American Hospital Association™
Advancing Health in America

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The Honorable Bernie Sanders
Chairman
Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on the SUPPORT for Patients and Communities Reauthorization Act.

The AHA believes physical and mental health care are inextricably linked, and everyone deserves access to high-quality behavioral health care. We thank you for your bipartisan leadership in developing approaches to better meet the nation's behavioral health care needs. Our comments on specific sections of the bill follow.

Section 103. Preventing Overdoses of Controlled Substances

The Centers for Disease Control and Prevention has called prescription drug monitoring programs (PDMPs) "among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk." However, the impact of PDMPs is limited by the lack of interoperability across states and, at times, poor usability. **The AHA supports the reauthorization of grants to help states enhance the collection of overdose data and improve their PDMPs**, and we encourage the committee to look for additional ways to improve the usability of PDMP's. We welcome the opportunity to share suggestions to optimize the integration of these clinical tools into workflows on a larger scale.

Sections 202 and 204. Loan Repayment Program for Substance Use Disorder Treatment Workforce and Mental & Behavioral Health Education and Training Program

The chronic underfunding for behavioral health services intensified the ability of hospitals and health systems to retain critical staff, especially as the financial pressures of the past several years further eroded their capability to subsidize these services. As the need for behavioral health services continues to rise, the nation is ill-prepared to respond to these needs due to severe shortages in the behavioral health workforce. We are pleased to see the committee reauthorize workforce programs such as the Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program.

Section 210. Regulations Relating to Special Registration for Telemedicine

During the COVID-19 public health emergency, the Drug Enforcement Agency enacted flexibilities to certain requirements to ensure patients could continue to receive life-saving medications via telehealth while minimizing exposure and preserving provider capacity. Flexibilities, including waiving the required initial in-person visit prior to prescribing controlled substances via telehealth and allowing the use of telephone evaluations to initiate buprenorphine prescribing, have proved critical in best supporting patients. These waivers have improved access to care for patients with substance use disorder where there were already shortages in prescribers even prior to the pandemic.

The requirement that the agencies issue a regulation outlining such a special registration process for telemedicine was first established nearly 14 years ago and re-enforced in the SUPPORT Act of 2018 by establishing a deadline of Oct. 24, 2019, for the regulations to be developed. It is clear more congressional action is needed in the reauthorization of the SUPPORT ACT. **We support this section to require final regulations within one year of enactment for prescribing controlled substances over telemedicine.**

Additionally, we urge Congress to consider the following:

- **Grant** a permanent exception for separate registrations for practitioners in states that have medical licensing reciprocity requirements.
- **Require** agencies to provide a proposed interim plan if there is ever a gap in public health emergency waivers and rulemaking.

Section 211. Mental Health Parity

Congress' passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 was intended to level the playing field by prohibiting burdensome prior authorization requirements and other management techniques that made mental health claims much more difficult to get approved and paid. But compliance with the 15-year-old law has not been uniform, as some insurers found ways around its provisions —

particularly by discriminatorily applying non-qualitative treatment limitations (NQTLs) to coverage of behavioral health benefits. The Consolidated Appropriations Act of 2021 amended MHPAEA to require plans and issuers to provide comparative analyses of their NQTLs upon request. **The AHA supports efforts to strengthen these protections,** such as proactively reviewing plan benefit design and the application of NQTLs, so patients get the care to which they are entitled under the law and providers can spend more time on patient care.

Section 214. Roundtable on Using Health Information Technology to Improve Mental Health and Substance Use Care Outcomes

Behavioral health providers were left out of the Health Information Technology for Economic and Clinical Health (HITECH) Act back in 2009, a bill that incentivized electronic health record (EHR) adoption with payments for providers who participate in the Medicare and Medicaid Promoting Interoperability Programs. As a result, many behavioral health providers are behind in their ability to incorporate HIT in their workflows. In addition to this financial pressure, the nature of behavioral health records — that is, that they are often narratives or follow different structures than physical health records — as well as conflicting regulatory requirements regarding information sharing has led to far lower adoption of EHRs in psychiatric hospitals, compared to general acute care hospitals. **AHA supports this section and sees this as an important first step to address these concerns.**

CONCLUSION

We thank you for your leadership and dedication to finding bipartisan solutions to address these important issues. As you know, there is still more work to be done to reduce barriers to receiving and administering behavioral health services, and we look forward to working with you on these future efforts.

Sincerely,

/s/

Lisa Kidder Hrobsky
Senior Vice President
Advocacy and Political Affairs