

May 23, 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 you to include the Expanding Telehealth Response to Ensure Addiction Treatment Act (eTREAT) introduced by Senators Thune, Warner, Cardin, Cornyn, Schatz and Wicker. This language will address unmet treatment needs of Medicare beneficiaries with substance abuse disorder 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 2011¹, 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.²

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.³ 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.⁴ The report went on to detail how telebehavioral health can improve care delivery, expand staff capacity, enhance training capacity and achieve cost savings.

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

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

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

⁴ <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 eTREAT Act eliminates the biggest barrier to adoption of telehealth in Medicare, the rural and originating site restrictions. These restrictions have hindered telehealth use in Medicare as employers and the commercial sector generally have embraced telehealth. More than 90 percent of large employers offer telehealth benefits. It’s time that Medicare caught up so seniors can also use these tools. By removing the rural and originating site restrictions, the eTREAT Act will expand the number of providers who will treat elderly patients with substance abuse disorder in their own homes through telehealth. In addition, as HHS and CMS consider the new Medicare Advantage telehealth benefit, coverage of behavioral health for substance abuse disorder 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 eTREAT Act and include in the final package of legislation aimed at addressing our country’s opioid addiction crisis. Thank you.

Sincerely,

Alliance for Connected Care
American Telemedicine Association
Association for Behavioral Health and Wellness
College of Healthcare Information Management Executives
Mental Health America
National Council for Behavioral Health
National Alliance on Mental Illness
HIMSS
PCHAlliance
National Association of ACOs
The Connected Health Initiative