

May 15, 2018

The Honorable Orrin G. Hatch  
Chairman  
Senate Finance Committee  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Senate Finance Committee  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Hatch and Senator Wyden:

We applaud your efforts to address the opioid crisis and thank you for taking legislative action. To that end, we are writing to urge your support for the inclusion of language similar to Section 11 of the CONNECT for Health Act (S. 1016) that applies specifically to substance use disorder and co-occurring mental health disorder. This language will address unmet treatment needs of Medicare beneficiaries with opioid addiction by expanding access to care through telemedicine.

As with the overall U.S. population, opioid addiction is rising among seniors. Opioid misuse among adults aged 50 and older in 2014 was higher than all years between 2002 and 2011<sup>1</sup>, and a 2017 analysis of Medicare Part D data by the HHS Office of the Inspector General revealed that more than 500,000 Medicare Part D beneficiaries received high amounts of opioids in 2016, with the average dose far exceeding the manufacturer's recommended amount.<sup>2</sup>

For seniors who become addicted, therapy is an essential part of treatment. Cognitive behavioral therapy, family counseling, and other therapy approaches can help cope with stress, environmental factors and isolation that make staying off drugs difficult. However, for many seniors, finding a behavioral health specialist is challenging. In 2013, all nine types of behavioral health practitioners had shortages. Six provider types have estimated shortages of more than 10,000 FTEs, including psychiatrists; clinical and counseling psychologists; substance abuse and behavioral disorder counselors; mental health and substance abuse social workers; and mental health counselors.<sup>3</sup> In rural areas, the challenge is particularly acute.

Telehealth can help. According to a 2012 HRSA report, telebehavioral health may be one of the more successful applications of telehealth across the spectrum of clinical services as outcomes and patient acceptance for telebehavioral health are comparable to face-to-face visits.<sup>4</sup> The report went on to detail how telebehavioral health can improve care delivery, expand staff capacity, enhance training capacity and achieve cost savings.

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<sup>1</sup> <https://www.samhsa.gov/capt/sites/default/files/resources/resources-opiod-use-older-adult-pop.pdf>

<sup>2</sup> <https://oig.hhs.gov/oei/reports/oei-02-17-00250.pdf>

<sup>3</sup> <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/behavioral-health2013-2025.pdf>

<sup>4</sup> <https://www.hrsa.gov/sites/default/files/publichealth/guidelines/BehavioralHealth/behavioralhealthcareaccess.pdf>

Despite this evidence, a Medicare fee-for-service provider can only be reimbursed for telehealth if the patient is in an institutional setting in a rural area at the time of service. The institutional setting is referred to as an “originating site.” These restrictions significantly limit the number of telebehavioral health visits available in Medicare even though there are more than a dozen behavioral health codes approved for telehealth in Part B.

The language being proposed by Senators Wicker, Schatz, Thune, Cardin and Warner, which is similar to Section 11 of the CONNECT for Health Act (S. 1016) that applies specifically to substance use disorder and co-occurring mental health disorder will help fix this problem. The Act gives the Secretary of Health and Human Services the authority to waive rural and originating site restrictions for telehealth services that have been found to save money, improve quality of care, or improve access to services. This includes telebehavioral health services and lays the groundwork for greater use of telehealth services to address the opioid crisis among our nation’s seniors. By providing a mechanism to expand the number of providers that are able to treat the elderly in their own homes through telehealth, this Act will significantly improve addiction treatment for Medicare patients. In addition, as HHS and CMS consider the new Medicare Advantage telehealth benefit, coverage of behavioral health for opioid addiction will be a natural addition if the restrictions are already lifted in fee-for-service.

For the reasons above, we urge you to support the Access to Telehealth Services for Opioid Disorders Act. Thank you.

Sincerely,

Alliance for Connected Care  
National Council for Behavioral Health  
National Alliance on Mental Illness  
National Association of ACOs