



A Passionate Voice for Compassionate Care

April 4, 2018

The Honorable Orrin Hatch
Chair, Senate Finance Committee
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Senate Finance Committee
Washington, DC 20510

The Honorable Lamar Alexander
Chair, Senate HELP Committee
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Senate HELP Committee
Washington, DC 20510

RE: Opioid Legislation

Dear Senators Alexander, Hatch, Murray and 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 am contacting you regarding 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 that the Senate is considering legislative solutions to address this issue. **As the Senate prepares for upcoming hearings, we would like to recommend several items that we believe will enhance any legislative outcome to better serve those seeking care and treatment, including the Protecting Jessica Grubb's Legacy 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 supports S. 1850, the Protecting Jessica Grubb's Legacy Act, as an essential tool for achieving that integration. 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. **Most importantly, S. 1850 would allow uses and disclosures to carry out SUD treatment, payment or health care operations as defined under current HIPAA regulations. These three pieces of a patient's record are inseparable in existing**



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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.

Additionally, we urge the Senate 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 the Senate 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 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