



A Passionate Voice for Compassionate Care

March 19, 2018

Energy & Commerce Health Subcommittee
United States House of Representatives
Washington, DC 20515

RE: Opioid Legislation

Dear Representative,

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 would like to commend the subcommittee's focus on and attention to the opioid crisis affecting far too many of our nation's communities. We have heard from our health systems, hospitals and clinics across the nation how this crisis is affecting their ability to provide health care, and we are pleased to see the variety of legislative solutions being considered in the upcoming hearing of March 21. **We would like to recommend several items in advance of that hearing that we believe will enhance any legislative outcome to better serve those seeking care and treatment, including changes to the Overdose Prevention and Safety Act; measures that will help those in the Medicaid program requiring substance use disorder treatment receive the care that they need; and measures to ensure that onsite opioid treatment program (OTP) records are fully integrated into State prescription drug monitoring programs.**

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 has supported H.R. 3545, the Overdose Prevention and Safety Act, as an essential tool for achieving that integration. As originally introduced this bill would align current regulations for SUD treatment records with existing patient protections under HIPPA so that the SUD and other medical records would be treated in the exact same way. However, the amendment in the nature of a substitute to this legislation before the subcommittee is raising grave concerns about its effectiveness. **As amended the bill unfortunately would apply only to treatment records, rather than also applying to health care operations and payment as in the earlier version.**



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These three pieces of a patient's record are inseparable in existing electronic health records (EHRs). For health providers, the alignment with HIPAA for treatment, payment and health care operations is essential to providing whole-person care. It enables the essential flow of patient information among providers that is critical to the timely and effective delivery of health care and critical to patient safety and quality. That is not possible when having to maintain and access two separate sets of records for the same patient. Full coordination of physical care and SUD treatment, including medical records, is also necessary to minimize the risk of relapse or future addiction among patients. And it is a key component for licensing requirements, accreditation standards and maintaining best practices to ensure that those requiring substance use disorder treatment receive the most effective care possible.

We do commend the amended version of H.R. 3545 for including even stronger protections for patient privacy and anti-discrimination, as well as appropriate penalties for violations of these protections. **We believe that the reinsertion of health care operations and payment to treatment settings, coupled with these stronger privacy and anti-discrimination protections, will make the legislation a stronger and more effective tool in helping to combat the opioid epidemic.**

Additionally, we urge you to eliminate the Institutions for Mental Diseases (IMD) payment exclusion under the Medicaid program. Under current law, adults under age 65 receiving residential services for SUDs in IMDs with over 16 beds do not qualify for Medicaid benefits. While the Centers for Medicare and Medicaid Services has approved waivers in some states to circumvent the IMD exclusion, the importance of these facilities in the care of substance use disorders necessitates a permanent solution that will apply nationwide. **We also ask that you provide for Medicaid coverage of mental health-SUD treatment and primary care services furnished on the same day.** Currently, some states have Medicaid prohibitions on a provider's ability to bill for mental health or SUD treatment and a primary care service for the same individual on the same day. This has been yet another barrier to fully integrated care for SUD patients, and requires a permanent legislative fix.

Lastly, we encourage you to amend current law and require onsite opioid treatment programs (OTP) to submit dispensing data to prescription drug monitoring programs in accordance with State laws. We understand from our providers that they are not currently able to access such records as methadone use in OTP settings, which can lead to grave consequences for patients who are utilizing them while also receiving care in other facilities. Because methadone is dispensed onsite rather than through a prescription, this change in the law is necessary.

Thank you again for your attention to the urgent matter of opioid and other substance use disorders. We know that you share the goal of our Catholic health ministry in providing the best



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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 style with a horizontal line extending from the end.

Michael Rodgers
Senior Vice President, Advocacy & Public Policy