American Hospital Association

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November 4, 2015

The Honorable Joe Pitts
Chairman
Subcommittee on Health
House Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Gene Green
Ranking Member
Subcommittee on Health
House Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Green:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates your efforts to reform critical elements of the nation's behavioral health system and offers the following comments on the substitute amendment to H.R. 2646, the Helping Families in Mental Health Crisis Act of 2015.

America's hospitals play a central role in the delivery of behavioral health care and are uniquely positioned to help patients navigate the behavioral health resources that are available within their communities. Psychiatric and community hospitals are a vital source of care for behavioral health patients, providing treatment for a full range of psychiatric and substance abuse disorders by stabilizing patients, establishing and providing quality treatment regimens, and transitioning patients to outpatient and community-based services.

As hospitals expand their efforts in population health management, the lack of access to, coverage for, and integration of behavioral health services limits their ability to provide comprehensive, appropriate care that meets communities' needs. The AHA is providing the field with tools and resources necessary to promote behavioral health integration through community partnerships. Further, we recognize that the stigma associated with mental illness and substance abuse disorders continues to prevail and that, as a result, many in need of treatment still do not seek help. To combat stigma, we are convening and engaging in local community conversations focused on behavioral health, and we are expanding our collaborations with behavioral health organizations to promote awareness. We also are engaged in identifying and promoting better behavioral health quality measures that will help public and private payers encourage improved care.

As part of our behavioral health plan, the AHA strongly supports efforts to increase access to and improve the quality of behavioral health care, including: fully implementing and enforcing the Mental Health Parity and Addiction Equity Act; providing adequate behavioral health coverage and reimbursement through Medicare, Medicaid and private insurers; integrating the delivery of physical and behavioral health; and increasing the behavioral health workforce. The AHA recognizes the heavy toll that untreated, serious mental illness imposes on patients, families and communities. We support the bill's increased funding for research at the National Institute of Mental Health, as well as efforts to coordinate programs and activities across the federal government that will help address this epidemic.

Medicaid's Institutions for Mental Disease (IMD) Exclusion. The AHA supports Section 501(b), which would amend the outdated Medicaid IMD exclusion to allow states to use federal Medicaid funds to cover services for adults in inpatient psychiatric hospitals with a facility-wide average length of stay of fewer than 30 days. The IMD exclusion originated with the enactment of the Medicaid program in 1965, at a time when state-operated psychiatric facilities were a primary setting for behavioral health care, and patients were admitted for longer-term stays. Since then, advances in behavioral health care have allowed for shorter inpatient stays and more outpatient treatment options, while funding challenges have led to a decline in the number of inpatient psychiatric beds. Amending the IMD exclusion would help reverse this decline. We note that, in a May 2015 proposed rule governing Medicaid managed care, the Centers for Medicare & Medicaid Services proposed to allow managed care plans, which now cover approximately 75 percent of Medicaid beneficiaries, to covered short-term inpatient stays now prohibited by the IMD exclusion. We encourage you to explore with the Congressional Budget Office the interaction between this proposed rule and Section 501(b). We do not support reducing hospital payments to pay for this provision.

In addition, we have reviewed the promising preliminary results from the current Medicaid Emergency Psychiatric Demonstration, which the AHA supports. That demonstration established a three-year demonstration project in 11 states and Washington, D.C., to determine whether lifting the IMD exclusion for emergency psychiatric services would result in improved care and cost savings. The Department of Health and Human Services (HHS) is expected to issue a report in September 2016. The AHA also strongly supports S. 599, the Improving Access to Emergency Psychiatric Care Act, bipartisan, budget-neutral legislation passed by the Senate unanimously that would allow the extension and expansion of the demonstration. We urge you to approve its companion, H.R. 3681, introduced by Committee members Reps. Susan Brooks and John Sarbanes.

The Health Insurance Portability and Accountability Act (HIPAA). Section 401 would amend HIPAA to allow parents and other caregivers of adults to receive private health information of individuals with serious mental illness. HIPAA standards were established through regulation, rather than through the benefit of the regular legislative process, and Section 401 would represent the first major revision to these standards since their implementation. The stigma associated with the diagnosis of behavioral illness, the sensitivity of information contained in the patient record and fear of inappropriate disclosure have prevented many from seeking needed treatment. We thank you for adopting language introduced by Rep. Doris Matsui

in H.R. 2690, which would require the HHS secretary to clarify what information providers may disclose to parents and caregivers in certain situations.

42CFR Part 2. Section 403 would permit the sharing of a patient's alcohol- and drug-abuse treatment records within certain health care arrangements. The AHA supports eliminating barriers to integrated care for our patients, and we have long supported HIPAA as the uniform, national standard for privacy regulations. We look forward to working with you to clarify the specific purposes for which information could be shared according to the new language in the substitute amendment.

Discharge Planning. Section 504 would significantly expand Medicare discharge planning requirements for psychiatric inpatients. We support the concept that behavioral health patients should be able to transition smoothly between treatment modalities along the continuum of care. We agree with the bill's authors that there is an urgent need to significantly increase the ranks of psychiatrists, psychologists and clinical social workers available to treat psychiatric patients post-discharge, and we support those elements of the legislation that address workforce needs. We appreciate the revisions made in the substitute amendment to reflect the challenges that hospitals face in supporting patients' transition to their communities post-discharge.

In conclusion, the AHA is grateful for your efforts to improve the nation's behavioral health system, and we look forward to continuing to work with you to advance legislation.

Sincerely,

Thomas P. Nickels
Executive Vice President