

Testimony from the American Counseling Association to the House Ways and Means Subcommittee on Health

“Hearing on the Opioid Crisis: Removing Barriers to Prevent and Treat Opioid Abuse and Dependence in Medicare”

Introduction

Chairman Roskam, Ranking Member Levin, and distinguished Members of the Subcommittee, I appreciate this opportunity to address the Opioid Crisis from the perspective of professional counseling and its impact on Medicare beneficiaries.

The American Counseling Association is the largest organized body of professional counselors in the world. Our 54,000 members include licensed professional counselors in all specialties, with 5,000 involved in addiction counseling.

As you have heard from today’s witnesses, this crisis is reaching people in every state and in all walks of life. Last year, more than over 11 million Americans misused prescription opioids, nearly 1 million used heroin, and 2.1 million had an opioid use disorder related to prescription opioids or heroin. The National Institute on Drug Abuse estimates that 64,000 people died from an overdose in 2016. The trend is only heading higher, as that number has doubled over the past decade.

Licensed Professional Counselors

It is well-documented that the majority of people with an opioid addiction in the United States do not receive treatment. Put simply, it is easier to get heroin, and other opioids, than it is to get help.

Professional counselors, who hold a graduate degree in counseling, provide help. We are licensed by state boards in all 50 states and the District of Columbia. Our services are reimbursed under Medicaid, which means we can work with those whose lower income status contribute to the factors that lead to an addiction.

Licensed counselors participate in private insurance programs, TRICARE, Veterans Administration programs, Indian Health Service programs as well as the Army substance abuse program – essentially every major health program except Medicare. Our profession has 125,000+ licensed practitioners across the country and they are predominantly located in rural areas - a critical and helpful aspect in addressing the opioid epidemic among Medicare patients.

The Opioid Crisis and Medicare Beneficiaries

The opioid crisis is clearly affecting the Medicare population. According to 2014 data, the highest rate of opioid hospitalization is found in the population over age 65 in 13 states¹. According to an analysis of data from 1993-2012, opioid-related inpatient stays among seniors in the Medicare program grew by an

¹ HCUP Fast Facts, Agency for Healthcare Research and Quality

average annual rate of 9%, faster than any other payer type and more than twice as fast as Medicaid². These numbers indicate that Medicare paid for 1/3 of all opioid-related hospitalizations in 2012.

Bipartisan Congressional Legislation: H.R. 3032

The exclusion of licensed professional counselors IS a barrier to prevent and treat opioid abuse among Medicare beneficiaries and fits squarely in the focus of this hearing.

There has been a consistent, bipartisan effort in Congress to address this inequity and, in the 115th Congress, Congressmen John Katko and Mike Thompson introduced H.R. 3032, The Mental Health Access Improvement Act of 2017. Previous versions of this legislation passed the House in 2007 and 2009; the legislation also passed the Senate in 2003 and 2005. A companion Senate bill, S. 1879, is led by Senators John Barrasso and Debbie Stabenow.

Passage of H.R. 3032 would provide critical access to mental health and addiction services for seniors and would help to address the growing opioid impact. For many seniors, the only treatment option is admittance to a hospital. This creates a growing supply/demand problem, as the current Medicare providers—psychiatrists, psychologists, clinical social workers, and psychiatric nurses—cannot handle this demand. An inpatient stay is the least cost-efficient way to treat patients, especially when increased outpatient access could reduce the need for hospital stays.

The licensed professional counseling community provides these outpatients services right now under virtually ALL other payer modes—but that same access is denied for Medicare beneficiaries.

The Medicare population is one of the most vulnerable groups in society to co-occurring physical and mental conditions with a high rate of suicide. It is a disservice to these individuals that Medicare does not provide access to a qualified mental health and addictions workforce that is already working on behalf of millions of Americans. The American Counseling Association has been advocating for this change for many years; the opioid crisis should be a key factor that unifies all of us to find a practical solution.

An additional aspect to the opioid epidemic is its effect on children and grandparents, as grandparents are stepping up to take a more 'active' parenting role for grandchildren as more parents become addicted.

Counselors treat people without prescribing medications. And our methods do work—a 2011 study showed that professional counselors had comparable success and recidivism rates to physicians. In the same study, professional counselors were found to be the most 'cost-effective' provider³.

In addition, some counselors participate in a Substance Abuse and Mental Health Services Administration (SAMHSA) program known as Medication-Assisted Treatment (MAT), which uses medication in combination with counseling and behavioral therapies to provide a comprehensive approach to the treatment of substance use disorders.

² Piper, Kip. *Hospitalizations for Opioid Overuse and Abuse: Growing Impact on Medicare and Medicaid*. August 29, 2014.

³ Crane, Russell D. and Scott Payne. *Individual Versus Family Psychotherapy in Managed Care: Comparing the Costs of Treatment by the Mental Health Professions*. Journal of Marriage and Family Therapy. July 2011, Vol. 37, No. 3, pp. 273–289.

At a Capitol Hill event sponsored by the American Counseling Association in April 2017, we showed that counselors already are on the front lines of the fight against opioids. We work with individuals from every income level and sociological group. Counselors find the underlying causes of addiction and address them.

Conclusion

It is my hope that all of the causes of the opioid crisis, including the limited access to qualified providers, will soon be addressed. In the meantime, the counseling profession will continue to play an important role in helping those already in the throes of addiction, and their families, to overcome that burden and live healthy, productive lives in recovery. Please do not let another year lapse without addressing this critical mental health and addictions access issue for the seniors in our nation.

Sincerely,

Richard Yep, CAE, FASAE
Chief Executive Officer
The American Counseling Association

Appendix A: Licensed Professional Counselor Methods

Counselors use a strengths-based approach and work to address the underlying reasons for addiction, such as past trauma or depression, which may cause individuals to turn to opioids to self-medicate.

Counselors bring an attention to the whole person. We build on a client's strengths. We help people to know how to be sad in a healthy way, how to be angry in a healthy way, and what to do with those emotions. Many people come to counseling who can't even identify that they're angry. It's been trained out of them by life experience.

Counselors are uniquely skilled to support clients in their recovery goals—and to address their possible relapses.

- The Wellness Model many counselors use emphasizes: Employing resources; what is working well (rather than focusing on problems).
- Using a positive, rather than punitive, approach.
- Promoting holistic health (rather than treating disease with prescriptions).
- Working on primary causes, rather than treating symptoms.
- Promoting client choices, control, power, and responsibility.
- Motivating toward goals, rather than avoiding fears.