Addressing the Addiction Crisis: NAADAC 2023 Legislative Requests

Addiction impacts millions of Americans and their families. After several years of progress in the fight against the opioid epidemic, data shows that substance use, overdoses, and deaths have increased in recent years, accelerated in part during the COVID-19 pandemic.

How Can Congress Help?

Authorize Addiction Counselors’ Eligibility for Medicare Participation by Supporting the *Addiction Treatment Access Act once it is introduced*. Medicare beneficiaries face barriers to substance use disorders (SUD) treatment services resulting from the inability of addiction counselors to be reimbursed under the program. Addiction counselors are specifically educated, trained and experienced to provide effective and efficient SUD treatment services and stand ready to serve as a capable and needed workforce serving Medicare beneficiaries.

Invest in the Addiction Workforce. We must continue our commitment to building and maintaining a strong addiction workforce that can help address our nation’s growing addiction crisis.

- 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, and
  - At least $24.3 million for SAMHSA’s Minority Fellowship Program.

Clarify Medicare Reimbursement for Peer Recovery by Supporting the *Promoting Effective and Empowering Recovery Services in Medicare Act (the PEERS Act) once it is introduced*. Peer support represents an evidence-based and effective piece of the continuum of care for SUD treatment and is highly effective for client recovery as well as an efficient use of healthcare dollars.

Ensure Medicare Coverage Includes a Full Continuum of Care for SUD Treatment Services. With Medicare only covering the most and least intensive services for SUD treatment, this current coverage limitation is ineffective with respect to treating complex disorders. 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.

Support Application of the Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicare Coverage for SUD Treatment Services. MHPAEA requires insurer to treat substance use disorder and mental health care the same way they treat medical or physical surgical care; however, this requirement does not currently extend to Medicare. NAADAC urges Congress to expand MHPAEA’s application to Medicare in order to help close significant gaps in coverage for Medicare beneficiaries suffering addiction or mental health issues.

Consider Addiction Professional Perspective Regarding Legalization and Decriminalization of Cannabis. NAADAC supports the decriminalization of cannabis. However, it does not support the recreational use of cannabis or use for medicinal purposes until further research is completed.