

Congress of the United States
Washington, DC 20515

September 26, 2018

Commissioner Roderick Bremby
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Dear Commissioner Bremby:

Throughout the past few years, Connecticut has seen an increase in fatal drug overdoses. In addition, hundreds of thousands of our constituents are fighting substance use disorder (SUD) and co-occurring mental health conditions each day. We applaud the work of the Department of Social Services and its sister agencies to address this crisis with urgency, specifically the strides made to increase access to crucial overdose-reversing Naloxone and create access to recovery coaches for those presenting in emergency rooms after an overdose. However, this crisis requires a holistic approach that addresses the root causes of rising overdose rates, as well as the proper use of all available and medically-appropriate tools to ensure that more Connecticut residents with SUD can access treatment. As we know, with appropriate medical attention and behavioral health care, people living with addictions can recover. However, 87.5 percent of people with a SUD in our state report needing but not receiving treatment¹.

We write today to encourage you to pursue a section 1115 waiver to begin reimbursing health providers for telemedicine services provided to HUSKY recipients, especially for behavioral health. Unfortunately, Connecticut is the only state in the nation where Medicaid recipients cannot access telehealth services, including telemental health, and we encourage the Department of Social Services to address this unnecessary barrier to care by amending the state plan. In a June 2018 letter to all fifty State Medicaid Directors from the Centers for Medicare and Medicaid Services, the Acting Director of the Center for Medicaid and CHIP Services encouraged states to use telemedicine and telepsychiatry to facilitate care for difficult to reach populations and offered technical assistance to states interested in applying for a waiver². In addition, the United States Department of Agriculture is actively promoting the availability of Rural Development grants up to \$500,000 to behavioral health providers to acquire long distance telemedicine technology as a strategy to address the shortage of addiction providers in rural areas. However, without reimbursement from Medicaid providers are not likely to pursue this option. We hope that the Department of Social Services will see the benefits of this effective treatment modality and implement a telemental health waiver as a means to better serve the state's underserved populations.

¹ *National Opioid Epidemic: Percent Needing but Not Receiving Addiction Treatment*. Retrieved September 20, 2018, from <http://opioid.amfar.org/indicator/pctunmetneed>

² Center for Medicare and Medicaid Services, Center for Medicaid and CHIP Services. (June 11, 2018). *Leveraging Medicaid Technology to Address the Opioid Crisis*.

The state has already acknowledged the importance of telemedicine through the adoption of *An Act Concerning the Facilitation of Telehealth* (Public Act No 15-88), which requires parity between in person benefits and appropriate telemedicine for commercial insurers. Additionally, this year Governor Malloy signed a bill (Public Act No. 18-148) which permits physicians practicing telebehavioral health to electronically prescribe controlled substances, such as medication assisted treatment for those with SUD. However, HUSKY patients in Connecticut still do not have access to the benefits of this progress as long as our state denies reimbursement to providers treating this population.

Treating addiction and mental health conditions through telemedicine can remove many of the traditional barriers to care that this patient population faces, including transportation and stigma. Many patients suffering from SUD or other co-occurring mental health conditions do not have reliable access to a car or public transportation. Last year, in their Report on Statewide Priority Services, the Department of Mental Health and Addiction Services acknowledged lack of transportation as a common barrier to care, especially in the more rural eastern and northwestern parts of Connecticut³. Telebehavioral health is a commonly cited tool to address transportation barriers, recommended by multiple federal agencies, researchers, and advocacy groups.

A systematic review of 25 peer-reviewed journal articles published between 2000 and 2017 found that the use of telemedicine to treat mental health conditions improves access to care for underserved populations, and is cost-effective⁴. The Health Resources and Services Administration (HRSA) reports that telemental health is associated with high levels of patient satisfaction, expanded staff capacity, and cost savings⁵. Patients using the Department of Veterans' Affairs telemental health program report feeling less stigma receiving care through telepsychiatry, which further reduces barrier to care⁶.

Five of Connecticut's eight counties (Litchfield, Middlesex, New London, Tolland, and Windham) are listed by HRSA as mental health professional shortage areas⁷. We cannot ignore the fact that many of these same communities are suffering the highest rates of drug overdoses, as reported by the Connecticut Department of Public Health⁸. Failing to use a proven tool to improve access to treatment as overdose rates in our state continue to rise is unacceptable. We

³ Connecticut Department of Mental Health and Addiction Services. (June 2016). *2016 Report on Statewide Priority Services*.

⁴ Langarizadeh, M., Tabatabaei, M., Tavakol, K., Naghipour, M., & Moghbeli, F. (2017). Telemental Health Care, an Effective Alternative to Conventional Mental Care: A Systematic Review. *Acta Informatica Medica*, 25(4), 240. doi:10.5455/aim.2017.25.240-246

⁵ Health Resources and Services Administration. (March 30, 2012). *Increasing Access to Behavioral Health Care Through Technology*.

⁶ Shore, P., Goranson, A., Ward, M. F., & Lu, M. W. (2014). Meeting Veterans Where They're @: A VA Home-Based Telemental Health (HBTMH) Pilot Program. *The International Journal of Psychiatry in Medicine*, 48(1), 5-17. doi:10.2190/pm.48.1.b

⁷ Health Resources and Services Administration, HPSA Find Tool. Accessed September 20, 2018 <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

⁸ Connecticut Department of Public Health. (2018, July 5). *DPH Releases New Data on Numbers of Suspected Drug Overdoses Seen in CT Emergency Rooms* [Press release]. Retrieved September 20, 2018, from <https://portal.ct.gov/DPH/Press-Room/Press-Releases---2018/DPH-Releases-New-Data-on-Numbers-of-Suspected-Drug-Overdoses>

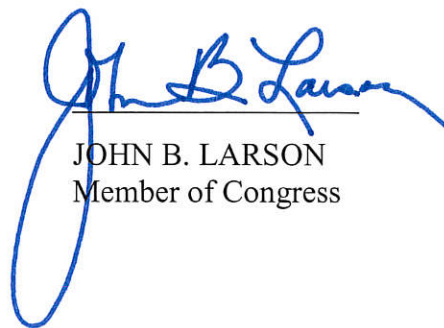
urge you to remove this artificial barrier to care by making this section 1115 waiver application a priority.

Thank you for your consideration.

Sincerely,



JOE COURTNEY
Member of Congress



JOHN B. LARSON
Member of Congress



ELIZABETH H. ESTY
Member of Congress



JIM HIMES
Member of Congress



ROSA L. DELAURO
Member of Congress