

## AMERICA'S HOSPITALS AND HEALTH SYSTEMS

May 15, 2018

The Honorable Greg Walden  
Chairman  
Energy and Commerce Committee  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Energy and Commerce Committee  
U.S. House of Representatives  
Washington, DC 20510

Dear Chairman Walden and Ranking Member Pallone:

As the House Energy and Commerce Committee advances legislation to combat the opioid crisis, we write in strong support of *The Limited Repeal of the IMD Exclusion for Adult Medicaid Beneficiaries with Substance Use Disorder Act*, which would improve access to needed substance use disorder (SUD) treatment services for millions of Americans.

Since 1965, the Institutions for Mental Diseases (IMD) exclusion has prohibited federal payments to states for services for adult Medicaid beneficiaries between the ages of 21 and 64 who are treated in facilities that have more than 16 beds, and that provide inpatient or residential behavioral health – SUD and mental illness – treatment. The discriminatory IMD policy was established at a time when SUDs were not considered medical conditions on the same level as physical health conditions. Today, we know that SUD is a brain disease and that successful treatment requires access to the full continuum of care – namely, inpatient care, partial hospitalization, residential treatment and outpatient services.

Different types of patients require different clinical services from across the care continuum. The IMD exclusion currently excludes critical elements of that care continuum. The American Society of Addiction Medicine (ASAM) recommends some patients start treatment at the residential level. Specifically, ASAM identifies uniquely vulnerable patient populations who typically need residential or hospital-level care, including adolescents, pregnant women, individuals with unstable housing, persons with high relapse potential, and individuals who have opioid use disorders or other SUDs with co-occurring alcohol or benzodiazepine addictions. Investing only in outpatient care and failing to provide states with relief from the IMD exclusion would continue to deny many of these patients access to the most clinically appropriate care.

We thank you for your leadership in addressing the opioid crisis and your commitment to providing all Americans with greater access to comprehensive treatment for SUD. We look forward to working with the Committee and the entire Congress to ensure that all Americans have access to high-quality, life-saving behavioral health care services.

Sincerely,

America's Essential Hospitals  
American Hospital Association  
Association of American Medical Colleges  
Catholic Health Association of the United States  
Federation of American Hospitals  
National Association for Behavioral Healthcare  
Premier healthcare alliance  
Vizient, Inc.