



**American Hospital
Association**

TO: Members of AHA's Section for Psychiatric and Substance Abuse Services
SUBJECT: AHA's April 2008 Update on Key Issues for the Behavioral Health Field

There are three important items I want to bring your attention. First, **beginning June, 2008** this communication **will be distributed ONLY via email**. Thus, **if you receive this via fax, we must have your email address.** Please email membrel@aha.org and include the name, title, organization, and email address. Working together we can save a few trees.

Item two, last month **the House passed for the first time a version of mental health parity legislation**, the *Paul Wellstone Mental Health and Addiction Equity Act of 2007*, H.R. 1424. The bill is distinct from S. 558, the Senate version of parity, which passed in September 2007, and therefore the **two bills would have to be conferenced before the legislation could proceed**. Given the President's and business and insurance communities' opposition to H.R. 1424, two of the Senate parity champions – Sens. Edward Kennedy (D-MA) and Pete Domenici (R-NM) – on **March 18 offered the House a compromise mental health parity proposal**. The proposal incorporates key provisions from the Senate and House-passed versions of parity legislation. Rep. Patrick Kennedy (D-RI), the leader of the House parity effort, said the House would not offer a counterproposal, but would instead work with the senators to produce a final agreement. **Our message to Congress remains the same – pass mental health parity legislation this year!**

The third item: Sens. Jay Rockefeller (D-WV), Olympia Snowe (R-ME) and Ted Kennedy (D-MA) have introduced **S. 2819, the Economic Recovery in Health Care Act of 2008, to implement a one-year moratorium on Medicaid regulations that would strip billions of dollars in funding from the program**. The bill is a companion to the AHA-backed Protecting the Medicaid Safety Net Act of 2008 (H.R. 5613), introduced earlier by Reps. John Dingell (D-MI) and Tim Murphy (R-PA). Like the House bill, the Senate bill extends for one year the current moratoria on payments to public providers, graduate medical education, school-based services, and rehabilitative services, as well as Medicaid regulations already in effect or scheduled to go into effect that would cut funds for targeted case management, allowable provider taxes, outpatient clinic and hospital services. In addition, the Senate bill delays implementation of a Children's Health Insurance Program directive that would affect access to the program for low-income children, and provides targeted fiscal relief to help states deal with shortfalls in the current economic downturn. **Please urge your Representative to cosponsor H.R. 5613, and your Senators to support S. 2819 and prevent billions of dollars in harm to the Medicaid program.**

Enjoy Spring!

Rebecca B. Chickey
Director, Member Relations
Section for Psychiatric and Substance Abuse Services
Phone: 312-422-3303; Fax: 312-422-4590; email: rchickey@aha.org Web Site: www.aha.org/psych

P.S. A new report is available from the Substance Abuse and Mental Health Service Administration's Center for Mental Health Services. The report focuses on state-mandated benefits, state laws regulating mental health and addiction treatment workers, and state-recognized mental health clinicians with authority to prescribe psychotropic medications. Download/View the Report:

[State Mandates for Treatment for Mental Health Illness and Substance Abuse Disorders](#)  (536 KB)

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BEHAVIORAL HEALTH UPDATE: April 2008
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

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1. House passes mental health parity bill; AHA and NAPHS urge Congress to pass a bill into law.
2. Study finds that adding therapy helps teens not responding to antidepressants.
3. TAP meets to review results of psychiatric core measures pilot project.
4. Data archive adds 2006 series data.
5. April 30 is the deadline to apply for SAMHSA medical residency grants.
6. Report provides state estimates of substance use and mental health problems.
7. Mental health problems are one of the top three reasons for outpatient visits, AHRQ reports.
8. Violence-related hospitalizations increase.
9. New heart association guidelines encourage physicians to ask about cocaine use.

1. HOUSE PASSES MENTAL HEALTH PARITY BILL; AHA AND NAPHS URGE HOUSE AND SENATE TO PASS A BILL INTO LAW. In March, the House passed a mental health parity bill (H.R.1424) that Rep. Patrick Kennedy (D-RI) has pushed for a year. The measure now goes to the Senate, where it will have to overcome a strongly worded White House statement opposing it and warnings from key senators that the Senate prefers its version (S.558). The House bill would require insurers to cover a broad variety of mental health conditions in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV); the Senate bill would not. The House bill requires out-of-network coverage if out-of-network coverage is provided for medical/surgical conditions, while the Senate bill does not require out-of-network coverage, but if a health plan has out-of-network coverage for mental health it must be at parity. AHA and NAPHS are urging the House and Senate to come together swiftly to develop and pass a strong bill that can be signed by the President.

2. STUDY FINDS THAT ADDING THERAPY HELPS TEENS NOT RESPONDING TO ANTIDEPRESSANTS. For adolescents with depression not responding to an initial treatment with a selective serotonin reuptake inhibitor (SSRI), switching medications and adding cognitive behavioral therapy resulted in an improvement in symptoms, compared to just changing medications. The study appears in the February 27, 2008, Journal of the American Medical Association [299(8):901-913]. Read an abstract at <http://jama.ama-assn.org/cgi/content/abstract/299/8/901>.

3. TAP MEETS TO REVIEW RESULTS OF PSYCHIATRIC CORE MEASURES PILOT PROJECT. The Technical Advisory Panel (TAP) appointed by The Joint Commission (JC) to oversee the development of the [Hospital-Based Inpatient Psychiatric Services](#) (HBIPS) core measurement development process met on February 27, 2008, to review the progress of the project to date. Among materials reviewed were the results of the reliability visits conducted by JC performance measurement

and research staff to 18 randomly selected pilot sites. During the reliability visits, reabstracted data elements were compared with the hospital's originally abstracted data on a data-element-to-data-element basis. Also, structured focus group discussions were held at each site to gather additional feedback on the test measures. Based on data from the reliability visits and other input, the TAP made suggestions for technical refinements to certain measures to make definitions and data elements more clear. The measures were generally deemed ready to move forward in the approval process, which includes seeking endorsement by the National Quality Forum (NQF). Almost 200 facilities and 21 contracted performance measurement systems agreed to support the HBIPS pilot test. HBIPS is on track to become part of accreditation as early as January 2009.

4. DATA ARCHIVE ADDS 2006 SERIES DATA. A valuable source of data on behavioral health is the Substance Abuse and Mental Health Data Archive (SAMHDA) available at www.icpsr.umich.edu/SAMHDA. SAMHDA has recently been updated with 2006 data in three areas: 1) National Survey on Drug Use and Health (NSDUH), which looks at the prevalence, incidence, and correlates of alcohol and drug use by the U.S. population; 2) National Survey on Substance Abuse Treatment Services (N-SSATS), which provides the mechanism for quantifying the substance abuse treatment delivery system in the United States and surveys all known substance abuse treatment facilities, both public and private; and 3) Monitoring the Future (MTF), which is a nationally representative sample of 8th- to 10th-grade and 12th-grade students designed to quantify the direction and rate of change occurring in these areas over time and to explain observed relationships and trends. SAMHDA is sponsored by the Substance Abuse and Mental Health Services Administration's Office of Applied Studies (OAS).

5. APRIL 30 IS THE DEADLINE TO APPLY FOR SAMHSA MEDICAL RESIDENCY GRANTS. The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking applicants for \$3.75 million in grants to train medical residents to provide evidence-based screening, brief intervention, and referral for patients who have or are at risk for a substance use disorder. The program expects to establish the training as a component of residency programs in a variety of disciplines. Nonprofit organizations are eligible to apply, including colleges and universities affiliated with teaching hospitals. The agency expects to provide up to 10 grants, each averaging \$375,000 per year for up to five years. For details, see www.samhsa.gov/newsroom/advisories/0803041505.aspx.

6. REPORT PROVIDES STATE ESTIMATES OF SUBSTANCE USE AND MENTAL HEALTH PROBLEMS. Substance abuse and mental health problems affect every state, but to varying degrees, according to a report from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Applied Studies. For example, Utah reported the lowest rate of underage alcohol use in the past month (21.5%) and Vermont the highest (38.3%). However, Utah had the highest proportion of adults reporting serious psychological distress in the past year (14.4%), while Hawaii had the lowest (8.8%). "By highlighting the nature and scope of the challenges affecting each state, we can help focus and target substance abuse and mental illness prevention and treatment resources," said SAMHSA Administrator Terry Cline. State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health (SMA 08-4311) provides estimates for 23 measures of substance use and mental health problems. These include underage drinking, use of illicit drugs, serious psychological distress, major depression, and tobacco use. The report also reveals statistically significant changes that have occurred within each state between 2004-2005 and 2005-2006. See <http://oas.samhsa.gov/2k6State/toc.cfm>.

7. MENTAL HEALTH PROBLEMS ARE ONE OF THE TOP THREE REASONS FOR OUTPATIENT VISITS, AHRQ REPORTS.

Mental health problems were one of the top three reasons Americans sought outpatient treatment, according to a March 6, 2008, “News and Numbers” from the Agency for Healthcare Research and Quality (AHRQ). Depression and other mental health problems prompted 156 million visits to U.S. doctors' offices, clinics, and hospital outpatient departments in 2005. The report noted that the number of mental health visits to healthcare providers has increased 30% since 1996. See www.ahrq.gov/news/nn/nn030608.htm.

8. VIOLENCE-RELATED HOSPITALIZATIONS INCREASE. U.S. hospitals treated 308,200 people for attempted suicide, assault, rape, abuse, and other violence-related trauma in 2005 at a cost of \$2.3 billion, according to “[News and Numbers](#)” from the Agency for Healthcare Research and Quality (AHRQ). Although the U.S. Surgeon General has identified violence reduction as a public health priority, the number of violence-related hospitalizations increased by 24,000 between 2002 and 2005. Significant costs for violence-related admissions are passed on to hospitals and taxpayers. In 2005, roughly 23% of hospitalizations involved uninsured patients and 27% were for Medicaid enrollees. AHRQ reported that roughly 66% of all violence-related hospital patients had attempted suicide or injured themselves on purpose; about 31% were victims of attempted murder, fights, rape, or other assaults; about 4% were victims of sexual or other abuse. More than half the patients admitted with self-inflicted injuries had overdosed or mixed drugs. Children accounted for nearly 52% of abuse cases. About one-third of those patients suffered from child neglect, physical and psychological abuse, or physical battery such as shaken-child syndrome. The “News and Numbers” is based on data in Violence-Related Stays in U.S. Hospitals, 2005 available at www.hcup-us.ahrq.gov/reports/statbriefs/sb48.pdf.

9. NEW HEART ASSOCIATION GUIDELINES ENCOURAGE PHYSICIANS TO ASK ABOUT COCAINE USE.

New American Heart Association guidelines published in Circulation advise doctors to ask young patients with no history of heart disease about cocaine use. Cocaine is, the authors say, the second most commonly used illicit drug in the United States. While cocaine use can cause symptoms similar to a heart attack, only 1% to 6% of individuals with cocaine-related chest pain are having a heart attack, researchers say. And standard heart-attack treatments (e.g., clot-busting drugs or beta blockers) could kill a cocaine user. Doctors should use an electrocardiogram and other tests to confirm a heart attack in progress, the guidelines say, and patients who are only suffering from cocaine-related chest pain should be admitted for observation. Experts also recommend more and better drug counseling and treatment referrals for emergency-room patients. The guidelines were published online ahead of print on <http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.188950v1>. See “Management of Cocaine-Associated Chest Pain and Myocardial Infarction. A Scientific Statement from the American Heart Association Acute Cardiac Care Committee of the Council on Clinical Cardiology” by McCord et al.

This edition of Behavioral Health Update was prepared by Carole Szpak at comm@naphs.org. Feel free to give us your feedback, stories, and suggestions: * NAPHS: Carole Szpak, NAPHS, comm@naphs.org, 202/393-6700, ext. 101 or AHA: Rebecca Chickey, AHA SPSAS, rchickey@aha.org, 312/422-3303

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