUD**
Medicare must provide a full continuum of care and expand eligible service providers to include all appropriately licensed programs. Currently, care continuum gaps limit coverage to inpatient detox only in a hospital setting, excludes residential care altogether, sets restrictive eligibility requirements for partial hospitalization, and limits intensive outpatient services to select providers. This is an ineffective approach to treating complex disorders with biological, psychological, social, and spiritual impacts. Widely accepted standards call for inpatient, residential, partial hospitalization, intensive outpatient, and outpatient services, allowing for entry at the appropriate point on the continuum as well as movement through levels of care as need indicates. The American Society of Addiction Medicine (ASAM) established a care continuum over 30 years ago and it is widely used by providers and payors. In addition, specialized substance use treatment providers can offer more robust treatment, which includes a broad range of clinical care at lower cost than traditional hospital providers.

**Support Application of the Mental Health Parity and Addiction Equity Act to Medicare Coverage for SUD Treatment Services**

Medicare should cover necessary services for mental health and substance use disorders, but currently excludes intermediate levels of care, including residential, intensive outpatient, and partial hospitalization for patients with a primary substance use disorder diagnosis. Even when covered in a hospital setting, reimbursement is not sufficient for the required length of stay, and utilization review practices can limit length of stay and deny ongoing care. Congress should extend the Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act to Medicare to provide coverage that is equitable to any other medical or surgical care and remove discriminatory standards that create barriers for older Americans in accessing care.