WISCONSIN HOSPITAL ASSOCIATION, INC.

June 12, 2018

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

RE: WHA Support of Opioid Reform Legislation

Dear Speaker Ryan:

The Wisconsin Hospital Association and its group of health care leaders appreciated the time meeting with your office in early May. During our meeting, one of the topics we expressed support for was the package of opioid bills congressional leaders were working on.

Wisconsin hospitals and health systems continue to face regulatory barriers that prevent them from providing the best possible care and giving hope to those suffering from opioid addiction. The renewed focus on this issue gives Congress a historic opportunity to remove these barriers in Medicare and Medicaid and improve outcomes in Wisconsin and across the nation. Over the next couple of weeks, the House is slated to vote on a variety of different opioid reform bills. The Wisconsin Hospital Association would like to reiterate our support for 3 bills that we hope the House will consider taking up and passing, all of which have passed the House Energy and Commerce Committee with bipartisan support.

1. **Streamlining medical records by aligning 42 CFR Part 2 with HIPAA.**

   Background:
   The Health Insurance Portability and Accountability Act of 1996, better known as HIPPA, has protected patients for more than 20 years by keeping private health information secure. A lesser known federal statute, 42 CFR Part 2, predates HIPAA and governs patient behavioral health and treatment records. But whereas HIPPA allows patient records to be shared in a protected manner with other treatment providers, 42 CFR Part 2 specifically prohibits certain records from being shared with other healthcare providers without the express written consent of the patient. This can make treatment less than optimal when health care providers are not informed of previous behavioral health or substance use issues.

   Ask: Support H.R. 5795, the Overdose Prevention and Patient Safety Act
   Without complete medical records, providers may lack key information that can be the difference between a positive or negative outcome. For instance, a provider would want to know if a surgery patient has a history of opioid addiction so the provider could consider how to deal with their post-surgery pain in a way that best protects the patient from the risk of relapse. H.R. 5795 would align 42 CFR Part 2 with HIPAA in order to maintain patient medical record confidentiality while ensuring healthcare providers are informed of relevant patient information.

2. **Expanding treatment options by removing Medicaid's outdated IMD exclusion.**

Background:
Institutions of Mental Disease (IMDs) are facilities of more than 16 beds, where more than half the patients are being treated for mental illness. Since Medicaid was established in 1965, it has not allowed reimbursement for Medicaid patients in an IMD setting. While CMS recently allowed short term stays in IMDs to be covered under Medicaid managed care, this falls short of the access to behavioral health and substance use treatment Wisconsin's Medicaid population needs.

Ask: Support H.R. 5797, the IMD CARE Act
Wisconsin currently has approximately 10 shorter-term inpatient facilities and at least 20 longer-term residential facilities across the state that meet CMS criteria for IMDs and are ineligible for reimbursement for fee-for-service Medicaid patients. H.R. 5797 would expand treatment opportunities for these Medicaid patients with opioid use disorder by reimbursing patient stays for up to 30 days in IMDs. While we recognize this is not a comprehensive solution to the treatment provider shortage, we believe all tools should be on the table, which is why this reform even has support from consumer groups like the National Alliance for Mental Illness, or NAMI. Put simply, Medicaid should embrace policies like this that allow for more comprehensive treatment options and reduce the reliance on emergency room treatment.

3. **Increasing innovation in Telehealth by allowing HHS to waive reimbursement restrictions.**

Background:
Under current federal law, Medicare will only reimburse for telehealth services if a Medicare patient is in a rural healthcare facility (i.e. hospital, doctor's office, nursing home, etc.) when services are provided. These are sometimes referred to as "originating site" requirements. Additionally, the telehealth services must be real-time, two-way interactive audio or video communications.

Recognizing how these restrictions can stifle innovation in health care delivery, Congress has already begun to ease some of them for telestroke, end-stage renal disease, and Medicare Advantage patients in the Bipartisan Budget Act of 2018.

Ask: Support H.R. 5603, the Use of Telehealth to Treat Opioid Use Disorder Act
H.R. 5603 would build on the work Congress did in the Bipartisan Budget Act by allowing the secretary of Health and Human Services to waive these outdated Medicare telehealth rules when treating opioid addiction. We support this reform, and also believe Congress should consider broader telehealth reforms. In an era where more people of all ages have powerful, internet-connected devices at their fingertips, why not allow Medicare to reach consumers where it is most convenient for them? While we understand fears about an expanding Medicare budget, we believe a streamlined telehealth policy will lead to more efficient healthcare utilization rather than simply more utilization.

Sincerely

Eric Borgerding
President/CEO