An extensive new report from the Kaiser Family Foundation, “Medicaid Moving Ahead in Uncertain Times: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2017 and 2018,” provides an overview of states’ approaches to eligibility, premiums and managed care initiatives, emerging delivery system and payment reforms, long-term services and support reform, and provider rates and taxes.

The October report also examines states’ opioid strategies as covered by Medicaid. This public health insurance program covered three in 10 people with opioid addictions in 2015, thus providing many individuals with access to addiction services and any medications used as part of a treatment plan.

As a step toward prevention, more states are incorporating into their Medicaid programs the U.S. Centers for Disease Control and Prevention’s guidelines for how opioid pain medication should be prescribed in primary care settings. The goals of these federal recommendations are to ensure access to effective chronic-pain treatment and to reduce the number of people who misuse, abuse or overdose from these drugs.

In fiscal year 2017, only two states in the Midwest, Indiana and Nebraska, reported adoption of these CDC guidelines into their fee-for-service Medicaid programs, the Kaiser study found. Only Indiana required participating managed-care organizations to follow these guidelines.

But for FY 2018, Iowa, Kansas and Minnesota all reported that they planned to adopt the CDC guidelines and require them of participating managed-care organizations.

As part of the Kaiser study, too, states were queried about access via their Medicaid programs to the opioid antidote naloxone; specifically

- whether the three federally approved naloxone delivery systems — injectable, auto-injectable or nasal spray — were available without prior authorization in FY 2017,
- whether any changes were planned for FY 2018,
- if naloxone coverage was provided for family members and friends obtaining prescriptions on an enrollee’s behalf.

In the Midwest, all states but Illinois reported one or more such coverages. That might change in the future, however. Illinois Gov. Bruce Rauner signed an executive order in September creating an Opioid Overdose Prevention and Intervention Task Force.

The panel will look at strategies to prevent expansion of the opioid crisis, treat and promote the recovery of individuals with opioid-use disorder, and reduce the number of opioid overdose deaths. It began a statewide “listening tour” last month.

Elsewhere this fall, Indiana University announced in October that it will devote $50 million over the next five years to fighting opioid addiction. And in late October, the Wisconsin Senate approved AB 335, which would add fentanyl analogs to the “synthetic opiates” category of controlled substances, making it easier for prosecutors to go after manufacturers. Possessing, manufacturing or dealing a fentanyl analog would become a felony.

All 11 Midwestern states are among 41 states that have announced investigations of, or lawsuits against, opioid manufacturers to determine their possible complicity (and legal liability) in creating the opiate addiction crisis.
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