July 25, 2018

U.S. Senate
Washington, DC 20510

Dear Senator,

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 writing to urge you to move forward as soon as possible to approve legislation addressing the opioid crisis and assisting providers of substance use disorder (SUD) treatment with the resources and tools they need.

We have supported provisions in the legislation approved last month by the Senate Finance Committee (S. 3120, the HEAL Act), as well as legislation recently passed by the House (H.R. 6, the Support for Patients and Communities Act, and H.R. 6082, the Overdose Prevention and Safety Act), which will expand access to SUD treatment. **Now, we urge the full Senate to support the following measures:**

- **S. 1850**, the Protecting Jessica Grubb’s Legacy Act, to align current regulations for SUD treatment records with existing patient protections for treatment, payment and health care operations
- Provisions in H.R. 6 to provide for a limited exception to the Medicaid IMD Exclusion for individuals with substance use disorders, including pregnant and postpartum women
- Provisions in S. 3120, the HEAL Act, to expand the use of telehealth services for the treatment of opioid use and other substance use disorders
- **S. 3053**, 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 S. 1850, the Protecting Jessica Grubb’s Legacy Act, as an important tool for achieving a truly integrated health care system.** For health providers, the alignment of SUD records with other medical records under 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.
CHA supports the IMD Care Act in the House-passed opioid bill and urges the Senate to approve a similar measure. 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 commend both the House legislation as well as measures in S. 3120 to expand care for infants and pregnant/postpartum women in residential facilities.

CHA supports the provisions in S. 3120 regarding telehealth services in the Medicaid and Medicare program. 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 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 the measures 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 effort to increase access to care in more of our communities.

Lastly, we urge the Senate to approve the CHIP Mental Health and Addiction Parity Act (S. 3053). This bill provides measures to ensure access to mental health and substance use disorder services for children and pregnant women under the Children’s Health Insurance Program. 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 these vulnerable populations as well.

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,

Sr. Carol Keehan, DC
President and CEO