

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

August 17, 2017

Dear President Trump:

I am writing in support of the recent draft report delivered to you from the Commission on Combating Drug Addiction and the Opioid Crisis. This report rightly focuses on solutions grounded in public health approaches instead of relying on the criminal justice system, and we endorse your recent declaration of a national emergency to better mobilize resources.

The National Health Care for the Homeless (HCH) Council is a membership organization representing federally qualified health centers (FQHCs) and others who provide health care for people experiencing homelessness. In 2015, there were 295 HCH projects serving about 900,000 patients across the country. As a community serving a very vulnerable population, we have seen first-hand the tragedy behind opioid addiction. Addiction can cause homelessness, and the experience of living on the street or in shelters makes it more difficult to access treatment. Risk of overdose and death due to opioids is extremely high for our patients, as they often have numerous other medical conditions and lack the stability of housing and other supports. The HCH community is committed to providing high-quality, outpatient substance abuse treatment but we need help expanding access and reducing barriers to care.

The Commission's report contains common-sense solutions, and below are those we specifically want to comment upon:

- **Expand treatment capacity:** There's a limit to what we can do in an outpatient setting for those struggling with the most severe addiction, but access to inpatient residential drug treatment is severely limited given the constraints of Medicaid. *We wholly support the report's recommendation to declare a state of emergency*, allowing the Department of Health and Human Services (HHS) to issue Medicaid IMD waivers to all states so they can immediately expand treatment capacity to better serve those in need.
- **Mandate prescriber education initiatives and training on opioids:** Research shows that many providers in the primary care environment do not have the level of training needed to address opioid addiction, screen for addiction, or prescribe buprenorphine. Greater training would also help reduce the level of stigma that still exists in the medical community around behavioral health conditions. We support the recommendation to develop core competencies and require continuing education so that many more providers have the skills and comfort level needed to provide more holistic care.
- **Incentivize medication-assisted treatment (MAT):** It is the ultimate of ironies that many providers can easily prescribe the opioids that cause addiction, but have numerous barriers to prescribing the

treatment for opioid addiction. While more states are putting in place policies that limit opioid prescriptions, there is still a vast shortage of providers able to prescribe MATs to treat patients in need. We agree with the report's finding that individuals seeking treatment, especially in the criminal justice system, encounter too many barriers to accessing these medications. However, we express concern about the notion that "all modes of MAT are offered at every licensed MAT facility." We note that methadone, a long-standing MAT that works well for many people in treatment, is often regulated in such a way that prevents it from being integrated with other health care services (e.g., a separate facility) while buprenorphine and naltrexone are more easily integrated into existing primary care practices.

- The item of particular interest for us is the recommendation that the Centers for Medicare and Medicaid Services (CMS) "should require all federally-qualified health centers to mandate that their staff physicians, physician assistants, and nurse practitioners possess waivers to prescribe buprenorphine." *As FQHCs who serve a very vulnerable population, we endorse this goal, but would like to discuss further the resources and timeline needed to make this a reality.* As safety net providers in underserved communities, we believe it is our mission to provide all the tools possible to achieve health and wellness in the patients we serve. Equipping all health centers to prescribe buprenorphine would expand the care we provide and improve patient outcomes.
- **Align patient privacy laws with HIPAA:** As health centers and other types of providers further integrate primary care and behavioral health, we endorse any measures that make it easier for us to practice evidence-based medicine. This requires we are able to share information within care teams, and with the other health care providers that serve our patients.

Finally, this draft states that the final report will include more information related to a number of areas. Of particular relevance for us are those related to increasing workforce access and training needs, improving treatment programs, and furthering the practice of substance use screenings and referrals. We endorse all these goals, and look forward to more detail in the final report. *We would request that the final report also acknowledge the role that stable housing plays in accessing, maintaining and succeeding in treatment.*

Thank you for the opportunity to comment on the Opioid Commission's draft recommendations. As indicated above, we are especially interested in the ways that Health Care for the Homeless projects and other FQHCs that serve people who are homeless can play a larger role in the solutions to the opioid epidemic. If you would like to talk further about this issue, please contact Barbara DiPietro, Senior Policy Director, at 443-703-1346 or at bdipietro@nhhc.org.

Sincerely,



G. Robert Watts
Chief Executive Officer