

# Vermont Governor Scott Testimony to the House Ways & Means Subcommittee on Health

February 6, 2018

## Vermont's Response to the Opioid Epidemic

Chairman Roskam, Ranking Member Levin, Members of the Subcommittee, I want to thank you for the honor of appearing before you today. My Secretary of Human Services Al Gobeille, Commissioner of Health Dr. Mark Levine, and Director of the Blueprint for Health Beth Tanzman join me today.

In 2014, then-Governor Peter Shumlin, a Democrat, devoted his entire State of the State address to the opioid epidemic. Sitting there listening as the then-Lieutenant Governor (an independently-elected Republican), I must admit to being skeptical. I was concerned calling so much attention to this problem would damage our image and hurt our state. And, at first, this was portrayed as a "Vermont Problem." We now know that this was, and is, a national problem. Governor Shumlin was right to focus our attention on this epidemic. Since then, I have learned all too well the impact of opioids on our state and our people. I have met countless Vermonters impacted by addiction. Some who are in recovery, some who are still struggling with addiction, and some who have had their families torn apart, changing their lives forever.

We have made much progress in Vermont, much of it with the support of our federal partners, yet, today, I approach you humbly. We have not solved this problem. Every week, two Vermonters die from a drug overdose. Nearly every day, a baby is born exposed to opioids.

Even though we have some of the best access to treatment in the nation, there are still many Vermonters who need treatment, but have not yet sought it. Vermont's rate of overdose deaths is the lowest in New England, but we still lost 106 people to drug overdoses in 2016. Unfortunately, 2017 looks to be similar. And, tragically, we continue to see high numbers of children under 5, who come into state custody due to opioids. These kids deserve a better start!

## What Vermont Has Done

### *Continued Attention to the Issue*

We are focused on what I refer to as the four legs of the stool: Prevention, Recovery, Treatment, and Enforcement. On my first day in office I established, by executive order, the Opioid Coordination Council. This council is made up of a wide range of perspectives and different political philosophies. Importantly, that includes those who have suffered from addiction themselves.

I handpicked them and tasked them with providing recommendations to improve Vermont's response in each of the four legs of the stool.

### *Prevention*

We know too many Vermonters became addicted through prescription pain medication. Therefore, the State implemented guidelines on safer prescribing for acute pain and using the CDC guidelines for chronic pain. We have enhanced our Prescription Monitoring System so that health care providers can see what controlled medications are being prescribed to their patients and avoid prescription drug abuse and dangerous drug-to-drug interactions. For the first time, we are beginning to see the amount of opioid prescriptions decline. It is discouraging to note, however, we still prescribe three times as much as we did in 1999.

### *Harm Reduction*

In Vermont, we make Narcan – the opioid overdose reversal drug – widely available to first responders, law enforcement, people with addiction and their family members. To date, we have successfully reversed over 1,000 overdoses. We also operate needle exchange programs, which not only help prevent the spread of diseases such as Hepatitis, but they also provide an important opportunity to engage people on treatment options.

### *Early Intervention*

The screening, brief intervention, and referral-to-treatment protocol, also known as SBIRT, has been employed in emergency rooms, primary care offices and college health services. It helps people with risky substance use get education and support to prevent the progression to addiction and get them on a better path. The support of the federal Substance Abuse and Mental Health Agency (SAMHSA) has been critical to training and deploying SBIRT in Vermont, and we are now turning our attention to how we can not only sustain, but expand this practice to all emergency departments and primary care offices.

### *Criminal Justice*

Enforcement is an important piece, but we know that we cannot arrest our way out of this epidemic. Our courts, local police, and State’s attorneys have become important partners in treating the Opioid epidemic as a public health issue. We use the full force of the law to prosecute dealers, and the full force of our persuasion to divert individuals into treatment.

### *Treatment*

To treat opioid addiction, we operate a medication-assisted treatment (MAT) system called the “Hub & Spoke,” one of the most successful treatment systems in the nation. We follow the science, which clearly demonstrates that MAT is the gold standard for treating opioid addiction. Vermonters in treatment are less likely to overdose, have reduced use of acute health care services, and are much more likely to gain stable recovery.

With the support of our federal partners at the Centers for Medicare and Medicaid Services, we amended our state plan to create a “Health Home” for Vermonters with opioid addiction. The idea was to treat opioid addiction like we would any other chronic condition with well-coordinated and comprehensive services.

We enhanced the services at our methadone treatment programs to include all the FDA approved medications for opioid addiction (Buprenorphine and Vivitrol), we added nursing, counselors and care management staff. We asked these programs, now called Hubs, to act as regional consulting resources on addiction care to general medical offices.

We supported primary care by adding nurses and counselors to all the general medical offices where Buprenorphine is prescribed – the so-called “Spokes.” The nurses and counselors at these sites work directly with prescribers to offer more complete substance use disorder care. The addition of these staff has allowed Vermont’s primary care practices to provide comprehensive team-based care, and their relationship to the Hubs helps assure that the patients seen in primary care offices have access to higher levels of care when they need it.

The services at both Hubs and Spokes are supported by payment reforms. At the Hubs, we have implemented a bundled payment that covers methadone and supportive services so important for successful treatment. In addition, the Hubs “buy and bill” for Buprenorphine and Vivitrol. At the Spokes, the nurse and counselor salaries are paid for by a per-member, per-month payment rather than reimbursement for each service they provide.

The new investments we made were primarily in staffing to provide more comprehensive counseling and health services to people with addiction in both Hub and Spoke settings. This program has been incredibly successful, and we have provided advice and assistance to numerous other states who have expressed interest in applying it to their populations. Since its inception, we have tripled the people receiving treatment and almost doubled the number of providers working with these individuals. We also have data indicating that people receiving MAT have fewer visits to the emergency room and admissions to the hospital. We also have indications that this support is beginning to reduce opioid use and overdoses.

### *Recovery*

I have had the privilege of speaking with Vermonters in recovery about what has helped them. They speak of the importance of family, of the dignity of work, and of the support from peers. Vermont’s recovery centers and peer recovery coaches help people regain their lives. My administration is very focused on the importance of building the workforce, and we will pursue opportunities to help people in recovery return to gainful employment.

### *What Vermont Looks to Do Next*

Vermont and the federal government have been effective partners in tackling health care challenges for many years. It is in this collaborative spirit, that I offer four areas where, by working together, we can continue to improve our response.

First, Medicare needs to treat addiction as the chronic health condition that it is. I have sent a letter to the Secretary of Health and Human Services asking that CMS work with Vermont and engage Medicare in Vermont’s system of care, specifically the Hub & Spoke system. Working with our federal partners, we hope to develop a path to make this a reality. Medicare could also assure that the FDA-approved medications for opioid addiction are available to beneficiaries.

Second, we need to explore better ways to implement SBIRT so Vermont can sustain and expand this important work. The current billing practices do not seem to fully support this critical early intervention service.

Third, we ask you to consider giving states relief from the IMD exclusion that prohibits the use of Medicaid funds in mental health or treatment facilities of 16 or more beds.

Fourth, our small state could benefit tremendously from nationally-supported research in the areas of alternative treatments for pain and from expanded coverage options for alternatives to opioids to manage chronic pain. Such approaches can help prevent unnecessary and prolonged exposure to opioids and help reduce the rates of addiction.

### *Closing*

In closing, I would like to thank you for the opportunity to address this committee. We have made great progress over the years, but recognize we have a lot more work to do, in partnership with you, to improve the health of Vermonters and all Americans, and to truly end this epidemic.