Improving Medicaid Programs’ Response to Overdose Victims and Enhancing (IMPROVE) Addiction Care Act

In 2017, nearly one million nonfatal overdoses were treated in United States emergency rooms, 40 percent of which involved the presence of an opioid.¹ Nonfatal overdoses are one of the most significant predictors of a future overdose.²

Medicare and Medicaid have paid for 62 percent of all opioid-related hospitalizations,³ but Medicaid programs in particular have failed to meaningfully help enrollees who are battling addiction. A recent study of 3,606 Medicaid-enrolled adolescents (ages 13-22) who experienced an opioid-related overdose found that only one in 54 received medication-assisted treatment and less than one in three received any treatment whatsoever.⁴

Equally concerning, Medicaid beneficiaries often continue receiving legal opioid prescriptions even after suffering a nonfatal, opioid-related overdose. Approximately 60 percent of Pennsylvania Medicaid beneficiaries who suffered a nonfatal overdose between 2007 and 2013 received another legal opioid analgesic prescription within six months.⁵ Boston University and Harvard Medical School found that 91 percent of patients who suffered an opioid-related overdose between 2000 and 2012 received another legal opioid prescription within a year.⁶

In 2018, Congress included a provision (Section 2006) in the SUPPORT for Patients and Communities Act (P.L. 115-271) that ensures prescribers are aware of their Medicare Part D patients’ history of nonfatal, opioid-related overdoses. Unfortunately, this issue was not addressed for Medicaid beneficiaries.

The IMPROVE Addiction Care Act would require that state Medicaid programs use their existing drug utilization review (DUR) programs to identify and assist beneficiaries who have experienced a nonfatal, opioid-related overdose. Specifically, the bill requires that states use DUR programs to:

- **Connect survivors to treatment** by identifying individuals who have suffered a nonfatal, opioid-related overdose within the last five years and connect these individuals to effective treatments;
- **Ensure that prescribers are alerted** to their patient’s previous nonfatal, opioid-related overdose or diagnosis of opioid use disorder;
- **Make providers aware of fatalities** if their patient suffers an opioid-related overdose death; and
- **Perform ongoing surveillance** through retrospective DUR and offer provider education regarding appropriate prescribing practices.

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¹ Stephen Liu, Lawrence Scholl, Brooke Hoots, Puja Seth, “Nonfatal Drug and Polydrug Overdoses Treated in Emergency Departments — 29 States, 2018–2019,” Centers for Disease Control and Prevention, August 28, 2020, https://www.cdc.gov/mmwr/volumes/69/wr/mm6934a1.htm?s_cid=mm6934a1_w#T1_down