

hubs, offering daily medication assisted treatment for those with complex addictions, and spokes, where patients receive follow-up care, counseling, and general wellness services. This framework has allowed Vermont to virtually eliminate wait times for treatment, which can be enormous barriers for individuals needing help.

Every State in the Nation has seen the impacts of opioid abuse. Ms. Tanzman's testimony was informative and offers an important perspective for other States struggling with treating addiction. I ask unanimous consent to that her testimony from the Appropriations Committee hearing this morning be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

DEPARTMENT OF VERMONT HEALTH
ACCESS, VERMONT BLUEPRINT FOR
HEALTH

TESTIMONY TO THE U.S. SENATE APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION REGARDING THE OPIOID EPIDEMIC—FEBRUARY 28, 2019

BETH TANZMAN, MSW, EXECUTIVE DIRECTOR, VERMONT BLUEPRINT FOR HEALTH, DEPARTMENT OF VERMONT HEALTH ACCESS

Chairman Blunt, Ranking Member Murray, and Senator Leahy and staff thank-you for the opportunity to outline what we are learning in Vermont about addressing the opioid epidemic.

Vermont is here before you because we have successfully scaled treatment availability for Opioid Use Disorder statewide. Through our Hub and Spoke program we are currently treating over 8,000 Vermonters (1.6% of the adult population) with Medication Assisted Treatment (MAT). Vermont treats a higher percentage of people with Opioid Use Disorder than any other state in the nation.

We provide Medication Assisted Treatment in primary care offices (Spokes) and in specialty addictions treatment programs (Hubs). Through a Health Home Medicaid plan we've built a programmatic framework that links primary care (Spokes) and addictions treatment programs (Hubs). Patients can move between Hubs and Spokes based on their needs. Clinical expertise is shared across primary care and substance abuse treatment providers.

There are strong signals that the Hub and Spoke program is facilitating positive outcomes. Vermont has the lowest opioid overdose death rate in New England. Vermonters receiving Medication Assisted Treatment have lower rates of: incarceration, hospitalizations, and emergency department use than do Vermonters with Opioid Use Disorder who receive care as usual. Our system of deploying teams of nurses and counselors to primary care Spokes—2 FTE for every 100 Medicaid Members—combined with a strong back-up from Hub programs has dramatically increased the number of primary care providers offering Medication Assisted Treatment in Vermont.

What we're learning may be helpful to others and a few conclusions stand out.

Medication Assisted Treatment, the combination of medications and counseling, is the most effective treatment for opioid use disorder and as such, it should be consistently available as the standard of care for this condition.

Insurance should pay for Medication Assisted Treatment. In Vermont we developed

a Medicaid Health Home State Plan Amendment under the authority of section 2703 of the Affordable Care Act to create the Hub and Spoke Program. There are other approaches to using Medicaid that states can employ including: 1115 B Substance Use Waivers, State Plan Amendments, including MAT in managed care organization contracts, and increasing reimbursement rates for targeted services. Commercial payers should also participate: in Vermont two of our major commercial plans are piloting payments for Hub and Spoke Services.

The health system—especially primary care—has a key role in treating opioid addiction. The addictions treatment system cannot do this alone; there is simply not enough treatment capacity to meet the need brought on by this epidemic. The participation of primary care can effect greater integration of care, especially by coordinating pharmacological treatments with counseling, rehabilitation, and recovery supports.

The barriers to primary care participation in MAT (not enough provider time, patient complexity, difficulty integrating counseling supports) can be addressed by adding nursing and counseling resources to the primary care prescribing teams, as we did in Vermont.

Treatment is one element of a comprehensive response to the opioid epidemic. Other elements include prevention—reducing peoples' exposure to opioids in the first place, harm reduction such as wide availability of the overdose reversal medication Narcan to help prevent overdose deaths, and recovery supports—including vocational services to help people in recovery participate fully in our communities.

Leadership focus matters. I have had the honor of serving under two consecutive Governors, Democratic and Republican, who have both provided leadership and resources to address the opioid epidemic in Vermont.

In closing, we have made much progress in Vermont, much of it with the support of our federal partners. Yet while we have some of the best access to treatment in the nation, we have not solved this problem. Every week two Vermonters die from a drug overdose. Tragically we've also experienced high numbers of children under the age of five, who come into state custody due to this crisis. We must learn how to do better by our families and communities.

Thank you.

(At the request of Mr. SCHUMER, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

● Ms. SINEMA. Mr. President, I was necessarily absent but, had I been present, would have voted "yes" on rollcall vote 31, the confirmation of Michael J. Desmond to be Chief Counsel for the Internal Revenue Service and an Assistant General Counsel in the Department of the Treasury.

I was necessarily absent but, had I been present, would have voted "no" on rollcall vote 32, the motion to invoke cloture on the nomination of Andrew Wheeler, of Virginia, to be Administrator of the Environmental Protection Agency.

I was necessarily absent but, had I been present, would have voted "no" on rollcall vote 33, the confirmation of Andrew Wheeler, of Virginia, to be Administrator of the Environmental Protection Agency.●

SENATE COMMITTEE ON THE BUDGET RULES OF PROCEDURE

Mr. ENZI. Mr. President, the Committee on the Budget has adopted rules governing its procedures for the 116th Congress. Pursuant to rule XXVI, paragraph 2, of the Standing Rules of the Senate, on behalf of myself and Senator SANDERS, I ask unanimous consent that a copy of the Committee rules be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

COMMITTEE ON THE BUDGET U.S. SENATE
RULES FOR THE 116TH CONGRESS
RULES OF PROCEDURE

I. MEETINGS

(1) The committee shall hold its regular meeting on the first Thursday of each month. Additional meetings may be called by the chair as the chair deems necessary to expedite committee business.

(2) Each meeting of the committee, including meetings to conduct hearings, shall be open to the public, except that a portion or portions of any such meeting may be closed to the public if the committee determines by record vote in open session of a majority of the members of the committee present that the matters to be discussed or the testimony to be taken at such portion or portions—

(a) will disclose matters necessary to be kept secret in the interests of national defense or the confidential conduct of the foreign relations of the United States;

(b) will relate solely to matters of the committee staff personnel or internal staff management or procedure;

(c) will tend to charge an individual with crime or misconduct, to disgrace or injure the professional standing of an individual, or otherwise to expose an individual to public contempt or obloquy, or will represent a clearly unwarranted invasion of the privacy of an individual;

(d) will disclose the identity of any informer or law enforcement agent or will disclose any information relating to the investigation or prosecution of a criminal offense that is required to be kept secret in the interests of effective law enforcement; or

(e) will disclose information relating to the trade secrets or financial or commercial information pertaining specifically to a given person if—

(i) an act of Congress requires the information to be kept confidential by Government officers and employees; or

(ii) the information has been obtained by the Government on a confidential basis, other than through an application by such person for a specific Government financial or other benefit, and is required to be kept secret in order to prevent undue injury to the competitive position of such person.

(f) may divulge matters required to be kept confidential under other provisions of law or Government regulations.

(3) Notice of, and the agenda for, any business meeting or markup shall be provided to each member and made available to the public at least 72 hours prior to such meeting or markup.

II. CONSIDERATION OF BUDGET RESOLUTIONS

(1) If the chair of the committee makes proposed legislative text of a concurrent resolution on the budget available to all committee members by 12:00 p.m., five days prior to the start of a meeting or markup to consider the resolution, during that meeting or markup:

(a) it shall not be in order to consider a first degree amendment unless the amendment has been submitted to the chief clerk