



December 20, 2018

The Honorable Seema Verma, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-IFC
PO Box 8010
Baltimore, MD 21244-8016

Dear Administrator Verma:

I am writing on behalf of the Association for Behavioral Health and Wellness (ABHW). We appreciate the opportunity to comment on the Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act Interim Final Rule and the Medicare Payment for Certain Services Furnished by Opioid Treatment Programs (OTPs) Request for Information.

ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in both the public and private sectors to treat mental health, substance use disorders, and other behaviors that impact health and wellness.

ABHW has long supported the elimination of all Medicare barriers to providing telehealth services found in section 1834(m) of the Social

Security Act. We appreciate your quick action to remove the originating site geographic requirements in 1834(m)(4)(C)(ii), allowing an individual's home to serve as a permissible originating site for purposes of treating individuals diagnosed with a substance use disorder (SUD) or a co-occurring mental health disorder. We believe this change will lead to an increase in the number of persons with SUD receiving the treatment they need.

We also believe the originating site restriction should be lifted for treating individuals with a mental health disorder. ABHW continues to advocate for the removal of 1834(m) barriers throughout Medicare in order to help expand coverage for patients with mental illness, as well as those with substance use disorders.

Additionally, ABHW supports the establishment of a new Medicare benefit category for opioid use disorder treatment services furnished by opioid treatment programs (OTP) under Medicare Part B, as authorized in the SUPPORT for Patients and Communities Act, H.R. 6. We are pleased to see Medicare's recognition of OTPs and we encourage the use of OTPs as an option for the delivery of medication-assisted treatment.

Given the fact that 7.9 million Americans live with co-occurring mental health and substance use disorders, we encourage OTPs to continue recognizing the importance of mental health and SUD integration. OTPs need to be able to provide services for SUD patients' co-occurring mental health needs. ABHW and its members want to make it easier for providers to treat patients with opioid use disorders, and easier for patients to access and receive those services.

We appreciate your acknowledgement of our previous comments regarding a bundled episode of care for management and counseling treatment for SUDs, aligning 42 CFR Part 2 with the Health Insurance Portability and Accountability Act (HIPAA) in order to help prevent opioid use disorder (OUD) and improve access to treatment under the Medicare program, and expanding the list of eligible Medicare providers

to include mental health counselors and marriage and family therapists. Thank you for continuing to evaluate that feedback as you continue to pursue future rulemaking opportunities in those areas.

ABHW welcomes the opportunity to comment on these important issues. Please feel free to contact me at greenberg@abhw.org or (202) 449-7660 with any questions.

Sincerely,

A handwritten signature in black ink that reads "Pamela Greenberg". The signature is written in a cursive, flowing style.

Pamela Greenberg, MPP
President and CEO
Association for Behavioral Health and Wellness