April 10, 2018

The Honorable Greg Walden
Chairman
Energy & Commerce Committee
U.S. House of Representatives
2185 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy & Commerce Committee
U.S. House of Representatives
237 Cannon House Office Building
Washington, DC 20515

RE: Hearing on Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients

Dear Chairman Walden and Ranking Member Pallone:

Thank you for your Committee's ongoing leadership in the federal response to the opioid epidemic, including the April 11 hearing on "Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients." The Infectious Diseases Society of America (IDSA), HIV Medicine Association (HIVMA), and the Pediatric Infectious Diseases Society (PIDS) collectively represent over 12,000 infectious diseases, pediatric infectious diseases and HIV physicians, researchers and other healthcare providers. Our members are increasingly concerned about how the opioid crisis is driving higher rates of infectious diseases including hepatitis B, hepatitis C, endocarditis, HIV as well as skin and soft tissues infections.

We write to express our support for several of the bills you will consider at the April 11 hearing. We also wish to share the following new materials to help enact policy solutions aimed at reducing the dangerous infections arising from opioid use disorder (OUD) and other substance use disorders.

- A fact sheet detailing the infectious disease-related impacts of the opioid epidemic.
- A policy brief outlining a comprehensive set of recommendations regarding the prevention, surveillance, workforce capacity and access to treatment.
- A letter to the National Institutes of Health (NIH) outlining key research questions on this complex set of issues.

Coverage and Payment

Healthcare coverage is essential to ensure that individuals with OUD, other substance disorders and related infectious diseases can access comprehensive healthcare including addiction, mental health and infectious diseases prevention and treatment. Our current fragmented healthcare system has coverage and payment restrictions that limit helpful reponses to the opioid epidemic and associated infections.

The Medicaid program covers more than four in ten non-elderly adults with opioid addiction. People with Medicaid coverage are more likely to receive addiction treatment.[1] A strong Medicaid program with coverage for mental health and substance use treatments along with preventative services must be maintained as a vital component of the opioid crisis response.

Many of the bills to be discussed during the April 11 hearing would strengthen the national response to the opioid crisis, and appear responsive to the epidemic's complexity. We are pleased that Committee members will be discussing several bills that address policy issues identified by our societies as crucial to advance a comprehensive, effective response to the national opioid crisis. These are outlined in our recently released policy brief.

We offer our support for the bills noted below that will be discussed at the April 11 hearing. The bills align with policy recommendations identified by our ID and HIV physician members who work on the frontlines of the opioid epidemic to prevent and treat infectious diseases.

- **H.R. __, Use of Telehealth to Treat Opioid Use Disorder**

We support reducing payment barriers for telehealth under Medicare for the treatment of opioid use disorder and co-existant mental health conditions by allowing the Secretary to waive certain conditions. Employing telemedicine would help address the limited access to providers willing and able to prescribe medication for addiction treatment. In rural communities and underserved urban areas, a shortage of infectious disease and HIV experts is hindering our nation's response to the opioid epidemic. Telemedicine programs such as Project ECHO have been well documented as increasing provider knowledge and improving patient outcomes.[2,3,4,5] Reimbursement for services provided through telehealth, including time devoted to consultation and training is critical.

- **H.R. 4005, the Medicaid Reentry Act**
- **H.R. 1925, the At-Risk Youth Medicaid Protection Act**

Uninterrupted treatment for justice-system involved individuals when they transition in and out of correctional settings is critical to prevent relapse and drug overdoses. With less fragmented care, individuals with communicable diseases including HIV, viral hepatitis and STDs can be identified and treated. Under current federal Medicaid rules, states can elect to allow justice-involved individuals to maintain their Medicaid coverage or initiate Medicaid coverage during incarceration. However, during the incarceration period, federal Medicaid reimbursement is limited to hospitals stays of 24 hours. If Medicaid coverage began 30 days before release, community-based health care providers could start care. The benefits of this approach would mean medication for addiction treatment and treatment for communicable conditions, such as

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[1] Kaiser Family Foundation. Medicaid's Role in Addressing the Opioid Epidemic, February 2018.
[2] Komaromy M, et al. Enhanced primary care treatment of behavioral disorders with ECHO case-based learning.
[3] Anderson, D, et al. Improving pain care with Project ECHO in Community Health Centers. Pain Med. 2017 Oct 1;18(10); 1882-1889.
[4] Zhou, C, et al. The impact of project ECHO on participant and patient outcomes: a systemic review. Acad Med. 2016 Oct 91(10): 1439- 1461.
[5] Komaromy M, et al. Project ECHO: a new model for educating primary care providers about treatment of substance use disorders. Subst Abus. 2016;37(1)20-4.

HIV, viral hepatitis, and sexually-transmitted diseases would help reduce illness and prevent spread to unaware citizens upon an inmate release. Similarly, ensuring that justice–involved youth maintain their Medicaid eligibility and do not need to re-apply for coverage upon release will help to reduce barriers to access substance use, mental health, preventive and healthcare services for this population at high risk for drug overdose and acquiring communicable diseases upon release.

- **H.R. 3192, the CHIP Mental Health Parity Act**

A significant number of children experience trauma and separation from their biological family. Access to mental health and substance use treatment for the nearly 9 million children and adolescents covered by the Children Health Insurance Program should be key component of a comprehensive response to the opioid crisis. [6] Also, young adults (between 18 and 25) are the most prominent abusers of prescription opioids.[7] Youth between the ages of 13 and 24 accounted for 22% of all new HIV diagnoses in the U.S. in 2015.[8] Access to comprehensive behavioral health care for children and adolescents is critical to prevent and treat substance use disorder and to reduce the risk of HIV among youth.

- **H.R. __, Medicaid Incentives for Health Homes to Treat Substance Use Disorder**

Encouraging states to adopt the Medicaid Health Home benefit for individuals with substance use disorder would hopefully expand access to the comprehensive, coordinated care needed to meet their complex healthcare needs. Extending the period for enhanced federal matching funds from eight to twelve fiscal periods would be an incentive. Studies from states that have implemented the health home benefit for individuals with substance use disorders, HIV, and other chronic conditions, indicate that health homes improve health outcomes, and can save money, by supporting the integration of medical care, behavioral health and social services and supports.[9]

- **H.R. __, Provide IMD Services Up to 90 Days for Medicaid Beneficiaries with SUD**

Residential substance use treatment is an important component of the care continuum for effectively treating addiction. Despite recognizing the mental disease (IMD) exclusion as an impediment for providing comprehensive substance use and addiction treatment for Medicaid beneficiaries,[10] policy changes to date have not effectively addressed this issue. A legislative fix that allows states to receive federal matching funds for 90 days per calendar year for residential treatment at an IMD would likely encourage more states to add IMD as a covered benefit. We are concerned that the state option is currently limited to five years and may end in 2023. Given

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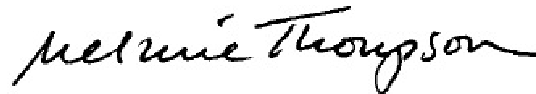
[6]Collier, Lorna. Young victims of the opioid crisis. More children are being sent to foster care due to a parent's opioid misuse. Psychologists are ramping up efforts to help. American Psychological Association. Jan 2018. Vol 49 (1).
[7]National Institute on Drug Abuse. Abuse of Prescription (Rx) Drugs Affects Young Adults Most. 2016.
[8]Centers for Disease Control and Prevention. HIV Among Youth. 2018.
[9]Clemans-Cope, L et al. Experiences of three states implementing the Medicaid health home model to address opioid use disorder—Case studies in Maryland, Rhode Island, and Vermont. Journal of Substance Use Treatment. Dec 2017, Vol. 83:27-35.
[10]The President's Commission on Combating Drug Addiction and the Opioid Crisis. Final Report. November 2017.

the scale of the opioid crisis, the need for residential substance use treatment as part of the care continuum for Medicaid beneficiaries will continue after 2023.

Once again, IDSA, HIVMA and PIDS thank you for your attention to the opioid epidemic and its infectious diseases complications. We welcome the opportunity to assist in your efforts. We can be reached through the IDSA Senior Vice President for Public Policy and Government Relations Amanda Jezek at ajezek@idsociety.org or the HIVMA Executive Director Andrea Weddle at aweddle@hivma.org.

Sincerely,



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