



November 8, 2017

The Honorable Bruce Rauner  
Governor  
State of Illinois  
207 State House  
Springfield, IL 62706

Dear Governor Rauner,

We write to comment on your recently released “State of Illinois Opioid Action Plan” and offer The Kennedy Forum’s assistance as the implementation plan is developed and carried out. As a member of the President’s Commission on Combating Drug Addiction and the Opioid Crisis, our national founder Patrick Kennedy submitted his own recommendations to the Commission<sup>1</sup> and approved the Commission’s final report<sup>2</sup>, which was released last Wednesday. Both sets of recommendations laid out numerous concrete steps that all levels of government should immediately take to reverse the epidemic. The Kennedy Forum believes a great opportunity exists to work together to make Illinois a leader among states in its response.

The Action Plan correctly acknowledges the scope of the unprecedented epidemic of opioid use disorder, which is resulting in skyrocketing overdose deaths. Between 2013 and 2016, deaths from opioid overdoses in Illinois increased 76 percent to 1,889. Nationally, annual deaths from drug overdoses have now surpassed all-time peak annual gun deaths, motor vehicle crashes, and HIV/AIDS. Shockingly, more Americans died in 2016 than in the *entire* Vietnam War.

We strongly support a number of strategies highlighted in the plan such as increasing access to medication-assisted treatment (MAT), improving data collection and reporting on opioid overdoses, reducing stigma through education in communities and schools, and expanding the use of naloxone to reverse overdoses. But, while the Action Plan correctly identifies many problems to solve, we hope you will agree that the state has the ability to go much further and aim much higher. In particular, we urge you to rally state government – indeed all Illinoisans – around specific, ambitious goals and instill a greater sense of urgency to respond to this crisis.

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<sup>1</sup> The Kennedy Forum, *Recommendations of Congressman Patrick J. Kennedy to the President’s Commission on Combatting Drug Addiction and the Opioid Crisis*, October 2017, <https://thekennedyforum.org/wp-content/uploads/2017/10/PJK-recommendations-to-Opioid-Commission.pdf>.

<sup>2</sup> Final report of The President’s Commission on Combating Drug Addiction and the Opioid Crisis, November 2017, [https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final\\_Report\\_Draft\\_11-1-2017.pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf).

The Kennedy Forum believes that Illinois has the ability to achieve far more by 2020 than the Action Plan's stated goal of having opioid overdose deaths that year be approximately the same as they were in 2016 (1,889). Our state can achieve great things when we work together, and we hope you will call upon state government to strive for more than the Action Plan's assertion – needlessly pessimistic, in our view – that “Unfortunately, the crisis will get worse before it gets better.” With ambitious goals and concerted, collective action, we believe that Illinois has the power to stop the epidemic in its tracks.

Additionally, Illinois is in a position to broaden its response beyond what is laid out in the Action Plan. Underlying mental health disorders are helping to drive this crisis, with half of all opioid prescriptions in the U.S. going to patients with these conditions.<sup>3</sup> And, in a study of more than 5 million veterans, men diagnosed with opioid use disorder had a risk of dying by suicide double, while for women with opioid use disorder this risk increased more than 8-fold.<sup>4</sup> Thus to most effectively address the opioid crisis, we strongly believe Illinois must work to improve the entire mental health and substance use disorder treatment system, including early intervention, comprehensive recovery supports, insurance parity, and proper funding. Nationwide, the lack of these needed systemic components have left states vulnerable to the opioid epidemic and have hindered responses. By diligently working to close systemic gaps, Illinois can become a national leader in responding to this epidemic and can best leverage the recently received federal supports into a sustainable, quality system of care.

To best spur action both inside and outside of government, we look forward to the next iteration of the state's opioid plan identifying specific tactics with progress measures and benchmarks. With an average of five Illinoisans dying every day of an opioid overdose, we hope you will agree that an actionable implementation plan with benchmarks and success measures is needed before the end of 2017.

The Kennedy Forum appreciates this opportunity to comment on the state's evolving plan to combat the epidemic and looks forward to working with you to incorporate the following essential components:

1. **Health Plans Must Comply with Parity Laws.** Unfortunately, there is strong reason to believe that health plans may not be in compliance with state and federal laws parity laws, which require coverage of mental health and substance use care to be provided on par with coverage of other types of medical conditions. Illinois mental health and substance use disorder providers that responded to a recent survey reported that

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<sup>3</sup> Matthew A. Davis, Lewei A. Lin, Haiyin Liu, and Brian D. Sites, “Prescription Opioid Use among Adults with Mental Health Disorders in the United States,” *Journal of the American Board of Family Medicine*, July-August 2017, Vol. 30, No. 4, accessed at <https://kaiserhealthnews.files.wordpress.com/2017/06/opioidembargo-article.pdf>.

<sup>4</sup> Dr. Maria Oquendo, President of the American Psychiatric Foundation, “Opioid Use Disorders and Suicide: A Hidden Tragedy,” April 2017, <https://www.drugabuse.gov/about-nida/noras-blog/2017/04/opioid-use-disorders-suicide-hidden-tragedy-guest-blog>.

health plans frequently denied coverage for their patients.<sup>5</sup> And, when other states like New York and California have investigated plan practices, they have found numerous parity violations.<sup>6</sup> California, in particular, has worked to ensure that health plans offer mental health and addiction benefits on par with other medical conditions before plans are offered.<sup>7</sup>

In recognition of the key role that health plans play in combating the opioid crisis, Illinois enacted the landmark Heroin Crisis Act in 2015. This law strengthened the state's Insurance Code to improve insurance coverage of opioid antagonists, MAT using American Society of Addiction Medicine's (ASAM) medical necessity criteria, and substance use disorder treatment prescriptions in plan formularies. The Heroin Crisis Act also included significant new provisions to expand the scope of and increase compliance with mental health and addiction parity laws.

As part of the opioid crisis response, The Kennedy Forum urges you to provide updates on the state's progress in implementing the Heroin Crisis Act. For example, we believe both the departments of Insurance and Healthcare and Family Services can take additional steps to improve health plans' compliance with the Heroin Crisis Act. We regularly hear reports that, contrary to the unambiguous requirements of the Heroin Crisis Act, some health plans still add their own medical necessity criteria on top of the ASAM criteria for substance use disorders, thereby denying patients access to the most effective opioid use disorder treatment. Even updating the Department of Insurance's "Medical Necessity" fact sheet to reflect the Heroin Crisis Act's requirement that *only* ASAM criteria may be used for drug and alcohol treatment would be a small step forward.<sup>8</sup>

The state's opioid crisis response could also be dramatically improved by including parity enforcement. The President's Opioid Commission's interim and final reports recognize the vital role that parity enforcement must play in curbing the opioid epidemic, and we urge you to include improving parity enforcement in the action steps being developed to ensure that all people with mental health and substance use

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<sup>5</sup> The Kennedy Forum, Community Behavioral Healthcare Association of Illinois, Health & Medicine Policy Research Group, IARF, Illinois Association for Behavioral Health, Illinois Health and Hospital Association, and Illinois Psychiatric Society, *Illinois Providers Report Barriers to Mental Health and Addiction Coverage for Their Patients*, September 2017, <https://thekennedyforum.org/wp-content/uploads/2017/09/20170919-IL-MHSUD-Coverage-Provider-Survey-Report-Final.pdf>.

<sup>6</sup> Legal Action Center, "New York Attorney General Parity Enforcement," <https://lac.org/resources/substance-use-resources/parity-health-care-access-resources/new-york-attorney-general-parity-enforcement/>.

<sup>7</sup> Michael Ollove, Pew Charitable Trusts, "Despite Laws, Mental Health Still Getting Short Shrift," May 7, 2015, <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/5/07/despite-laws-mental-health-still-getting-short-shrift>.

<sup>8</sup> Illinois Department of Insurance, "Illinois Insurance Facts: Medical Necessity," Revised March 2014, <http://insurance.illinois.gov/healthInsurance/MedicalNecessity.pdf>.

disorders can access the benefits to which they are entitled. We also hope you agree that enforcement must include requiring health plans to report information and data that is critical to determining plans' compliance with the law. The President's Opioid Commission recommends in its final report that state regulators use "a standardized tool that requires health plans to document and disclose their compliance strategies for non-quantitative treatment limitations (NQTL) parity." The Kennedy Forum has been working with the Department of Insurance to improve parity enforcement and has provided the Department with such a standardized tool. We look forward to helping the Department to implement this tool as the President's Opioid Commission recommends.

To ensure plans are in compliance with parity laws, we also urge the Department of Insurance follow California's example to regularly conduct market conduct examinations and pre-market data examinations to determine parity compliance for all health insurance plans under its jurisdiction. We are encouraged by recent steps the Department of Healthcare and Family Services has taken to make Medicaid MCOs provide their internal parity compliance analyses. Of course, we anticipate that the Department will closely analyze MCOs' analyses to ensure they are complete and do in fact demonstrate compliance with the law. When the departments effectively carry out their regulatory duties, we not only improve access to mental health and substance use disorder treatment, but also, as the President's Commission notes, fulfill a fundamental goal of parity laws to prevent "cost-shifting from the commercial sector to the public sector for the financing of substance use and mental health treatment."

2. **Focus on Prevention.** While the Action Plan correctly addresses the need for safer opioid prescribing and dispensing, education to reduce stigma, and timely, accurate data, without prevention we will be forever fighting a fire. Opioid use disorder – like other substance use disorders – is often associated with an underlying mental health disorder. Thus, to most effectively prevent opioid use disorder, we urge you to work simultaneously to improve early identification and treatment of mental health disorders. This requires better screening of both mental health and substance use disorders across all medical settings as well as in our schools, where symptoms of many mental health and substance use disorders first present. By increasing adoption of existing evidence-based screening tools, we can much better identify common mental health and substance use disorders. Without early identification and treatment, we will continue to lose far too many people.
3. **Invest in Quality Community-Based Treatment and Services.** The Action Plan's focus on increasing access to medication therapies is vital to curbing the crisis, but we believe the state's response will be much more effective if we invest in community-based treatment and state-funded treatment capacity that provides the psychosocial treatment that is an essential component of MAT. We hope that, after many years of harmful cuts, you and members of the General Assembly will work together to significantly increase resources for mental health and substance use disorder treatment, including raising Medicaid

reimbursement rates. With increased resources should come increased accountability to ensure quality. Illinois should review and strengthen certification and accreditation standards, as well as advance measurement-based care to ensure provider quality and accountability. Increase state funding for support services such as supportive housing and supported employment is also critical to improving treatment outcomes. The need for quality community-based treatment and services go far beyond what short-term federal grant dollars, which are highlighted in the Action Plan, can address. We urge you to call for the increased resources necessary to tackle this public health emergency head on.

- 4. Implement Collaborative Care.** We also urge you to focus on integrating mental health and substance use disorder care into the rest of the health care system, particularly primary care. The Collaborative Care model, in which a team consisting of a primary care doctor, a care coordinator, and a consulting behavioral health professional treat common mental health and substance use disorders, has been validated by more than 80 randomized controlled trials.<sup>9</sup> There is extensive evidence that Collaborative Care is effective at treating depression, anxiety disorders, and posttraumatic stress disorders, which are often comorbid with substance use disorders. Collaborative Care has been shown to improve patient functioning at home and at work, decrease disability, and reduce overall health care costs. The largest Collaborative Care study conducted demonstrated that for each dollar spent on depression care, \$6 were saved in health care costs.<sup>10</sup>

In a major step forward, the Centers for Medicare & Medicaid Services recently adopted Collaborative Care codes for Medicare. New CMS codes facilitate reimbursement and are often a first step at increasing adoption of promising treatments and practices. It is our understanding that the State of Washington is moving quickly towards adopting the Collaborative Care codes for its Medicaid program. *We urge Illinois to follow suit and adopt these new Collaborative Care codes for our Medicaid program as well.*

- 5. Set Specific, Ambitious Goals and Transparently Report Progress.** We believe that with sufficient funding and focus Illinois has within its power to accomplish a more ambitious goal than the current one of keeping opioid overdose deaths in 2020 at roughly last year's level. We urge you not to accept the formulation that the crisis will inevitably get worse before it gets better. To drive towards a more ambitious goal, we urge you to set up specific easy-to-track subgoals across different metrics that will better allow the state to track progress. We believe these goals and metrics should be continually

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<sup>9</sup> University of Washington, Advancing Integration of Mental Health (AIMS), <https://aims.uw.edu/collaborative-care>.

<sup>10</sup> The Kennedy Forum, *Fixing Behavioral Health Care in America: A National Call for Integrating and Coordinating Specialty Behavioral Health Care with the Medical System*, 2015, [https://thekennedyforum.org/wp-content/uploads/2017/06/KennedyForum-BehavioralHealth\\_FINAL\\_3.pdf](https://thekennedyforum.org/wp-content/uploads/2017/06/KennedyForum-BehavioralHealth_FINAL_3.pdf).

updated (as frequently as on a weekly basis) and made available on a public website. Such a dashboard format would increase stakeholder buy-in and accountability. Minnesota has instituted a dashboard that could be used as an example.<sup>11</sup> We also urge Illinois to publicly track implementation of the 2015 Heroin Crisis Act, so stakeholders can tell what progress has been made, what provisions of the Act still need to be fully implemented, and what additional policy changes are needed.

6. **Work Closely with Other Elected Officials.** While the Heroin Crisis Act marked a major step forward in putting tools in place to address the ongoing epidemic, we hope you will agree that it is difficult to imagine Illinois' response being as effective as it should be without a substantial increase in state resources dedicated to saving lives. Furthermore, as with any crisis of this magnitude, we believe that additional changes to state law may well be necessary. To facilitate the necessary funding increases and statutory changes, we urge you to actively include members of the General Assembly from both parties in both the creation of the implementation plan and in your Opioid Overdose Prevention and Intervention Task Force.

We hope that future generations will look back and say that our state made responding to the skyrocketing death toll our top priority and took urgent, decisive action. We believe Illinois should respond to this crisis in the same way we would if thousands of our neighbors were being killed by natural disasters. We cannot let ourselves be complacent due to the effects of stigma and the all-too-common attitude that the lives of those affected simply are not worth as much. We urge you to make the opioid epidemic your highest priority and to marshal the resources necessary to combat the tornadoes of addiction tearing through our families and communities.

Thank you for considering our comments. We look forward to reviewing your written response in the coming weeks so that we can begin to work together. In addition, The Kennedy Forum would appreciate the opportunity to meet with members of the Opioid Overdose Prevention and Intervention Task Force. The Kennedy Forum is eager to assist you in developing an ambitious, actionable plan to save lives that is worthy of this great state.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kelly O'Brien', with a long, sweeping horizontal line extending to the right.

Kelly O'Brien  
Executive Director  
The Kennedy Forum Illinois

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<sup>11</sup> Minnesota Department of Health, Opioid Dashboard,  
<http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/index.html>.

CC: Secretary James Dimas, Illinois Department of Human Services  
Director Felicia Norwood, Illinois Department of Healthcare and Family Services  
Director Jennifer Hammer, Illinois Department of Insurance  
Director Nirav Shah, Illinois Department of Public Health