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Thank you, Mr. Chairman.

Chairman Johnson, Ranking Member Carper, Members of the Committee, it is a pleasure to join you and the other distinguished leaders here today. My name is Robert Budsock and I am the President and CEO of Integrity House, which is a nonprofit addiction treatment program providing services in the state of New Jersey. Integrity House was founded in 1968 and our mission is to provide comprehensive addiction treatment and recovery support to help individuals reclaim their lives.

Addressing the demand for illegal drugs is one of our nation's great challenges. The consequences of drug use for individuals include drug dependency and addiction, involvement with the criminal justice system, chronic health issues, overdose, and in many cases, death. Many of the challenges faced by this committee are linked to the demand for drugs. The consequences of the demand for drugs includes drug trafficking and violence, billions of dollars in costs to our criminal justice and public health systems, and compromises to our border security.

Through science and research, we know that drug addiction is a brain disease which can be treated effectively. A focus on addiction treatment will reduce the number of active drug users, resulting in a reduced demand for illegal drugs and a reduction in overdose deaths.

I would like to present some facts about the insatiable demand for illegal drugs that we are experiencing in America:

- Illicit drug use in the United States has been increasing at a frightening rate. The annual National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration(SAMHSA) estimated that 24.6 million Americans age 12 and older had used an illicit drug in the past month. That is 9.4% of the entire population. [1]

- One of the factors that has led us to categorize the current crisis in the United States as an epidemic is the huge increase in the number of overdose deaths. Accidental death from the use of drugs recently surpassed motor vehicle accidents as the number one cause of death for young people in our nation. According to the Centers for Disease Control and Prevention (CDC) there were 47,055 overdose deaths in 2014 and approximately 129 Americans on average

died from a drug overdose every day.[2] Tragically, overdose deaths are increasing in every state, in rural areas, cities, and suburbs alike, and among all segments of our population.

Drug addiction is a complex disorder that can involve virtually every aspect of an individual's ability to function—in the family, at work and school, and in the community. Because of the complexity and pervasive consequences of addiction, treatment typically must involve many components. Some of those components focus directly on the individual's drug use; others, like employment training, focus on restoring the addicted individual to productive membership in the family and society, enabling him or her to experience the rewards associated with abstinence.

In addition to stopping an individual's drug abuse, the goal of treatment is to return that person to a productive, well-functioning part of their family, their workplace, and the community. According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning. However, individual treatment outcomes depend on the extent and nature of the patient's problems, the appropriateness and duration of treatment, and related services used to address those problems, as well as the quality of interaction between the patient and his or her treatment providers.

Like other chronic diseases, addiction can be managed successfully. Treatment enables people to counteract addiction's powerful disruptive effects on the brain and behavior and to regain control of their lives. But the chronic nature of this disease means that relapsing back to drug abuse is not only possible but also likely, with symptom recurrence rates similar to those for other well-characterized chronic medical illnesses—such as diabetes, hypertension, and asthma —that also have both physiological and behavioral components.

Because drug abuse and addiction are major public health problems, a large portion of drug treatment is funded by local, State, and Federal governments. Private and employer-subsidized health plans also may provide coverage for treatment of addiction and its medical consequences. Unfortunately, managed care has resulted in shorter average stays, while a historical lack of coverage or insufficient coverage for substance abuse treatment has curtailed the number of operational programs.

The mandate of parity for insurance coverage of mental health and substance abuse problems will hopefully improve this state of affairs. Health Care Reform stands to increase the demand for drug abuse treatment services, and presents a concurrent opportunity to study how innovations in service delivery, organization, and financing can improve access to and use of these services.[3]

On the supply side, there has been extraordinary effort by the DEA, Federal Bureau of Investigation, Homeland Security Investigations, and Department of Justice's Organized Crime Drug Enforcement Task Forces (OCDETF) to target, disrupt, and

dismantle international drug trafficking organizations that manufacture, transport, and distribute illegal drugs destined for and distributed across the United States. We must recognize, however, that these efforts do not reduce the insatiable demand for these illegal substances. Clearly interdiction in and of itself is not enough.

We also have the support of local medical personnel and law enforcement agencies that are saving lives through the use of naloxone (also known as Narcan) which reverses the effects of an opioid overdose. Today, 46 states and the District of Columbia have enacted statutes that expand access to naloxone or provide "Good Samaritan" protections for possession of a controlled substance if emergency assistance is sought for a victim of an opioid overdose. It should be noted that the use of Narcan to reverse overdose is only a temporary lifesaving intervention. It is not treatment, and being administered naloxone doesn't in and of itself lead to treatment.

Based on scientific research conducted by the National Institute of Drug Abuse over the past 40 years, I would like to highlight five of the key principles which form the basis of any effective treatment program:

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is right for everyone.
- People need to have quick and ready access to treatment.
- Effective treatment addresses all of the patient's needs, not just his or her drug use.
- There is a correlation between length of stay and the effectiveness of treatment; staying in treatment long enough is critical; short-term programs and/or interventions are just not effective for everyone.

It has been known for many years that the "treatment gap" is massive—that is, despite the large and growing number of those who need treatment for a substance use disorder, few receive it. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) only 2.6 million Americans-11.2 percent of those who needed treatment—received it at a specialty facility. [4]

I can't name another disease or chronic health condition where this is tolerated or allowed to perpetuate. Can you imagine if only 11 percent of people with diabetes had access to diabetes treatment? How about cancer?

There was great hope with the launch of the Affordable Care Act and implementation of Federal Parity laws which were expected to extend access to mental health benefits and substance use disorder services for an estimated 62 million Americans. You would think that insurance coverage, even Medicaid coverage, would be the differentiator, providing access to the full continuum of care for SUD.

Regrettably, if you get your health insurance coverage through Medicaid, it is barred from paying for community-based residential treatment at a facility of 16 beds or

more. This happens under something called the Medicaid Institutions of Mental Diseases (IMD) Exclusion which originated in the 1960s as part of a national effort to de-institutionalize large psychiatric hospitals. Though community based residential treatment programs for Substance Use Disorders (SUD) didn't exist when the IMD Exclusion was established, addiction treatment programs are considered IMDs in the eyes of the Centers for Medicare and Medicaid Services, thus disqualifying reimbursement for care at a program like Integrity House and hundreds of similar programs around the country. Integrity House is a longtime and active member of Treatment Communities of America, a national association of nonprofit residential SUD treatment providers, which has advocated for years for expanding access to treatment by eliminating the IMD Exclusion.

This policy is unfair, and results in people on Medicaid being treated like second-class citizens. In a health care system where the law of the land is to cover physical and behavior health at parity, the continued existence of the IMD is unreasonable.

Reducing the treatment gap requires a multipronged approach. Strategies include increasing access to effective treatment, achieving insurance parity, reducing the stigma associated with drug treatment, and raising awareness among Americans of the value of addiction treatment. In the midst of the current opioid abuse epidemic, there is a huge shortage of treatment beds, and far too many barriers to accessing treatment. We could effectively, and quickly, expand access by simply eliminating the IMD Exclusion for SUD treatment, making available thousands of new treatment beds to those covered by Medicaid across the country.

Senator Dick Durbin of Illinois earlier this year introduced S. 2605, the Medicaid Coverage for Addiction Recovery Expansion Act (Medicaid CARE) that would reform the IMD Exclusion as it applies to SUD treatment, allowing for Medicaid to pay for treatment for patients at facilities of up to 40 beds for 60 days. This is a good start toward reform, and I would respectfully urge the Senators here to support it as one of the solutions to our epidemic.

I understand that when the Senate HELP Committee recently marked up a series of bills to address the opioid epidemic and mental health reform, several Senators – on a bipartisan basis – called for reforming or eliminating the IMD Exclusion when the Senate considers those bills on the floor. That should give us new reason for optimism, and I hope Congress can take meaningful action on this front before the year is done.

Substance abuse costs our nation approximately $600 billion annually, and effective treatment can help to greatly reduce these costs. Drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major

savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths.

Thank you for the opportunity to testify here today. We are proud of the life-saving work that we have been doing at Integrity House for over 48 years, and I hope that my testimony has helped inform the deliberations of this committee. I look forward to answering your questions and working with you to develop and implement solutions.

Sources

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