



Northern Virginia Health Policy Forum: Reauthorization of the SUPPORT Act

On August 22, 2023, the Northern Virginia Health Policy Forum (NVHPF) convened to discuss the reauthorization of the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act*. Applied Policy sponsors this forum and will post a recording of the session on the NVHPF [webpage](#).

Jim Scott, President of Applied Policy, led the call. The panelists were Megan Meacham, Director of the Rural Strategic Initiatives at the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy, and Andrew Cosgrove, Senior Director of Policy and Research at the Biotechnology Innovation Organization (BIO).

Congress signed the SUPPORT Act into law in October 2018 to fund addiction and recovery programs nationwide and address the extensive overprescription and abuse of opioids. The law is due to expire on September 30, 2023. Senator Bill Cassidy recently introduced the SUPPORT Reauthorization Act of 2023 (H.R. 4531), which reauthorizes expiring programs that support prevention, treatment, and recovery for people with substance use disorder and mental illness, at the House Energy and Commerce Committee meeting. As Congress nears the deadline for reauthorization, our panelists discussed the contents of the renewed bill, non-opioid pain relief, and its implications for public health services across the country.

Some of the highlights from the panel included:

- The SUPPORT ACT and its reauthorization are essential to fight and prevent substance abuse;
- Given the diversity of rural areas, it is important to allow flexibility to provide resources and services that match the needs of individual communities;
- The COVID-19 pandemic showed that telehealth can be especially useful in attacking the opioid crisis in rural areas, especially when paired with mobile resources;
- Because people lose Medicaid eligibility when incarcerated, causing a lapse in coverage and care, panelists noted that the structure of Medicaid is failing the population of formerly incarcerated people with addiction; and
- Getting rid of the stigma surrounding substance abuse is essential to building support for the SUPPORT Act and, more broadly, ending opioid addiction.



PANELIST DISCUSSION

SUPPORT Act Opinion and Reauthorization

Ms. Meacham's office has received more than \$720 million in appropriations from the SUPPORT Act, reaching more than 1,800 rural communities since 2018. This past year, HRSA's grantees provided services to over two million residents. Provisions in the SUPPORT Act have helped reduce barriers to healthcare access. For example, it expanded the use of telehealth coverage for opioid addiction treatment services and allowed HRSA to place providers in underserved communities to address behavioral health and substance use disorder through the Substance Use Disorder Treatment and Recovery Loan Repayment Program. Reauthorization of the legislation would allow HRSA to continue funding these, and other, programs.

Mr. Cosgrove discussed the Food and Drug Administration and the Centers for Medicare & Medicaid Services' (CMS) SUPPORT Act-related efforts to expand access to substance abuse treatment and continue education on non-opioid treatment. He discussed how during the COVID-19 pandemic, many of the Medicare program rules were relaxed, like home delivery of medication and telehealth, which he hopes are leveraged in the future to address the opioid crisis. Mr. Cosgrove emphasized the need for continued support for new ideas as well as innovations to combat this crisis at every level of healthcare.

Rural Healthcare

The panelists emphasized the importance of allowing rural communities the flexibility to provide resources and services unique to their needs, given the heterogeneity of rural settings. HRSA approaches each grant recipient with broad objectives but gives partners the flexibility to determine the methods that work for them. HRSA-funded health research is used to analyze policy impacts on different communities, allowing grantees to innovate and remove barriers for their residents. Communities know the issues they face, so maintaining flexibility in authorization, partnering with community leaders, and allowing them to innovate will be key to addressing addiction in rural areas.

Telehealth

Ms. Meacham and Mr. Cosgrove discussed the vital role telehealth can play in expanding access to opioid addiction education, treatment, and ongoing care. Ms. Meacham highlighted how pairing mobile units with telehealth allowed communities to increase access to patient care. Mr. Cosgrove said that COVID-19 created opportunities for telehealth expansion, which he believed the federal government and CMS should continue to leverage for telehealth access to remain in place. The panelists agreed that telehealth can significantly improve access to care and patient retention, but its potential cannot be fully realized in those, predominately rural, areas that do not yet have broadband access.

Medicare and Medicaid Flexibilities

To better address substance abuse recovery and access to mental health medications, Mr. Cosgrove noted the need for less restrictive prior authorization requirements and pharmaceutical network exclusivity within the Medicare programs. Differing eligibility criteria across states makes this increasingly complicated, and the episodic nature of Medicaid coverage creates a barrier for people to get the care they need.

Non-Opioid Alternatives

With over 50 million patients living with chronic pain in the United States, opioid addiction is a frightening reality for those seeking pain relief. HRSA encourages grantees to learn more about safe prescription practices and educates providers about non-opioid alternatives to pain management. Mr. Cosgrove highlighted the issue of bundled payment systems under Medicare and Medicaid, which can encourage the use of opioid generics over non-opioid alternatives. He hopes to see enhanced coverage and payment of non-opioid alternatives under Medicare and Medicaid soon.

Addressing the Stigma of Addiction

Both panelists affirmed that education is the best way to reduce the stigma around opioid addiction and build support for the SUPPORT Act. It is important to keep an open mind and look for innovative opportunities to address opioid addiction.

Correctional Facilities

Mr. Cosgrove and Ms. Meacham discussed the importance of improving care to incarcerated individuals and those recently released from incarceration who struggle with addiction. Mr. Cosgrove explained that incarceration causes people to lose Medicaid eligibility, and episodic renewal remains a huge barrier to treating lifelong

addiction. Ms. Meacham added that Medicaid coverage will allow formerly incarcerated people to more easily transition to life after prison. Using a well-rounded approach, through healthcare navigators and increased access to medicine, as well as addressing issues beyond healthcare delivery, will be crucial to serving these individuals. Panelists agreed that this subpopulation cannot be ignored in solving the opioid crisis.

The next NVHPF will be held on September 19, hosting media panelists who will discuss trends to watch in healthcare over the next year.

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