

Residential Recovery for Seniors Act (RRSA) (H.R. 9538)

The prevalence of untreated substance use disorder (SUD) among older people, who comprise the majority of 68 million Medicare beneficiaries, is a major public health problem. The structured regimen of 24-hour residential addiction care is medically necessary for some seniors, yet it's been excluded from Medicare coverage throughout the program's 60-year history. It's time to innovate in Medicare so that patients have the power to pursue the treatment options best for them.

DANGEROUS GAPS IN MEDICARE SUD TREATMENT COVERAGE

There are four levels of care for SUD treatment. Medicare covers all levels of care **except for Level 3: non-hospital-based residential treatment**. This setting may be clinically appropriate for patients who need a planned and structured regimen of care in a 24-hour residential setting, but do not require hospitalization.

Without coverage for residential care (Level 3), patients may be undertreated in intensive outpatient settings (Level 2) or traditional outpatient settings (Level 1). Undertreatment can lead to worsening of SUD, potentially leading to more costly hospitalizations (Level 4).

Co-sponsor the Residential Recovery for Seniors Act

This would close a dangerous SUD treatment coverage gap by creating a Medicare Part A benefit for residential addiction treatment programs meeting nationally recognized standards, categorized as Level 3.1: Clinically Managed Low-intensity Residential Treatment; Level 3.5: Clinically Managed High-intensity Residential Treatment, and/or Level 3.7: Medically Managed Residential Treatment. It would also establish a prospective payment system for these programs.

WHY SUPPORT RRSA?



SAVE LIVES & SUPPORT ACCESS TO CARE

One in three Medicare patients with SUD cite financial barriers as a reason for not seeking treatment.



AVERT UNNECESSARY MEDICAL COSTS

Expanded coverage would help avert costly hospitalizations and emergency care stays that may occur when SUD goes untreated.



STRENGTHEN PROGRAM INTEGRITY IN THE RESIDENTIAL TREATMENT SECTOR

- RRSA conditions Medicare coverage for residential SUD treatment on the use of national, evidence-based, SUD-specific placement criteria. This creates a standardized framework to ensure patients are placed in, and remain in, the appropriate level of care.
- RRSA requires program accreditation/certification, enrollment in Medicare, and maintenance of clinical records sufficient to evaluate treatment intensity and necessity.
- Paired with a prospective payment system informed by cost reporting, these provisions further enable oversight by tying payment to defined service categories and resource use.