

SUPPORT ACT

1 YEAR ANNIVERSARY



One year after the SUPPORT for Patients and Communities Act was enacted on October 24, 2018, CMS has been hard at work implementing many of the SUPPORT for Patients and Communities Act provisions to address the opioid crisis. Here are a few highlights:



CMS awarded nearly **\$48.5m to 15 states** to help them plan demonstrations to increase the capacity of Medicaid providers to deliver SUD treatment and recovery services.



Clarified treatment options for infants with Neonatal Abstinence Syndrome (NAS) that can be covered under Medicaid to ensure they

can be cared for at centers designed to support moms and babies together.



Enhanced access to non-opioid pain treatment options for Medicaid beneficiaries to ensure a range of treatment options are available.



We provided guidance on a new limited exception to the institution for mental diseases (IMD) exclusion that **allows eligible pregnant and postpartum women to receive medical assistance for items and services outside of an IMD while residing in an IMD.**



Removed geographic and site limitations to **increase access to telehealth services** for Medicare beneficiaries with substance use disorders and co-occurring mental health conditions.



For the first time, **we published a data book of nationwide Medicaid data on SUD diagnosis, enrollment type, and treatment service utilization with national and state level summaries** to help researchers and policymakers better understand where to focus attention.



Our SUPPORT Act work is a key part of our three-pronged **CMS opioid strategy** to reduce opioid misuse through prevention, treatment and leveraging data to better target our efforts. Using this strategy, we've:



**MEDICARE PART D
OPIOID SAFETY
POLICIES**

- Made **new Medicare Part D opioid safety policies** to reduce prescription opioid misuse while preserving medically necessary access to these medications. These policies include pharmacy safety alerts for Part D beneficiaries filling their first opioid prescription or receiving high doses of prescription opioids.



- Developed innovative payment and service delivery model programs **that advance the coordination of clinical care and other services** critical for vulnerable populations affected by opioid misuse and abuse to recover: the Maternal Opioid Misuse (MOM) model for pregnant women and infants, and the Integrated Care for Kids (InCK) model for children.



- Engaged over **4,000 hospitals, 120,000 clinicians, and 5,000 outpatient settings** through national quality improvement networks to rapidly generate results in reducing opioid-related events over the last several years. Beginning in 2020, the CMS Quality Innovation Networks - Quality Improvement Organizations (QIN-QIOs) will provide focused support to small and rural communities, hospitals, nursing homes and providers adversely effected by the opioid epidemic, including those serving the most vulnerable populations.



- **Approved waivers for more than 25 states to expand access to inpatient and residential SUD treatment programs**, including OUD treatment, for Medicaid beneficiaries.



- **Refreshed the Opioid Prescribing Mapping Tool** to help direct state and local public health program communications and outreach efforts.

