

## **Combating opioid epidemic is not merely question of insurance coverage**

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The numbers tell the story. In 2016, 3,894 New Yorkers died from a drug-related overdose, according to data from the Centers for Disease Control and Prevention, and from 2015 to 2016, New York saw the single greatest annual increase in drug-related deaths in six years. Drug overdoses are now the leading cause of death among Americans under 50. Unfortunately, this epidemic continues to grow, touching New Yorkers across all demographics and communities.

*The Times Union's* recent coverage of a Siena College survey of providers' views on the opioid crisis raised questions about whether health plans were adequately covering treatment. This is an oversimplification of how to address the opioid crisis and the conversation needs to be about more than what is covered and what is not.

Over the past several years, New York has taken a number of steps to address the opioid epidemic, including legislation to increase access to treatment and broaden coverage of treatment options. Further, health plans recognize the impact opioid addiction is having on individuals, their families and our state, providing coverage for a broad range of services — including inpatient and outpatient treatments — to ensure that all New Yorkers struggling with substance abuse are able to get the care they need in the right setting.

The opioid epidemic has created complex challenges for everyone — patients, families, clinicians, hospitals, health plans, and policymakers. Rather than finger pointing, the discussion should focus on interventions that are evidence-based, recognizing that the nature of substance use disorders is iterative and requires a multi-prong approach that includes:

**Promoting Evidence-based Treatment.** It is essential that care is based on treatments that have been proven to work. Despite all the steps New York has taken to set rules for what services have to be covered, we still lack standards to evaluate the effectiveness of the treatment being provided and whether providers and facilities are following evidence-based standards. The state should adopt standards for treatment and develop systems to report on outcomes to ensure that the full range of evidence-based treatment options are available to individuals throughout the continuum of their care.

**Improving Care Coordination.** Communication among the care team is critical as patients move through different levels of care to ensure that they are being treated in the most clinically appropriate setting. While this may sound simple, more can be done to ensure that care is integrated and coordinated, including physician-to-physician communication between health plans and treating facilities regarding a patient's care and that the patient is informed of all available treatment options. Further, health care practitioners who administer naloxone or other overdose reversal agents should report the event to the state's prescription monitoring program, which would provide vital information for other practitioners before they prescribe an opioid to the patient in the future.

**Public Education.** Reversing the opioid epidemic requires greater understanding and outreach to patients and families so that they are aware of the full range of substance abuse treatment options that are available. Provider education and public awareness programs also are needed to reduce access to opioids and promote alternative treatment options to prevent addiction from occurring in the first place.

Breaking the cycle of addiction will require engaging everyone in the health care system. New York's health plans have been strong partners with the state, providers and patient groups in working to address the opioid crisis and remain committed to confronting this crisis by ensuring that services and treatments meet the specific clinical needs of patients and are shown through evidence to be effective.