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January 14, 2013

Peter Lee, Executive Director
Covered California
560 J Street, Suite 290
Sacramento, CA

RE: Bridge Plan: A Strategy to Promote Continuity of Care & Affordability through Contracts with Medi-Cal Managed Care Plans

Dear Mr. Lee:

Bay Area Addiction Research and Treatment (BAART) Programs was founded in 1977 and has been providing high quality, community-based health care since its inception. Our core and original service modality – methadone maintenance – is the gold standard in opioid addiction treatment. It is evidence-based, yielding positive outcomes for the individual patient and the community at large. We appreciate the opportunity to comment on the *Bridge Plan: A Strategy to Promote Continuity of Care & Affordability through Contracts with Medi-Cal Managed Care Plans* (Bridge Plan) and thank you for your strong commitment to making mental health (MH) and substance use disorders (SUD) a top priority and for working to ensure that individuals with MH/SUD needs receive quality care.

Substance use disorders and mental illnesses are treatable health conditions, as accepted by the American Medical Association, all other public health and medical standards, and decades of scientific research. Tens of millions of adults and youth are in need of care: in the last year, nearly one-third of adults and one-fifth of children had a diagnosable substance use or mental health problem. However, there remains an unacceptably large MH and SUD treatment services gap in this country. In the past year, less than half of the 15 million adults with serious mental illness received psychotherapeutic treatment or counseling for a mental health problem and only ten percent of the over 23 million people in need of care for a SUD received any specialty treatment.

With passage of the federal parity law in 2008, Congress recognized the long history of widespread discrimination in private insurance coverage of MH and SUD benefits and sought to remedy this inequity. In addition to historically weak coverage of MH and SUD benefits through private insurance, Medicaid coverage of SUD services and to a lesser extent MH care varies widely across the country. By extending the requirements of the federal parity law to all qualified health plans under the ACA, Congress has ensured significant improvement in access to these critical services.

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We have two principal concerns with the Bridge Plan and offer the below comments:

- **Medi-Cal Managed Care plans should not be considered automatically to have satisfied the Essential Community Provider network requirements by virtue of the composition of their typical networks**: While numerous studies recognize the effectiveness of methadone as a medication for maintenance, detoxification and medically supervised withdrawal, coverage for this critical service is traditionally excluded or carved out from typical Plan networks. Methadone is a highly regulated medication, with extensive accreditation, licensing and other oversight requirements at both the federal and state levels. Methadone offers pharmacologic benefits that help to support an individual's efforts to achieve and sustain abstinence, and is particularly effective for patients with

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long term histories of chronic opioid addiction who have a high narcotic tolerance. Methadone is also effective in helping individuals to stay in treatment. Research has also shown that methadone is a cost-effective medication. We believe the exclusion of medication assisted treatment involving methadone is inconsistent with the tenets of the ACA, and any benchmark or qualified health plan (QHP) that does not include this benefit should be rejected. Our consideration of these issues is informed by our experience as a health care provider as well as with private health insurance coverage for MH/SUD, which has historically been weak, when it has been covered at all.

- **Current Drug Medi-Cal benefits, including methadone maintenance, should continue to be covered for Bridge Plan enrollees:** Excluding use of methadone from Affordable Care Act (ACA) coverage in California violates several provisions of the ACA, including the parity and non-discrimination provisions of the federal law:

    - Excluding use of methadone for the treatment of opioid addiction would be inconsistent with the non-discrimination requirements of the ACA. Allowing any plan offered on the exchange to exclude use of methadone from coverage is contradictory to the ACA's requirement that the exchange addresses the health care needs of diverse segments of the population. If medication-assisted treatment utilizing methadone is excluded as a service, individuals with opiate addiction will have their choice of treatment severely restricted. Methadone is a highly effective medication that is consistent with recognized standards of clinical care and is beneficial to diverse groups of people whose health needs have traditionally not been well met. People with opioid addiction have been particularly stigmatized and have historically experienced considerable discrimination. Singling out for denial of coverage a specific medication which is essential for a significant number of people with a disability to become and stay well suggests the type of discrimination that is precluded by the ACA.

    - Excluding coverage for one of the three medications approved for the treatment of opioid addiction would violate the parity requirements of the ACA. The base-benchmark plan covers a number of medications to help in the treatment of other chronic illnesses including hypertension, cancer and heart disease. Allowing the methadone exclusion to remain in any plan offered on the California exchange would be the equivalent of the plan also excluding coverage for 1/3rd of the medications approved for the treatment of another chronic illness.

Given the aforementioned comments and recommendations, as well as the science supporting broader access to methadone treatment, we propose that Covered California reject any Bridge Plan that excludes coverage for methadone treatment.

With the current epidemic of prescription drug abuse, it is imperative to employ the most efficacious and cost-effective weapon to battle this crisis. We strongly support the goals of the ACA to ensure that all Americans have access to high-quality, affordable health care, including comprehensive care for mental health and substance use disorders. Individuals should have choices regarding their health, mental health, and substance use disorder care that foster recovery and wellness through individualized community-based services and supports.

Thank you again for the opportunity to provide comments on the Bridge Plan. We appreciate your careful consideration of our comments and our office looks forward to working with you further on the development and implementation of the EHB and related provisions of the ACA.

Sincerely,

Jason Kletter, PhD
President