



A Passionate Voice for Compassionate Care

June 8, 2018

The Honorable Orrin Hatch
Chair, Finance Committee
U.S. Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, Finance Committee
U.S. Senate
Washington, D.C. 20510

RE: Opioid Legislation

Dear Chairman Hatch and Ranking Member Wyden,

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,000 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, I wish to thank you and the members of the Senate Finance Committee for the recent introduction of twenty-two bipartisan bills to address the opioid crisis. Catholic health providers throughout the country have been working to meet the needs of those suffering from opioid and other substance use disorders (SUD) with compassionate care, and are eager to work in partnership with members of Congress to provide the tools and resources necessary to continue their important work. We commend the legislation proposed to provide for measures to bolster family and community-based SUD treatment and increase data sharing and access to best practices for treatments. **In particular, we would like to highlight our support for the following bills: S. 2899, to provide for the option of treatment under Medicaid in residential pediatric recovery centers for infants with neonatal abstinence syndrome; S. 2922, to provide for SUD treatment in IMD facilities for pregnant and postpartum women; S. 2898, to remove lifetime limits under Medicaid on medication-assisted treatment for SUD; S. 2904 and S. 2910, to expand access to telehealth services in the Medicaid program; and S. 2901, to expand access to telehealth services for SUD treatment in the Medicare program.**

Catholic health providers recognize that each human life is sacred and possesses inalienable worth, and that health care is essential to promoting and protecting the inherent dignity of every individual. We also recognize that supportive and readily available substance use disorder (SUD) treatments are essential facets of holistic, person-centered and effective health care. The first principle in our *Vision for U.S. Health Care* affirms our call to pay special attention to those most likely to lack access to health care, many of whom are in desperate need of SUD services. This commitment is why the Catholic health ministry strongly supports efforts to increase access to these services and ensure that they become fully integrated into our health care system.

CHA welcomes the addition of legislation (S. 2904/2910/2901) regarding telehealth services in the Medicaid and Medicare program in the Senate Finance Committee opioid package.



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As the needs of patients change and technological advances allow providers to offer a wider array of services for SUD treatments, telehealth services are increasingly becoming an integral part of the continuum of care. We particularly applaud the inclusion in **S. 2904** and **S. 2910** of a more expansive definition of telehealth services to include modalities like remote patient monitoring and “store-and-forward” or asynchronous telehealth. We also support more options for telehealth services in the Medicaid program for beneficiaries seeking treatment and services in school-based health centers.

CHA supports **S. 2901, the e-TREAT Act**, to expand the use of telehealth services for SUD treatment under Medicare by eliminating “originating site” geographic restrictions for these services beginning in 2019. Telehealth services can be a vital component of care in both rural and non-rural areas alike, and we welcome this measure to increase access to care in more of our communities.

While CHA supports the IMD Care Act (**HR 5797**) to provide for an exception to the IMD exclusion for SUD patients receiving inpatient care in IMD facilities for opioid use disorders for up to 30 days, we also support the **Help for Moms and Babies Act (S 2922)** as a step in that direction. This legislation would provide Medicaid coverage for SUD treatment in an IMD facility for certain pregnant and postpartum women. We welcome this effort to expand treatment options for this vulnerable population, as well as the legislation (**S. 2899**) to expand Medicaid coverage for infants with neonatal abstinence syndrome to treatment in residential pediatric recovery centers.

Lastly, we urge the Committee in seeking offsets for the bills to be considered not to impose any additional cuts to the Medicaid program. We believe Medicaid can play an important role in facilitating wider SUD treatment without harming the program’s current beneficiaries.

Thank you again for your attention to the urgent matter of opioid and other substance use disorders, and for your consideration of these bills. We know that you share the goal of our Catholic health ministry in providing the best possible care and treatment for those who need it, and we look forward to working with you on legislative solutions that can meet the current challenges.

Sincerely,

A handwritten signature in black ink that reads "Michael Rodgers". The signature is written in a cursive, flowing style.

Michael Rodgers
Senior Vice President, Advocacy & Public Policy

Cc: Senate Finance Committee