



ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
April 24-27, 2025 | Denver, CO

Advocacy in Action: A Case Study



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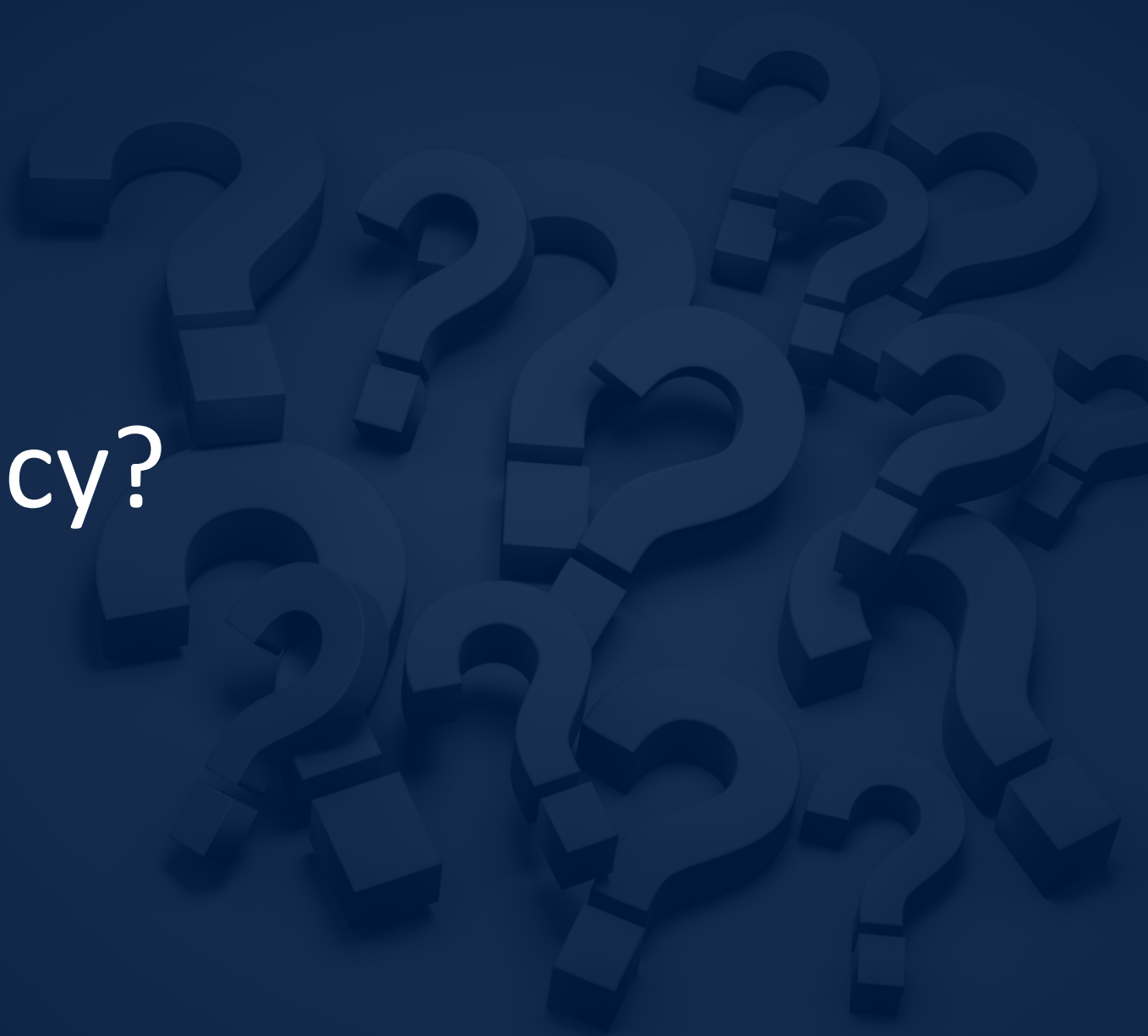


Disclosure Information

Cara A. Poland, MD, MEd, FACP,
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- *No disclosures*

| Why Advocacy?



Questions to Ask Yourself

- Is there something that bothers you?
- Do you have a “gut feeling” that things should be different?
- Do you have experiences in other areas that you know could (should) be different?
- Are there barriers to allowing you to provide evidence-based care to your patients?
- What considerations do you have based on your personal experience?
- What are you seeing in a professional capacity?

And...

- What keeps you up at night?



| How Did I Start?

And Then, My Whole World Crashed

“When you lose someone, the world still turns, the stars still shine, and the wheels of time move inexorably on... but somewhere deep within your soul, a small part of you dies.”

- *Sunita Sharma*



Each Day Kept Coming... and Each One Hurt Differently

- **I grew my purpose**
- **I spoke publicly about Max, my mom, my story**
 - Meaning came through advocacy, Max's life mattered if I could keep talking about it
 - Every time I spoke to someone in the State Government
 - Every time I spoke to a colleague, friend, anyone who would listen
 - Doors closed; I looked for wedges of light



Never Give Up

A stumbling-block for the **pessimist**
is a **stepping-stone** to the **optimist**.

- *Eleanor Roosevelt*



My Seven Years War

FFS Reimbursement Criteria, Services and Requirements

The following services related to AUD/OD treatment will qualify for FFS reimbursement when a beneficiary meets ASAM criteria for outpatient treatment, and has a primary diagnosis of opioid use, abuse and dependence or alcohol use, abuse and dependence as classified by the International Classification of Diseases Version 10 (ICD-10):

- Evaluation and Management services (e.g., 99202-99205, 99211-99215)
- Consultation services (e.g., 99241-99245)
- Psychotherapy services (e.g., 90785, 90791, 90792, 90832, 90834, 90836, 90847)
- Psychiatric Collaborative Care Management services (e.g., 99492-99494, G0512)
- Behavioral Health Care Management (99484)
- Drug Testing services (e.g., 80305-80307)
- Other Laboratory services (e.g., 80076, 81025, 86580, 86701-86706, 86708, 86709, 86803)
- Screening, Brief Intervention and Referral to Treatment (SBIRT) (e.g., 99408, 99409, G0396, G0397, G2011)
- Medications for the treatment of AUD/OD



January 2024

- Three Medicaid Policies:
- Revised the “Poland Policy” to cover all SUD diagnoses
- Required Medicaid HMO programs to cover inpatient addiction consults
- Billing processes for Recovery Coaches as Community Health Workers

Senate Health Policy Committee

- Require MDHHS to remove prior authorization on buprenorphine-naloxone doses above 32mg
- Require LARA to revise the state regulatory requirements for OTPs
- Establish a pharmacy and pharmacist's duty to dispense lawful prescriptions for addiction medications, including buprenorphine, without undue delay.
- Establish a Medicaid working group tasked with providing recommendations that establish a team-based care coordination reimbursable service that includes, at a minimum, services for any type of diagnosed SUD, screening, medications for SD as clinically appropriate, recovery support, and case management
- Co-prescribing naloxone with opioid drugs. Prescriber co-prescribes naloxone with an opioid/narcotic of any sized dosage
- Require nurses in schools to carry naloxone
- Prohibit prior authorization on medications for opioid use disorder and alcohol use disorder in commercial insurance plans in the state
- Amend the state health plan to incorporate Syringe Service Programs (SSP). Have Michigan amend its state plan to cover SSP providers under Medicaid and then determine what SSP services could then be covered by Medicaid
- Bill Medicaid for street medicine services, including prescribing and dispensing of medications for OUD to eligible providers that include, at a minimum, Medicaid-enrolled physicians, federally qualified health centers, rural health clinics, certified community behavioral health centers, nurse practitioners, and physicians' assistants

A dark blue, monochromatic background image showing a teapot pouring water into a teacup on a saucer. The scene is dimly lit, with the water stream and the rim of the cup catching some light. The overall mood is calm and contemplative.

| Where Do I Begin?

It All Starts With A Good Cup of Tea

- Cozy up with your why
- Define your goals
- Consider your story
- Refine your message
- Develop your “elevator speech”
- Never give up
- Never ever give up
- Refuse to ever give up



How To Get Involved

Join your legislative offices' weekly email lists and attend a town hall.

Partner with colleagues who have advocacy experience.

Share personal stories and expertise related to policy goals.

Show up at your state legislature and speak at appropriate legislative committee meetings or put in cards of support/dissent.

Introduce yourself to legislative committee members.

Send letters to your legislators.

That's a Lot

- The best way to learn about advocacy is to try!
- Start small – consider your local environment
- Advocacy can be done at an individual clinic or organizational level – any life changed is worth your advocacy
- Measure success in various ways – a changed policy here, a thank you from a patient there

**To all the people who have lost their lives to
addiction
and those that try to prevent further losses.**

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Connect with me!



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