



**Association for Behavioral  
Health and Wellness**

*Advancing benefits and services  
in mental health, substance use  
and behavior change.*

April 23, 2018

The Honorable Lamar Alexander, Chairman  
U.S. Senate Committee on Health, Education, Labor,  
and Pensions  
455 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray, Ranking Member  
U.S. Senate Committee on Health, Education, Labor,  
and Pensions  
154 Russell Senate Office Building  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

The Association for Behavioral Health and Wellness (ABHW) appreciates the Senate Committee on Health, Education, Labor, and Pensions (HELP) taking a leadership role in combatting the opioid epidemic by introducing The Opioid Crisis Response Act of 2018 (S. 2680). ABHW is the leading association working to raise awareness, reduce stigma, and advance federal policy that improves mental health and addiction care. Our members include top regional and national health plans that collectively care for approximately 175 million people.

Our member companies are committed to helping defeat the opioid epidemic. They support a continuum of evidence based, person-centered care to treat individuals with an opioid use disorder (OUD), including medication assisted treatment (MAT). Our members work to identify and prevent addiction where they can; and where they can't, they help individuals with an OUD get the appropriate, evidence based treatment to recover and lead full, productive lives in their community with their families and loved ones.

ABHW appreciates the opportunity to comment on this legislation and commends the comprehensive and bipartisan approach taken by the HELP Committee. ABHW supports addressing the opioid epidemic on multiple levels which this bill accomplishes. There are many provisions ABHW applauds in S. 2680, including the attention to providing services in schools, strengthening the capacity of the behavioral health workforce, educating and training providers, providing grants for treatment and recovery, and recognizing the value of peer support.

Highlighted below are a few provisions that will most greatly help our member companies as they work to identify and treat individuals with an OUD. We also call your attention to an important provision that is missing from your bill, S. 1850, The Protecting Jessica Grubb's Legacy Act. As we indicated in our letter to you on April 11, 2018, ABHW members say 42 CFR Part 2 (Part 2) is one of the biggest – if not the biggest – barriers to fighting the opioid crisis.

### **Supporting Prescription Drug Monitoring Programs (PDMPs)**

Real time updates and data sharing between states is an important step to making PDMPs a successful tool in decreasing overprescribing and opioid misuse. ABHW supports the PDMP measures that are contained within S. 2680 and believe increased funding for cooperation between states will lead to a more comprehensive PDMP system. Furthermore, it is important that health plans have access to this

information so that they can better identify individuals at risk of prescription drug abuse and enable greater coordination across health care entities.

### **Improving Access for Telemedicine and Medication Assisted Treatment (MAT)**

ABHW supports increasing access to telemedicine for individuals who are receiving substance use disorder (SUD) treatment. MAT represents the best evidence-based care for people with OUD and should be the standard of care. Allowing patients to receive these life-saving drugs through telemedicine will improve access for people with SUD in rural and underserved areas. We also appreciate the codification of the ability for qualified physicians to prescribe MAT for up to 275 patients and recommend lifting the cap in its entirety.

### **Development of Recovery Housing Best Practices**

Creating best practices and model state laws for recovery housing will create an environment of accountability and improve outcomes for patients seeking recovery. In the last few years our members have seen a dramatic increase in the number of fraudulent substance use treatment providers, mostly with sober homes and residential facilities. These facilities are often unlicensed and are taking advantage of individuals with an addiction. The fraud consists of gaming the health care system, brokering of patients, and providing care (if care is provided at all) that is not evidence based. The services offered by these providers cost more, have higher readmission rates, and people are dying under their care. ABHW supports development of clear guidelines and standards for best practices within the field of recovery housing.

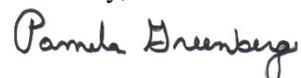
### **Confidentiality of Substance Use Disorder Records**

ABHW supports the inclusion of increased training for health professionals in the handling of SUD medical records; however, we are disappointed that the current version of S. 2680 does not harmonize Part 2 with the Health Insurance Portability and Accountability Act (HIPAA). Part 2 acts as a barrier to the integration and coordination of services that give patients with SUD the greatest possible care. Part 2 regulations may lead to a doctor treating a patient and writing prescriptions for opioid pain medication for that individual without knowing the person has an opioid use disorder.

The Protecting Jessica Grubb's Legacy Act, S. 1850, co-sponsored by Senators Shelley Moore Capito (R-WV) and Joe Manchin (D-WV), would align Part 2 with HIPAA for the purposes of health care treatment, payment, and operations and strengthen protections against the use of substance use disorder records in criminal proceedings. We strongly recommend adding this legislation in the final version of your opioid legislation.

Thank you for advancing this important piece of legislation and for your consideration of our comments.

Sincerely,



Pamela Greenberg, MPP  
President and CEO