



May 21, 2018

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor & Pensions
United States Senate
455 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor & Pensions
United States Senate
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Greg Walden
Chairman
Energy & Commerce Committee
United States House of Representatives
2185 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy & Commerce Committee
United States House of Representatives
237 Cannon House Office Building
Washington, DC 20515

Dear Chairmen and Ranking Members:

The Infectious Diseases Society of America (IDSA), HIV Medicine Association (HIVMA) and Pediatric Infectious Diseases Society (PIDS) thank you for your Committees' leadership in advancing legislation to address the opioid epidemic including the infectious diseases arising from this crisis. Our societies collectively represent over 12,000 infectious diseases, pediatric infectious diseases and HIV physicians, researchers and other healthcare providers. They are increasingly concerned that the opioid crisis is driving higher rates of infectious diseases including HIV, hepatitis C, endocarditis, and skin and soft tissues infections. Our members have reported that in some locations, 25 to 50 percent of their inpatient hospital consultations are for infections in patients who inject drugs. Failing to prevent and treat infections as well as the addiction means that serious communicable health issues are not addressed. In addition to a lost opportunity to effectively treat both conditions, by not addressing infections, this will lead to more people infected, more deaths and higher costs.

As you prepare final legislation, IDSA, HIVMA, and PIDS offer recommendations regarding provisions that are of high priority to our members.

PUBLIC HEALTH

H.R. 5353, *Eliminating Opioid Related Infectious Diseases Act of 2018* Section 510 (Surveillance and Education Regarding Infections Associated with Injection Drug Use and Other Risk Factors) of S. 2680, the *Opioid Crisis Response Act of 2018*

IDSA, HIVMA, and PIDS greatly appreciate that both of your committees advanced provisions specifically aimed at the infectious diseases implications of opioid addiction. Both H.R. 5353 as reported by the Energy and Commerce Committee and Sec. 510 of S. 2680 as reported by the Health, Education, Labor and Pensions Committee would strengthen surveillance to determine the incidence and prevalence of infections associated with injection drug use, including HIV,

viral hepatitis and infective endocarditis. National data to evaluate the scope of the problem is urgently needed to help affected communities identify outbreaks earlier and to inform the development of more effective responses to prevent outbreaks. We urge you to ensure that this language regarding surveillance is included in final opioids legislation.

We also appreciate that both H.R. 5353 and Sec. 510 of S.2680 would improve the education, training, and skills of health professionals in the detection and control of infections associated with injection drug use. However, we believe that H.R.5353, as reported by the Energy and Commerce Committee, takes a stronger and more comprehensive approach to include the coordination of treatment of addiction and infectious diseases. Effective treatment of individuals with substance use disorder and serious co-existing infections requires a comprehensive multidisciplinary approach to improve patient outcomes and prevent transmission of new infections in the community. We also appreciate that H.R. 5353 as reported by the Committee includes infectious diseases and HIV clinicians on the list of providers for whom priority would be granted under this provision. ID and HIV clinicians are on the frontlines, routinely caring for patients with serious infections associated with injection drug use. To better combat this public health crisis, providers and their patients would benefit from training in collaborative, comprehensive care delivery models to effectively co-treat infections and substance use disorder. We strongly encourage you to include the language from H.R. 5353 regarding training and education for health professionals in the final legislation.

We also greatly appreciate that both H.R. 5353 and Sec. 510 of S. 2680 authorize new funding to support interventions to address the dangerous intersection of infectious diseases and the opioid crisis without compromising existing public health programs. Sufficient investment of new resources is essential to build the necessary capacity for effective responses aimed at the significant increases in infectious diseases without compromising efforts to respond to other infectious disease outbreaks and epidemics.

H.R. 5102, Substance Use Disorder Workforce Loan Repayment Act of 2018
Section 415 (Loan Repayment for Substance Use Disorder Treatment Providers) of S. 2680, the Opioid Crisis Response Act of 2018

IDSAs, HIVMAs, and PIDs greatly appreciate that both Committees addressed the urgent need to build workforce capacity to address the opioid epidemic, including the infectious diseases impact. The opioid epidemic is already driving significant increases in serious infectious diseases, with dire consequences for patients, public health, and healthcare costs. Expert healthcare providers are urgently needed to implement evidence-based prevention, detection and treatment strategies to improve health outcomes for patients affected and to stop disease spread. While the pressing need for robust infectious diseases and HIV workforces continue to grow in response to ongoing public health epidemics and emerging infections, fewer physicians are pursuing this career path. In large part, this is due to significant medical school debt. In fact, there has been a more than 20 percent decline in individuals pursuing infectious diseases fellowship training over the past five years, and the CDC predicts a serious shortfall in HIV providers by 2019. Average medical school debt is about \$200,000, which places tremendous pressure on young physicians to pursue more lucrative areas of medicine. We strongly encourage you to include either H.R. 5102 or Sec. 410 of S. 2680 in the final opioids legislation to help

ensure the availability of the diverse workforce necessary to address the opioid crisis, including its infectious diseases implications.

H.R. 5327, *Comprehensive Opioid Recovery Centers Act of 2018*

Sec. 401 (Comprehensive Opioid Recovery Centers) of S. 2680, the *Opioid Crisis Response Act of 2018*

IDSAs, HIVMAs and PIDs thank you for recognizing the urgent need for comprehensive substance use disorder treatment. We greatly appreciate that Sec. 401 of S. 2680 includes testing for infections commonly associated with substance use disorder. Ensuring that individuals in comprehensive opioid recovery centers have access to testing for infectious diseases will allow for faster diagnosis, which is essential for patients to begin treatment that will help preserve their health and prevent transmission to others. But many individuals do not engage in care following diagnosis, and strategies for timely linkage to care and treatment should be integrated into testing programs at these centers. To facilitate timely access to treatment, Comprehensive Opioid Recovery Centers should be encouraged to develop linkages with Ryan White HIV/AIDS-funded clinics and other infectious diseases and HIV clinics and providers. We urge that you adopt the Sec. 401 (S. 2680) language in the final opioids legislation.

Sec. 402 (Medication Assisted Treatment for Recovery from Addiction) of S. 2680, the *Opioid Crisis Response Act of 2018*

We also support Sec. 402 of the Opioid Crisis Response Act, which would expand access to Medication Assisted Treatment (MAT) by increasing the limit on the number of patients that providers may treat with MAT and providing a waiver of the limit for providers who have undergone recent training. MAT is considered the gold standard for effective addiction treatment, with studies demonstrating that it can reduce opioid-related mortality by half. We encourage you to include this provision from S. 2680 in the final opioids legislation.

H.R. 5483, *Special Registration for Telemedicine Clarification Act of 2018*

H.R. 5603, *Access to Telehealth Services for Opioid Use Disorder*

Section 408 (Regulations Relating to Special Registration for Telemedicine) of S. 2680, the *Opioid Crisis Response Act of 2018*

We appreciate that both Committees advanced proposals to ensure timely promulgation of final regulations related to the limited circumstances in which a special registration for telemedicine may be granted along with the required procedures. H.R. 5603 also would help to build provider capacity more rapidly in areas of high need by waiving certain telehealth requirements for payment for the treatment of certain opioid use disorder and co-existent mental health conditions. Telehealth is an important tool to increase access to providers willing and able to prescribe medication for addiction treatment and to infectious disease and HIV experts. Project ECHO and other programs have been well documented as increasing provider knowledge and improving patient outcomes. We urge you to include these proposals in final opioids legislation.

COVERAGE AND PAYMENT

The Medicaid program covers more than four in ten non-elderly adults with opioid addiction and those with Medicaid coverage are more likely to receive addiction treatment. A strong Medicaid program with coverage for mental health and substance use treatments along with preventative services must be a vital component of the opioid crisis response. Several of the bipartisan bills passed by the House Energy and Commerce Committee would strengthen the national response to the opioid crisis and address issues identified by our societies as creating barriers to effectively treating infections in people with substance use disorders. We hope the Senate will support these bills as part of the comprehensive approach needed to respond effectively to the opioid crisis. While we urge inclusion of the bills highlighted below in the final opioids legislation, we do not support their adoption at the expense of cuts to Medicaid benefits, eligibility or provider payments.

H.R. 4005, the *Medicaid Reentry Act*

H.R. 1925, S. 874 the *At-Risk Youth Medicaid Protection Act of 2017*

We support H.R. 4005 and H.R. 1925, which would take steps to improve access to Medicaid coverage during the transition out of a public institution to the community when justice-involved individuals are at greatest risk for relapse and overdose. With less fragmented care, justice-involved individuals with communicable diseases including HIV, viral hepatitis and sexually transmitted diseases (STDs) can be identified and treated. Under current federal Medicaid rules, states can elect to allow justice-involved individuals to maintain their Medicaid coverage or initiate Medicaid coverage during incarceration, but coverage is limited to inpatient hospitalizations of 24 hours. H.R. 4005 as amended would convene a stakeholder group to identify best practices for facilitating transitions from public institutions to the community and educate states on strategies for supporting successful transitions under Medicaid. These activities are an important first step, but we hope that the initial proposal to allow for Medicaid coverage to begin 30 days before release without a waiver will still be considered. Simplifying the process for providing Medicaid coverage prior to release will allow earlier access to community-based health care providers who can initiate treatment for addiction as well as communicable conditions (such as HIV, viral hepatitis, and STDs) reducing the risk of overdose death, lapses in access to HIV medications, and the spread of infectious diseases. H.R. 1925 and S. 874 would ensure that justice-involved youth maintain their Medicaid eligibility and do not need to re-apply for coverage upon release reducing the barriers youth will face to accessing substance use, mental health, preventive and healthcare services for this population at high risk for drug overdose and acquiring communicable diseases upon release.

H.R. 3192, S. 2253, the *CHIP Mental Health Parity Act*

IDSAs, HIVMA, and PIDS support H.R. 3192 and S.2253, which would strengthen CHIP coverage by ensuring access to mental health and substance use treatment for the nearly 9 million children and adolescents covered by CHIP. Young adults (between 18 and 25) are at greater risk for abusing drugs, and youth between the ages of 13 and 24 account for a growing proportion of all new HIV diagnoses in the U.S. Access to comprehensive behavioral health care for children and adolescents is critical to prevent and treat substance use disorder and to reduce the risk of HIV transmission among youth.

H.R. 5810, Medicaid Health Home Act

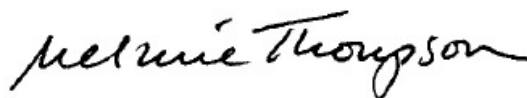
We support expanding access to comprehensive, multi-disciplinary care like that provided by the highly successful Ryan White HIV/AIDS Program. H.R. 5810 would help to encourage states to adopt the Medicaid Health Home benefit for individuals with substance use disorder that supports the comprehensive, coordinated care needed to meet the complex healthcare needs of people with substance use disorder. Extending the period for enhanced federal matching funds by two quarters would provide additional support to states implementing this benefit. States that have implemented the health home benefit for individuals with substance use disorders, HIV, and other chronic conditions have found that health homes improve health outcomes. Studies have shown that such programs save money by supporting the integration of medical care, behavioral health, and social services and supports.⁹ As amended, the bill also would ensure coverage of the most effective Medication Assisted Treatment approved by the U.S. Food and Drug Administration for the Medicaid beneficiary's substance use disorder.

Once again, IDSA, HIVMA, and PIDS thank you for your commitment to addressing the opioid epidemic, including its infectious diseases impact. If we may be of any assistance to you, please contact Amanda Jezek, IDSA's Senior Vice President for Public Policy and Government Relations at ajezek@idsociety.org, Andrea Weddle, HIVMA's Executive Director at aweddle@hivma.org, or Christy Phillips, PIDS' Executive Director at cphillips@idsociety.org.

Sincerely,



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President, IDSA



Melanie Thompson, MD
Chair, HIVMA Board of Directors



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