



NASTAD Releases White Paper on Affordable Care Act Opportunities for Drug User Health









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The strength of our health care system should be measured by how well it provides prevention, care, and treatment to the most vulnerable populations, including people who use drugs. Fragmented services, insufficient coverage and financing for behavioral health and harm reduction services, and stigma related to drug use create significant barriers to vital prevention and health care services for people who use drugs. This broken system has contributed to alarming increases in rates of infectious disease and overdose-related deaths. Rates of HIV infection and viral hepatitis are substantially higher among persons who use drugs than among persons who do not. Opioid use in particular in the United States is at epidemic proportions. This crisis - coupled with limited federal and state resources for drug user health programs and services - has made leveraging the Affordable Care Act (ACA) and partnerships with broader health systems and payers even more critical.

With generous support from the [Elton John AIDS Foundation](#), NASTAD has released a new white paper: [Modernizing Public Health to Meet the Needs of People Who Use Drugs: Affordable Care Act Opportunities](#). The paper assesses new financing and delivery models for drug user health services. Working with the [O'Neill Institute for National & Global Health Law](#), the project team focused on community-based drug user health and harm reduction services typically not covered by insurance. Research focused on eight states, assessing how health departments, community-based organizations, Medicaid programs and plans, and hospitals were working together to better address the needs of people who use drugs.

DRUG USER HEALTH SERVICES CONTINUUM			
SERVICE ENTRY POINT/GATEKEEPER	SERVICES TO PREVENT INFECTIOUS DISEASES	ADDICTION AND OVERDOSE TREATMENT: OUTPATIENT	ADDICTION TREATMENT: INPATIENT
<ul style="list-style-type: none"> Insurance application and enrollment assistance Navigation and linkage of social, housing, and supportive services Navigation and linkage to clinical care 	<ul style="list-style-type: none"> HIV testing HCV testing Syringe and paraphernalia exchange Education on safe injecting practices 	<ul style="list-style-type: none"> MAT Naloxone Outpatient individual and group counseling 	<ul style="list-style-type: none"> Hospital stay Inpatient mental health or SUD treatment
 PROVIDER TYPES Navigator, Certified Application Counselor, case manager, community health worker, peer navigator	 PROVIDER TYPES Case manager, nurse, community health worker, peer navigator	 PROVIDER TYPES Pharmacist, physician, social worker, case manager, peer navigator	 PROVIDER TYPES Physician, psychiatrist
 PRIMARY SETTING Community	 PRIMARY SETTING Community	 PRIMARY SETTING Community and Clinical	 PRIMARY SETTING Clinical

Key themes identified include:

- It is critical for public health programs and providers to build coalitions, engage broad stakeholders, and participate in new Medicaid decision-making tables and forums
- Trusted community providers are crucial to connecting vulnerable populations to insurance coverage
- Public health programs and providers have an important role to play to partner with Medicaid to ensure increased access to naloxone
- There are new opportunities for Medicaid coverage of community-based services that address social determinants of health
- Hospitals are key partners in increasing access to drug user health services

While the paper identified innovative ways public health programs and providers are working with broader health care systems and payers, there are two glaring findings that are contributing to growing disparities in access to prevention and care services and that call for immediate advocacy. First, though the examples included in the white paper highlight innovative approaches that can be implemented in Medicaid and non-Medicaid expansion states alike, the reality is that in states that have not yet expanded Medicaid, a significant portion of non-disabled, low-income adults are simply left out of ACA reforms. Until every state expands Medicaid, the ability of statewide systems of prevention and care to respond to the public health crisis of the opioid epidemic will be limited. The second is that many of the successful models highlighted are possible because of a strong network of syringe services providers and a regulatory environment that has

allowed access to critical harm reduction services. States that have implemented legal and regulatory reforms that allow access to clean syringes and naloxone are in the best position to collaborate with broader health systems, including state Medicaid and Medicaid managed care plans. The public health impact of these types of services and providers is testament to the need to end both state prohibitions on syringe access as well as the congressional ban prohibiting the use of federal funds for syringe exchange.

NASTAD has been awarded another year of Elton John AIDS Foundation funding to support a learning collaborative that builds off of the findings of the white paper and supports health departments to partner with broader health care systems and payers to increase access to drug user health services. To see more of NASTAD's drug user health work - including our [Statement of Urgency: Addressing the Opioid Epidemic in the United States](#) and [Minimizing Harm, Maximizing Health: The Role of Public Health Programs in Drug User Health](#) - please visit our [website](#).

For questions, please contact [Amy Killelea](#) or [Mariah Johnson](#). Special thanks to Fernanda Alonso, an Associate at the O'Neill Institute, for her invaluable contributions to this project.

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