



May 16, 2018

The Honorable Greg Walden Chair, Energy and Commerce Committee U.S. House of Representatives Washington, D.C. 20515 The Honorable Frank Pallone Ranking Member, Energy & Commerce Committee U.S. House of Representatives Washington, D.C. 20515

RE: Opioid Legislation—May 17 Committee Mark-up

Dear Chairman Walden and Ranking Member Pallone,

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 the House Energy & Commerce Committee for moving forward with legislation 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 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 many pieces of legislation proposed to provide for grants, demonstration projects and the production of best practices and studies around substance use disorder (SUD) treatment. In particular, we urge the Committee to approve the following bills: H.R. 5795, to align current regulations for SUD treatment records with existing patient protections for treatment, payment and health care operations; H.R. 5797, to provide a limited exception to the Medicaid IMD Exclusion for certain individuals with opioid use disorders; H.R. 5603, to waive certain Medicare telehealth requirements for treatment of opioid use or cooccurring mental health disorders; and H.R. 3192, to ensure mental health parity in the Children's Health Insurance Program (CHIP).

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 H.R. 5797, the Overdose Prevention and Safety Act, as an important tool for achieving that integration. For health providers, the alignment of SUD records with other medical records under HIPAA for treatment, payment and health care operations is



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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. We believe that this legislation also is crucial to carrying out the goals in several other bills before this Committee, with access to a patient's full medical and SUD records essential to the use and encouragement of alternative payment models, integrated delivery systems and medication-assistant treatment.

While CHA continues to urge Congress to eliminate completely the Medicaid IMD payment exclusion, we ask the Committee to support the IMD Care Act (H.R. 5797). This legislation would provide a limited exception to the IMD exclusion for SUD patients receiving inpatient care in IMD facilities for opioid use disorders for up to 30 days, during the period of 2018-2023. The IMD exclusion has proven to be a barrier to care for all SUD treatment and mental health care in general, and we hope this initial limited exclusion in H.R. 5797 will lead to future measures to extend care under Medicaid to other beneficiaries in need of inpatient treatment.

Lastly, we urge the Committee to approve the Access to Telehealth Services for Opioid Use Disorder Act (H.R. 5603) and the CHIP Mental Health Parity Act (H.R. 3192). These bills would respectively waive some Medicare telehealth requirements for certain treatments for opioid use or co-occurring mental health disorders, and provide measures to ensure access to mental health services for children under CHIP. As we continue to look for ways to help adults with substance use and other disorders, we must also keep in mind the many needs of seniors and children in facing SUDs and mental health issues.

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,

Michael Rodgers

Michael Rodgen

Senior Vice President, Advocacy & Public Policy