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BEHAVIORAL HEALTH UPDATE: April 2018  
A Monthly Report for Members  
of the American Hospital Association [www.aha.org](http://www.aha.org) and the  
National Association of Psychiatric Health Systems, [www.naphs.org](http://www.naphs.org)

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**1. *President Trump Signs \$1.3 trillion Spending Bill | Includes Funding to Fight Opioid Crisis***

President Donald Trump on March 23 signed a \$1.3 trillion spending package that averts a government shutdown and provides billions more in funding to fight the nation's deadly opioid crisis. The massive spending bill allocates about \$4.65 billion throughout the government to work with states and localities to fight the opioid epidemic, according to a summary from the Senate Appropriations Committee. The funding reflects a \$3 billion increase from fiscal year 2017 and is directed toward continued opioid prevention, treatment, and law-enforcement initiatives. Meanwhile, the White House has introduced [Opioids: Crisis Next Door](#) to urge Americans to share their stories about opioid overuse, and HHS' website features its [five-point strategy](#) to address the deadly opioid crisis.

**2. *U.S. Labor Department Announces \$21 million in Dislocated Worker Demonstration Grants***

The U.S. Labor Department has [announced](#) up to \$21 million in available funds for the National Health Emergency (NHE) Dislocated Worker Demonstration Grants. The funding is meant to enable states,

outlying areas, and eligible Indian tribal governments to serve or retrain workers in communities managing the health and economic effects of opioid use, addiction and overdose. According to the announcement, awards to eligible entities will be up to \$5 million and successful applications “will address the complexity of this crisis by demonstrating strong partnerships with both the workforce system and relevant community organizations working with individuals directly impacted by opioid addiction.”

### ***3. Lawmakers Discuss Opioid Crisis at White House & U.S. Chamber of Commerce Events***

Administration and congressional leaders highlighted their priorities to address the nation’s opioid crisis in two separate events in Washington last month. HHS Secretary Alex Azar spoke at a White House summit on March 1, where he said his department will commit \$750 million in funding to research non-opioid pain treatments through the National Institutes of Health (NIH), according to a story from *CQ News*. Azar also said he urged the nation’s governors to approve medication-assisted treatment under their respective Medicaid programs and to send him waiver applications to end Medicaid’s restrictive Institutions for Mental Diseases (IMD) exclusion.

On the same day, the U.S. Chamber of Commerce hosted an event that featured Food and Drug Administration (FDA) Commissioner Scott Gottlieb, M.D.; U.S. Surgeon General Jerome Adams, M.D.; Centers for Disease Control and Prevention (CDC) Acting Director Anne Schuchat, M.D.; Sen. Rob Portman (R-Ohio) and House Energy and Commerce Committee Chairman Greg Walden (R-Ore.). According to the story, Gottlieb said he has sent letters to Amazon, eBay, Walmart, and e-commerce company Jet about changing the dosage of packages of loperamide, an over-the-counter medication used to control diarrhea that those with addictions sometimes misuse.

Meanwhile, Chairman Walden previewed three bills that his panel will discuss in two upcoming opioid-related hearings. He also discussed bipartisan legislation known as *Jessie’s Law*— named for the Ann Arbor, Mich. woman who died from an overdose—that would help ensure doctors have access to a consenting patient’s previous history of addiction.

### ***4. President Trump Calls for More Mental Health Institutions***

President Donald Trump called for more mental health institutions during a White House meeting about gun safety with more than 30 of the nation’s governors. The late-February summit followed the deadly shooting spree at Marjory Stoneman Douglas High School in Parkland, Fla. on Feb. 14. President Trump said in the meeting that governments began closing mental health institutions because of costs, and that some of the governors at the meeting made those decisions. “We’re going to have to start talking about mental institutions, because a lot of folks in this room closed their mental institutions also,” he said, according to multiple news reports. “We have no halfway. We have nothing between a prison and leaving him at his house, which we can’t do anymore. So I think you folks have to start thinking about that.”

### ***5. Committee Calls on CMS to Protect Medicare Patients from Opioid Crisis***

Last month, the House Ways and Means Committee sent the Centers for Medicare & Medicaid Services (CMS) a series of recommendations the agency should take to prevent opioid abuse in Medicare’s prescription drug program. The chairmen and ranking members of the influential panel and its health subcommittee — Reps. Kevin Brady (R-Texas), Richard Neal (D-Mass.), Peter Roskam (R-Ill.) and Sander Levin (D-Mich.), respectively—signed the [letter](#) to CMS Administrator Seema Verma, which outlined eight specific recommendations, including assessing plan sponsors’ actions in

responding to opioid over-prescribing, and urging plan sponsors to restrict beneficiaries to a limited number of pharmacies or prescribers.

“Given the severity of this crisis and the fact that OIG (Office of Inspector General) and GAO (Government Accountability Office) have examined and reported gaps in CMS’ systems of monitoring opioid-related abuse, we request that the agency provide a detailed response by March 23, 2018 to the aforementioned comments and questions and continue to update the Committee on its progress,” the lawmakers wrote in their letter on Feb. 28.

#### ***6. House Introduces Bill to Expand Access to Medicare Beneficiaries for Opioid Use Disorders***

The ranking members of two powerful House committees have introduced legislation that would expand access to evidence-based treatment for opioid-use disorders to Medicare beneficiaries. The bill from House Ways and Means Committee Ranking Member Richard Neal (D-Mass.) and Energy and Commerce Committee Ranking Member Frank Pallone (D-N.J.) would give Medicare beneficiaries access to outpatient treatment at Opioid Treatment Programs, or OTPs, which, in turn, would provide medication-assisted treatment, or MAT. Currently the Medicare program does not recognize OTPs as providers and does not cover treatment for beneficiaries in these settings.

“For too long, Medicare beneficiaries have not had access to treatment at OTPs, an important tool in addressing the opioid crisis,” Neal and Pallone said in a statement. “This legislation addresses this gap in coverage, expanding access to critical and life-saving treatment options for Medicare beneficiaries at a time when opioid abuse is growing among the senior population.”

#### ***7. Reports Suggest Benzodiazepine Abuse Could be the Nation’s Next Prescription Drug Crisis***

A few news outlets reported a surge in overdose deaths from benzodiazepines since the late 1990s and warned they could be the source of America’s next prescription drug crisis. An [opinion piece](#) posted on the health website *Stat* noted that overdose deaths involving benzodiazepines increased more than sevenfold between 1999 and 2015, and that the number of adults who filled a benzodiazepine prescription increased to 13.5 million in 2013 from 8.1 million in 1996. At the same time, the risk of overdose death increases nearly fourfold when these drugs are combined with opioids, and yet the rates of co-prescribing benzodiazepines and opioids nearly doubled between 2001 and 2013.

“Part of this public health crisis can be solved by physicians adopting wiser prescribing practices,” Anna Lembke, M.D., associate professor of psychiatry and behavioral sciences at the Stanford University School of Medicine and chief of the Stanford Addiction Medicine Dual Diagnosis Clinic, wrote in the op-ed. “But the public can help, too. If you are struggling with anxiety or insomnia and go to see your doctor, be wary of accepting a prescription for a benzodiazepine—including Ambien, a close cousin of benzodiazepine that is also addictive and potentially deadly.”

#### ***8. Data Show Medicaid Expansion Increased Coverage for People with Opioid-Use Disorders***

New data from HHS’ Agency for Healthcare Research and Quality (AHRQ) show the *Affordable Care Act’s* (ACA) Medicaid expansion helped increase insurance coverage among people with opioid-use disorders. Analysts from the Center on Budget and Policy Priorities found that in Medicaid-expansion states, the uninsured rate for opioid-related hospitalizations dropped sharply to 2.9 percent in 2015 from 13.4 percent in 2013, a decrease of about 78 percent. Meanwhile, the decline in non-expansion states fell much more modestly to 16.4 percent in 2015 from 17.3 percent in 2013, reflecting a 5-percent drop. Click [here](#) for more information about the study’s findings.

## ***9. Report Shows Decline in Methadone Prescriptions for Pain***

Methadone prescriptions to manage pain dropped 26 percent from 2013 to 2016 following state efforts to reduce using the drug, according to a new [analysis](#) in late March from the Pew Charitable Trusts. Pew researchers found that Methadone prescriptions declined across payer types and most sharply in Medicaid fee-for-service (FFS) programs. In Medicaid FFS programs, using methadone to treat pain declined by 11 percentage points, while Medicaid managed care, Medicare, and commercial plans saw 7-, 2- and 1.5-percentage point reductions in prescribing, respectively. The report noted that federal agencies have encouraged prescribers and insurers to take actions to reduce harms associated with methadone.

“In 2016, for example, the Centers for Medicare & Medicaid Services called on Medicaid programs to remove methadone for the treatment of pain from their preferred drug lists (PDLs),” the analysis said. “Preferred status is a designation by which states encourage the use of a drug for a specific disease or condition,” it continued. “In the past several years, many states have taken this and other steps to reduce use of this drug.”

## ***10. NIH Researchers Discover Molecular Overlap in Autism, Schizophrenia & Bipolar Disorder***

While evidence has shown some mental disorders share many of the same genetic risk factors, researchers at the NIH have found this overlap exists at the molecular level. A [news release](#) from the NIH said some of these suspect genes also turn on-and-off in the brains of people with autism spectrum disorder, schizophrenia and bipolar disorder. They concluded these molecular signatures could hint at what goes wrong in the brain in these disorders, which could lead to potential ways on how to better treat or even prevent them.

## ***11. Task Force Forms to Combat Nation’s Opioid Crisis***

Some of the nation’s leading addiction experts are teaming with insurance executives and government officials on a new task force to combat the nation’s deadly opioid crisis. The Substance Use Treatment Task Force will review treatment guidelines and identify ways to require or incentivize effective addiction practices that can be both tracked and measured. Gary Mendell—who lost his son to addiction and is the founder of the not-for-profit organization Shatterproof—is leading the group, which also includes Penny Mills from the American Society of Addiction Medicine; Michael Botticelli of the Grayken Center for Addiction Medicine and former director of the White House Office of National Drug Control Policy; Jay Butler, chief medical officer for Alaska’s health department; and insurance executives from Cigna Corp and UnitedHealth Group.

According to one report, the task force is considering the idea of requiring all rehabilitation facilities to report their medication policies to state authorities. Then the states could verify that clinics offer or allow buprenorphine or other opioid-treatment medications before issuing or renewing licenses, the story noted.

## ***12. AHRQ’s Online Tool Compares Hospitalization Rates for Substance Use by County***

HHS’ Agency for Healthcare Research and Quality (AHRQ) has released an [online statistical resource](#) that provides county-level comparisons of hospitalization rates for substance use, including opioids, alcohol, stimulants and other drugs. “We believe AHRQ’s new resource will help communities better understand local challenges and support their efforts to formulate the most effective remedies to reduce substance abuse, including the opioid crisis,” AHRQ Director Gopal Khanna said in a news release. These new statistics represent just one part of the agency’s strategy to expand the use of data so that

policymakers can tackle the challenges of both today and tomorrow.” The new resource also allows users to look at hospitalization rates for specific substances, which AHRQ said has the potential to support policymakers and public health advocates who want to prioritize and address local substance use challenges.

### ***13. Congressional Task Forces Recommends Expanded Funding for CARA***

The Bipartisan Heroin Task Force last month urged Members of Congress to provide more funding for the *Comprehensive Addiction and Recovery Act* (CARA). The task force noted that both the House and Senate fiscal year 2018 appropriations bills provide funding for CARA, but there are differences in funding levels. In their letter to the chairman and ranking member of the House Appropriations Committee, task force members asked lawmakers to reconcile the differences by adopting the highest level of funding. “Designed to respond to both today’s crisis and tomorrow’s threats, CARA represents a comprehensive response to substance use disorders that includes preventive measures, support for law enforcement strategies, resources to address overdoses, expansion of evidence-based treatment and support for those in or seeking recovery,” the task force wrote in its letter. “We strongly urge you to fully fund CARA at its authorized levels and consider devoting a substantial portion of the funds promised by the Balanced Budget Agreement as supplemental funding for all the grant programs authorized by CARA.”

### ***14. Centers for Disease Control Infographics Feature Behavioral Health Integration***

Behavioral health integration can lead to better outcomes for children and youth, higher treatment rates, better coordinated care, and reduced parental stress, the CDC highlights in a new infographic. The Atlanta-based agency noted that 1 in 5 U.S. children are diagnosed with a mental disorder, and 20 percent of those with a mental disorder receive care from a specialized care provider for mental health. These specialized care providers include child and adolescent psychiatrists, child psychologists and behavioral therapists. Click [here](#) to learn more about behavioral health integration and to download the infographic.

### ***15. HRSA Accepting Applications for National Health Service Corps Loan Repayment Program***

HHS’ Health Resources and Services Administration (HRSA) is accepting applications for its National Health Service Corps (NHSC) [Loan Repayment Program](#) until Monday, April 23 at 7:30 p.m. ET. In the program, primary care medical, dental, and mental and behavioral health clinicians can receive up to \$50,000 to repay their health professional student loans if they commit to working for two years at NHSC-approved sites in high-need, underserved areas.

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