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June 30, 2017

To Whom It May Concern:

On behalf of the Wisconsin Society of Addiction Medicine (WISAM), which represents more than 75 physicians and allied health professionals who specialize in addiction treatment in Wisconsin, and the American Society of Addiction Medicine (ASAM), a national medical society that represents more than 4,300 addiction specialists nationwide, thank you for the opportunity to provide comments on the proposed amendment to certain provisions of its Section 1115 Demonstration Waiver, known as the BadgerCare Reform Demonstration Waiver. As addiction specialists who have devoted their careers to caring for patients suffering from the disease of addiction, WISAM and ASAM members are uniquely qualified to comment on the clinical appropriateness and anticipated effectiveness of policies intended to identify patients with addiction, connect them to evidence-based treatment, and improve the quality of treatment options available.

In summary, WISAM and ASAM

- Support expansion and increased access to residential treatment services.
- Support efforts to appropriately identify persons with addiction and unhealthy substance use.
- Oppose the punitive measures linked to the proposed mandatory drug testing, and offer recommendations for the appropriate use of drug testing.
- Request that funding be provided to expand workforce capacity for clinicians trained in effective screening methods and addiction treatment services.

Residential Treatment

First of all, **we applaud the proposed benefit change to expand coverage for residential treatment for addiction and urge you to approve it.** We understand that many parts of Wisconsin, especially the Northern and Western counties, have extremely limited or no access to the full continuum of addiction treatment services as defined by *The ASAM*



Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions (the “ASAM Criteria”). We are pleased that BadgerCare covers medications to treat addiction involving opioid use, which has been demonstrated to be the most effective modality of treatment for most patients with opioid addiction, and we are pleased that BadgerCare includes coverage for assessment, drug screening, prescription and administration of medications, and outpatient addiction counseling. We expect that expanded coverage for residential treatment will result in increased access to appropriate treatment for patients requiring such intensive treatment services.

While BadgerCare covers many of the essential components of the treatment continuum recommended by the ASAM Criteria, it is important that *all* levels of care and all components of costs related to such care e.g. rehabilitation treatment services as well as room and board for residential treatment, be accessible and covered through BadgerCare; without room and board coverage residential treatment would be unaffordable for most Medicaid beneficiaries who by definition have limited means.

Screening and Early Identification

Secondly, ASAM supports efforts to identify persons with addiction and unhealthy substance use as this can facilitate a referral to treatment for those in need of such services. However, we recommend that screening for unhealthy substance use including drug testing, and if needed, a referral to treatment should be conducted in a medical setting with the appropriate follow-up in primary or specialized care settings, that affords confidentiality and a tailored, individualized approach to treatment. Additionally, **ASAM urges that assessments be done by a medical professional in fidelity with the ASAM Criteria.** Based on the results of screening and confirmation of drug use disorder by clinicians, patients should then receive a referral to the level of care that best matches their individual treatment needs.

We oppose the use of drug testing as the primary mechanism for case finding when used outside of medical settings. It is important to note that **a positive drug test is not sufficient to diagnose the disease of addiction** and does not explain whether a patient’s symptoms are caused by the presence of a given substance. In most cases, a drug test does not measure impairment and patterns of use over time.¹ Requiring all patients with a positive drug test to undergo addiction treatment is clinically inappropriate and can waste scarce state and federal resources that could be better used to enhance screening and treatment services or expand the addiction treatment workforce in Wisconsin.

Additionally, **we oppose the use of punitive measures to mandate screening, testing and treatment.** Linking mandatory screening, drug testing, and referral to treatment to punitive measures (benefit ineligibility for six months) as described in the proposed amendment for individuals who screen positive is likely to have unintended adverse consequences. Such an approach can be viewed as discriminatory and stigmatizing and will likely result in some patients



inappropriately losing access to necessary health care services (because they refuse screening, testing or treatment and are then denied benefits) or being forced to accept unnecessary health care services (because they have a positive drug test but do not have addiction and in fact do not need addiction treatment). Individuals who use drugs and are denied benefits will likely continue to engage in risky behaviors, including illicit drug use; however without coverage to access health care services, their untreated disease of addiction will burden Wisconsin's health care system with emergency services and acute care for otherwise preventable health conditions. At the same time, as mentioned above, Wisconsin will waste scarce state and federal resources by requiring some patients to undergo treatment that is not clinically indicated.

Finally, it is important to note that no clinical, administrative or legal decisions should be made based on preliminary screening results alone. All positive preliminary results must be confirmed and assessed by a trained professional.

Workforce

Given the significant public health and economic burden that addiction is having in the state of Wisconsin, **ASAM urges that funding be allocated to expand the workforce of clinicians trained in effective screening methods, including drug testing, as well as addiction treatment services.** Increased case identification and referral to treatment services will not be effective if the clinical workforce does not have the expertise or capacity to deliver appropriate services.

Thank you again for the opportunity to comment on this waiver amendment. If you have any questions, please do not hesitate to contact ASAM's Director of Advocacy and Government Relations, Susan Awad at sawad@asam.org.

Sincerely,

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President
American Society of Addiction Medicine

Aleksandra Zgierska, MD, PhD
President
Wisconsin Society of Addiction Medicine

¹ American Society of Addiction Medicine. (2017). Appropriate Use of Drug Testing in Clinical Addiction Medicine. North Bethesda, MD: American Society of Addiction Medicine. Available at [http://www.asam.org/docs/default-source/quality-science/2017_4_5_appropriate-use-of-drug-testing-in-clinical-addiction-medicine-document.pdf?sfvrsn=4#search="drug appropriateness"](http://www.asam.org/docs/default-source/quality-science/2017_4_5_appropriate-use-of-drug-testing-in-clinical-addiction-medicine-document.pdf?sfvrsn=4#search='drug appropriateness')