



How ACA Repeal Would Worsen the Opioid Epidemic

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As the U.S. Surgeon General's recent report on addiction highlights, the United States faces a serious opioid epidemic that shows no signs of abating.¹ In 2015, more than 13 million

Americans reported nonmedical use of opioids in the previous year, and about 2.5 million of those people have an opioid use disorder that requires treatment.² The rate of death due to opioid-related overdose has increased by more than 200% over the past 15 years, and we are now losing more Americans to overdose deaths each year than we did to AIDS during the peak of that epidemic. The human cost of addiction and overdose is accompanied by a substantial financial price: for 2013 alone, the costs of opioid use, abuse, and overdose were estimated at \$78.5 billion.³

An effective response to the epidemic requires a multifaceted strategy: better regulation and monitoring of opioid prescribing, a concerted effort at prevention, expanded options for safe dis-

posal, and greater support for effective nonopioid approaches to pain management. Most important for the 2.5 million Americans who are already addicted, we must also rapidly expand access to medication treatment for opioid use disorders. Decades of evidence has established that provision of medication for treatment of opioid use disorder results in a greater reduction in opioid-related morbidity and mortality than provision of psychosocial treatment alone and that medication treatment reduces the risk of relapse and overdose during recovery.⁴ Nonetheless, receiving such treatment remains stigmatized, and such treatment is difficult to obtain. Key federal stakeholders, including the White House Office of National Drug Control Policy, the Office of the Surgeon General of the United

States, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the Veterans Health Administration, and the National Institutes of Health, have all identified improving access to medication treatment as a priority.

Although the Affordable Care Act (ACA) was not designed with the opioid epidemic in mind, it provides valuable tools for expanding access to medication treatment: major health insurance coverage expansions through Medicaid and the establishment of state health insurance marketplaces, inclusion of addiction treatment as an essential health benefit that existing insurance plans must cover, and requirements that benefits for treatment of opioid use disorder be provided at parity with coverage of medical and surgical procedures. The dramatic rise in opioid use disorders has prompted many states to take a hard look at deficiencies in their current systems of treatment and

to leverage opportunities presented by the ACA for addressing them.

Yet the future of the ACA is precarious at best. President Donald Trump has professed his intention to repeal the law, with the support of a Republican-dominated Congress. Through Medicaid expansion and state health insurance marketplaces, the ACA has extended health insurance coverage to at least 20 million Americans who would otherwise have been uninsured. This population includes more than 2 million Americans with substance use disorders, an estimated one third of whom have opioid use disorders.¹ Because the ACA includes addiction treatment as an essential health benefit, Medicaid expansion programs and qualified health plans offered on state health insurance marketplaces are required to cover at least some form of treatment for opioid use disorder to all these newly insured Americans. If the ACA is repealed, they will lose coverage for such treatment, including medication treatment. Lifesaving drugs such as buprenorphine and extended-release naltrexone are costly and financially out of reach for many uninsured people.

For millions more Americans, a total repeal of the ACA could reverse the expansion of parity requirements stipulated in the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA) to include all private plans, including those offered in the state health insurance marketplaces, as well as Medicaid expansion programs. Parity requirements mandate that insurance-benefit limits on addiction treatment are no more restrictive than those applied to other medical and surgical services. Parity protections are criti-

cal to ensure access to adequate treatment without unfair out-of-pocket costs and limits on the frequency and duration of services. Repeal of the ACA would dismantle these protections and turn the clock back to a time when most Americans were subject to restrictive and inequitable limits on coverage for medication treatment and other supplementary treatments for opioid use disorder.

Rural communities would be hit hardest by repeal. In 2015, the 15 counties with the highest mortality from opioid-related overdose were all predominantly rural, and almost all were located in Kentucky and West Virginia — both states that have expanded Medicaid.⁴ Repeal would abruptly reverse the dramatic insurance expansions that have occurred in these and other states, revoking coverage for medication treatment for tens of thousands of rural Americans with opioid use disorders in the midst of an escalating epidemic.

The ACA's mental and behavioral health provisions — like the 2008 parity law passed in the prior administration — have enjoyed substantial bipartisan approval, exemplified by unanimous support for these provisions within the Senate Finance Committee, even among senators who opposed the final overall bill. Moreover, the President campaigned on the promise to respond to the opioid epidemic. In an October 2016 speech he delivered in New Hampshire, another state hit hard by opioid addiction, he said that he “would dramatically expand access to treatment slots” and “help all of those people so seriously addicted get the assistance they need to unchain themselves.”⁵ We hope that he will live up to his cam-

paign promises by ensuring that funding for these critical provisions remain law, whether through the continuation of the ACA or through a replacement plan.

The opioid epidemic cuts across the lines of political polarization, touching nearly every community in this country. All of them will lose if the ACA is repealed and not replaced by a plan with comparable coverage and parity for treatment of opioid use disorders.

The views expressed in this article are those of the authors and do not necessarily represent those of the U.S. Department of Veterans Affairs.

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