



AMERICAN
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PRACTICE ORGANIZATION

September 20, 2018

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader McConnell, Speaker Ryan, Minority Leader Schumer, and Minority Leader Pelosi:

I am writing on behalf of the American Psychological Association and the American Psychological Association Practice Organization to convey recommendations for legislation to address our nation's opioid epidemic, for consideration in reconciling the bills passed by the House and Senate. Our organizations comprise nearly 115,700 members and affiliates who are clinicians, researchers, educators, consultants, and students.

We applaud your bipartisan work on this life-or-death issue, as strong federal leadership is desperately needed to address the opioid epidemic. According to the most recent data from the Centers for Disease Control and Prevention (CDC), drug overdoses killed more than 72,000 Americans in 2017, a nearly 10% increase over the previous year's fatalities. Roughly two-thirds of these deaths involved an opioid.

Due to the fast pace of discussions among members of Congress, our comments are limited to specific changes we believe would improve the legislation in areas in which the bills differ, rather than a comprehensive review of the wide array of initiatives encompassed in the bills passed by the House and Senate.

Increasing access to opioid use disorder treatment under Medicaid

An estimated one-quarter of individuals with an opioid use disorder is a Medicaid beneficiary. Unfortunately, Medicaid coverage of the components of medication-assisted treatment (MAT) varies considerably. This must change in order to reduce the toll of the epidemic. We urge inclusion of language like that in Sec. 107 of the final version to extend coverage of home health services to beneficiaries with an opioid use disorder and to require coverage of all components of and drugs used for MAT. We also urge the inclusion of Sec. 101 of H.R. 6, to prevent state Medicaid programs from terminating a juvenile's medical assistance eligibility because of

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incarceration. Given how frequently individuals with opioid use disorders become involved in the criminal justice system, removing health insurance coverage when this happens is highly counterproductive, and can be fatal.

Expanding access to Medicare telehealth services for substance use disorders and co-occurring mental disorders

Both the House and Senate opioid legislation would make it easier for Medicare beneficiaries with substance use disorders to receive care using telehealth services by waiving certain requirements. However, the House legislation takes the important step of extending this coverage to treatment of co-occurring mental disorders, as well. The Substance Abuse and Mental Health Services Administration estimates that 8.5 million Americans over the age of 18 had both a substance use disorder and a mental illness at some point in the past year. Effectively addressing the opioid epidemic among the Medicare beneficiary population will require improving beneficiaries' access to mental health treatment services, as unaddressed mental health issues frequently contribute to and complicate addictive behaviors. As an example, patients with chronic non-cancer pain and comorbid depression are more likely than those without depression to receive opioids, take them for longer periods of time, and to misuse or abuse opioids. At the same time, use of opioids is associated with an increased risk of depression, even in patients who were free of depression prior to taking opioids. We strongly encourage Congress to adopt the House provision's extension of telehealth coverage to include treatment of co-occurring mental disorders.

Increasing substance use provider capacity under Medicaid

We encourage inclusion of language authorizing the Department of Health and Human Services to conduct a demonstration project for states to increase the treatment capacity of substance use disorder treatment providers participating in Medicaid. Section 1003 of H.R. 6 establishes such a program. However, we believe the language can be improved by explicitly broadening the scope of projects to include all substance use providers, as would be accomplished under S. 3383, legislation recently introduced by Senator Cardin. The language adopted by the House appears to focus narrowly on support of physicians, when most substance use treatment services are provided by non-physician providers.

Mental health and substance use parity

The House and Senate opioid bills each contain a unique provision related to the Mental Health Parity and Addiction Equity Act (MHPAEA). Section 5022 of H.R. 6 would require state Children's Health Insurance Program (CHIP) plans to cover mental health benefits, including substance use disorder services, for pregnant women and children and require that such coverage meet MHPAEA requirements. Section 1420 of the Senate legislation would make much-needed improvements in existing statutory reporting requirements regarding MHPAEA violations and federal agencies' investigation and enforcement actions. We urge inclusion of both of these provisions in the final version of the legislation approved by Congress.

Best practices and model training for information sharing

We support efforts to make it easier for providers to know if a patient has a history of opioid abuse, and the provision included in both the House and Senate bills (Sections 7051 and 7051, and Section 1508, respectively) to require the Department of Health and Human Services to develop best practices for prominently displaying this information in electronic health records, when requested

by the patient. Similarly, we support the required development and dissemination of model training programs for substance use disorder patient records, as included in Sec. 1509 of the Senate legislation.

Behavioral health provider use of Electronic Health Records

Both the House and Senate bills include provisions authorizing a health information technology (IT) demonstration program within the Centers for Medicare and Medicaid Innovation for mental health and addiction treatment providers, including clinical psychologists, public or private psychiatric hospitals, community mental health centers, accredited residential or outpatient opioid treatment facilities, and clinical social workers. The use of health information technology and electronic health records (EHR) is fundamental to promoting integrated care, and a valuable component of improving the treatment of those affected by substance use disorders. Unfortunately, due to the limited eligibility of previous EHR incentive payments, health IT infrastructure is often lacking within behavioral health settings. We urge the inclusion of the behavioral health EHR provisions in the final version of the legislation.

Substance Use Disorder workforce loan repayment program

Both the House and Senate bills contain provisions to address workforce shortages among substance use treatment providers. We urge the inclusion of the H.R. 6 provisions (Section 7071 and 7072) that authorize a loan repayment program specifically for substance use treatment providers. Unlike the provision in the Senate-passed bill (Sec. 1417), which offers up to \$50,000 in loan repayment and expands eligibility for the National Health Service Corps (NHSC) loan repayment program to include licensed substance use treatment counselors, the provisions included in H.R. 6 create a larger incentive by authorizing a new program that offers up to \$250,000 in student loan debt for a broader range of substance use treatment providers. The House-passed provisions would be more effective in addressing our nation's shortage of substance-use providers.

Injection drug use surveillance and education

APA applauds the House and Senate for including provisions to support surveillance, prevention, and identification of infections associated with injection drug use, such as HIV and hepatitis. Increased rates of new infections are closely tied to opioid misuse, especially in rural communities. APA urges Congress to adopt the Senate bill, which authorizes \$40 million annually for five years.

Thank you for your consideration and for your ongoing work to address this serious issue.

Sincerely,



Arthur C. Evans, Jr., PhD
Chief Executive Officer

cc: The Honorable Orrin Hatch
The Honorable Lamar Alexander
The Honorable Ron Wyden
The Honorable Patty Murray

The Honorable Greg Walden
The Honorable Kevin Brady
The Honorable Frank Pallone
The Honorable Richard Neal