February 16, 2018

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate
104 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
107 Russell Senate Office Building
Washington, D.C. 20510

Re: Response to Senate Finance Committee on Opioid Epidemic in Medicare and Medicaid

Dear Chairman Hatch and Ranking Member Wyden,

The American Telemedicine Association (ATA) appreciates the opportunity to respond to the Senate Finance Committee's ("Committee") request for information on how to improve Medicare, Medicaid and human services programs responses to the opioid epidemic.

ATA Member and Kentucky-based behavioral health provider Centerstone has extensive experience implementing patient centered health homes. These health homes are specifically designed to provide integrated, patient centered care to consumers with co-occurring, and often, complex conditions. Through this model, we have been able to provide contiguous care to consumers who had previously only experienced fragmented care. As a result, we have achieved demonstrable outcomes within our patient population. For example, 84 percent of our patients with high blood pressure saw lower readings in 12 months, recipients also reported a 56 percent improvement in anxiety levels and a 53 percent improvement in general health. Lastly, participants in this health home model of coordinated care at Centerstone have given the approach a 98% approval rating.

ATA believes that one of the biggest impediments to quality treatment is that patients are unable to receive the care they need when, where, and from whom they need it. Telehealth is structured to overcome these challenges with functions that are patient-centered and available anywhere at any time. This is an opportune time for the Committee to build on recent Congressional successes to advance telehealth and fully explore and act to encourage consumer-directed, technology-enabled, site-neutral tools of care to meet growing healthcare delivery challenges as a whole and specifically those related to substance use disorders.

Improve Access by Enhancing Existing and Creating New Points of Care

Telehealth is an important part of the delivery of integrated care, prevention, and ongoing treatment and can be practiced with the assurance of quality and safety for the public. It enables many services to be delivered to anyone anywhere including a residence, skilled nursing facility, community health center, or retail health clinic. These tools ensure timely, patient-focused and cost-effective access to an array of healthcare services from qualified health professionals across the entire spectrum of care.

Specifically, the Committee can remove originating and distant site restrictions authorized by SSA §1834(m). This action will allow access to diagnosis or treatment in metropolitan areas, as well as permit federally-funded sites such as community health centers, rural health clinics, community mental health centers, Indian Health Service sites, and rehabilitative therapy specialists like physical therapists from providing ongoing treatment and follow-up care related to chronic pain management or substance use treatment.

The Committee can break down barriers for use of peer support services, via telehealth, in both Medicaid and Medicare. A systematic review of peer supports in the role of SUD treatment, found that use of certified peers led to significant decreases in patients' use of substances, improvement in their symptoms, and better management of their own conditions[1]. These outcomes are largely achieved by a sense of trustworthiness and the non-judgmental attitude that comes from the peer relationship. A second step congress might consider establishing a pilot for is the use of technology enabled care in managing SUD.

Enforce General Medicaid Requirements

Medicaid is the single largest health insurance program in the country. However, in some states such as Ohio and Massachusetts healthcare services are not available state-wide or are denied because the covered service was rendered using telehealth rather than in-person. Massachusetts Medicaid administrators do not cover or reimburse for telehealth-provided services under fee-for-service. Ohio Medicaid will only cover telehealth-provided services after the patient has measured and attested that the distance between themselves and their practitioner is more than five miles. The Committee should require CMS to apply general requirements of comparability, state wideness and freedom of choice to covered Medicaid services regardless of delivery method like telehealth.

Broaden Multi-Disciplinary Specialty and Integrated Service Models

Integrated service delivery can benefit hospitals, health systems, community health centers, and solo/group practitioners, make better use of their time and resources and offer greater value to their patients, including health outcomes and adherence to care plans. Additionally, leveraging the clinical expertise of advanced practice registered nurses, physician assistants, and drug addiction counselors can significantly alleviate the burdens of workforce shortages and inadequate healthcare access to substance abuse treatment.

The Committee should allow states to develop and operate combined and coordinated Medicare and Medicaid telehealth. This approach has the added value of allowing the Medicaid plans to use economies of scale and broaden inadequate coverage. One specific opportunity is to allow a state to use its Medicaid "health home" project for chronic care to serve Medicare beneficiaries as well.

Other Senate Actions

Ryan Haight Online Pharmacy Consumer Protection Act (RHA)

According to the National Rural Health Association, 30 million Americans are currently living in rural counties where access to addiction treatment and medication is unavailable[2]. Meanwhile, effective and well-vetted prevention and treatment strategies exist for opioid misuse and addiction today but are highly underutilized across the United States.[3] Fully optimizing the value of our behavioral health workforce by affording a wider latitude to treat patients with substance use disorders (SUD) via telemedicine is a prudent and timely step that this Administration can take right now.

One of the unintended consequences of RHA is that it ties the hands of doctors who seek to treat substance use disorders and mental health conditions with life-saving controlled substances. RHA also created confusion in the medical and legal communities regarding the circumstances in which providers

[1] https://www.ncbi.nlm.nih.gov/pubmed/26882891

[2] https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/Treating-the-Rural-Opioid-Epidemic_Feb-2017_NRHA-Policy-Paper.pdf

[3] https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview

are permitted to prescribe controlled substances. This has resulted in a general reluctance of providers to use such medications in association with telemedicine visits, despite the clinical benefits the medications would have for many patients.

There is no compelling clinical or public health reason to differentiate between telemedicine visits and in-person visits with regard to when a physician is permitted to prescribe a controlled substance. Instead, clinical standards of care are the most appropriate barometer for the appropriateness of prescribing controlled substances. RHA's arbitrary limitations on the practice of telemedicine take away opportunities for telehealth providers to appropriately prescribe medications based on their clinical judgment.

The Senate Judiciary Committee should direct the Department of Justice to submit, within 90 days, to the Office of Management and Budget proposed emergency rulemaking waiving the requirements for an in-person visit when using telemedicine, at least for mental health and psychiatric services, including medication addiction treatments such as buprenorphine and waive DEA site registration requirements for at-home treatment. Additionally, the proposed emergency rulemaking should also create a process to accept and enforce a special telemedicine registration for providers with prescriptive authority which would circumvent the current state-by-state and site-by-site process. This designation should be extended to licensed community mental health and addiction providers who follow nationally recognized models of treatment. The Drug Enforcement Administration, under President Obama, never delivered on its initial Unified Regulatory Agenda intention to promulgate special registration rulemaking in October 2015.

Controlled Substances Act

The Senate Judiciary Committee should amend the Controlled Substances Act to include an additional exception to the in-person exam requirement. It would create a new statutory subsection at 21 USC 802(54)(H). This change would allow practitioners to prescribe controlled substances via telemedicine for the treatment of mental health, psychiatric disorders, or substance abuse addiction. All other rules and restrictions would continue to apply, including the requirement of DEA registration and that any prescriptions must be issued for a legitimate medical purpose in the usual course of professional practice of the prescribing practitioner. The statutory change would be self-effectuating, thereby not requiring DEA to promulgate implementing regulations. Congress would include a 90-day effective date of the statutory change from the time the bill is signed into law.

Licensure Portability

Patients should be able to choose how they receive a covered service, including considerations for their urgency, convenience and satisfaction. Many people have a difficult time accessing in-person healthcare due to mobility limitations, scheduling, appropriate provider availability, major distance or time barriers, and transportation limitations (lack of a car or public transit). Telehealth enables this vulnerable population to receive critical and life-saving treatment regardless of economic means, physical ability, or residence.

To accommodate dynamic clinical models and patient preferences for 24/7/365 and on-demand access to care, large healthcare systems have responded to this need for more accessible care by establishing provider networks across multiple states. Senate members should allow health professionals possessing any active state medical license to deliver Medicare or Medicaid-funded health service to any patient, regardless of the physical location of provider or patient. Other federal interstate healthcare programs, such as the Department of Defense, have a "one state license" model as an option of federal sovereignty. The U.S. Department of Veterans Affairs, for example, has benefitted greatly from this model, as it

allows for more efficient interstate deployment of physician resources and removes unnecessary barriers to healthcare.

Allow Technology Neutrality

A potential disruptive area in the treatment arena is the use of technology enabled care, via apps and smart devices, to manage SUD treatment. Several providers are currently piloting technologies, utilizing evidence-based screeners and engagement tools to increase patient involvement in treatment. These apps are designed to be bidirectional with electronic health records systems in order to alert case managers and peer supports if a patient is at risk of relapse. The objective is timely patient engagement that promotes recovery and reduces the incidence of relapse and use of higher cost inpatient facilities. Given that 95% of Americans own a cell phone and approximately 80% of Americans own a smart device, this potential for technology enabled care as a breakthrough intervention in the treatment continuum is vast[4]. As such, we recommend Congress look into funding streams to support and evaluate the efficacy of technology enabled care as a potential evidence-based intervention to support recovery.

Thank you for your consideration of these recommendations. We are happy to be a resource to you and your staff as you make advances to address the nation's opioid epidemic.

Sincerely,

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Lauren McGrath, MSSW
Vice President of National Policy, Centerstone America
ATA Telemental Health SIG Member

[4] http://www.pewinternet.org/fact-sheet/mobile/