President signs executive order on rural health, telehealth access
President Trump Aug. 3 signed an executive order on improving rural health and telehealth access, with directives to: launch a new payment model for rural health care; develop and implement a strategy to improve rural health care infrastructure; create a report describing policy initiatives to improve rural health; and propose regulation that would extend certain telehealth flexibilities. Read AHA’s Special Bulletin for details on how the executive order could impact hospitals and health systems.

AHA summary of CMS’ FY 2021 final rule for inpatient psychiatric facilities
The AHA recently issued a Regulatory Advisory with a summary of the July 31 Centers for Medicare & Medicaid Services’ final rule for the inpatient psychiatric facility prospective payment system for fiscal year 2021. CMS will increase in FY 2021 IPF payments by a net 2.3%, the equivalent of $95 million. The increase is a reflection of a 2.2% market-basket update, subject to a productivity adjustment of zero percentage points, and an additional 0.1 percentage point offset for the outlier fixed-dollar loss threshold amount. The rule takes effect Oct. 1. Download the AHA Regulatory Advisory for a summary.

Special Bulletin: CMS releases CY 2021 proposed rule for physician fee schedule payments
CMS Aug. 3 issued a proposed rule that would update physician fee schedule payments for calendar year 2021 and includes implementing provisions of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, including Medicare coverage for opioid treatment programs, screening for substance use disorder in Medicare physicals, and electronic prescribing of controlled substances. CMS will accept comments on this rule through Oct. 5. Highlights of the PFS proposed rule are in the Special Bulletin.

AHA summary of SAMHSA final rule on substance use treatment information sharing
AHA recently issued a Regulatory Advisory with a summary of the Substance Abuse and Mental Health Services Administration’s July 13 final rule to amend sections of the Code of Federal
Regulations that dictate restrictions on how federally assisted alcohol or drug abuse programs may use and share patient information (known as 42 CFR Part 2). The effective date of the rule is Aug. 14.

**CMS seeks input for rule to mandate e-prescribing of controlled substances**
CMS seeks input on rulemaking to require electronic prescribing for controlled substances covered by Medicare Part D and Medicare Advantage prescription drug plans beginning Jan. 1, in accordance with the SUPPORT for Patients and Communities Act of 2018. The request for information asks whether there should be exceptions to the requirement and under what circumstances, and whether CMS should impose penalties for noncompliance. Comments are due Oct. 3.

**Upcoming AHA Events and Webinars, and new Resources**

**Chair File: Stepping up support for minorities’ mental health**
The incidence of mental health and substance use disorders has increased dramatically during the pandemic, with Black, Indigenous and people of color (BIPOC) populations experiencing great disparities in access to behavioral health services. Social stigma surrounding therapy is a powerful factor keeping people from the treatment they need. Social determinants of health — such as income, neighborhood and lack of insurance — are also among the reasons racial and ethnic minority groups are much less likely to seek out and use mental health services. Read more and see additional resources from AHA.

**Webinar Sept. 2 – Rogers Behavioral Health case study: Addiction recovery via telehealth during COVID-19**
The COVID-19 pandemic expedited the use of telehealth for many health care providers, and the need is especially high for mental health and addiction treatment. On Sept. 2 at 3:30 p.m. ET, learn from experts at Rogers Behavioral Health, a leader in specialized evidence-based treatment, about their team’s experiences offering virtual outpatient treatment to people across the nation. Jerry Halverson, M.D., chief medical officer, and Michelle Maloney, executive director of addiction services, will share insights from using telehealth for addiction recovery, including clinical outcomes, unique barriers and solutions, and the future outlook for this invaluable platform. Click here to register.

**Virtual conference Sept. 14-16 – Navigating a New Reality: Health Care Leaders Confront the Future**
Join the AHA Center for Health Innovation and the Society for Health Care Strategy & Market Development Sept. 14-16 for a virtual conference focused on lessons learned and plans for the future as the field moves from COVID-19 response through recovery and on to rebuilding. Sessions include Integrating Behavioral and Physical Health: It’s not just for Outpatient Anymore, featuring speakers from Cedars-Sinai Medical Center, the University of Rochester Medical Center and Sheppard Pratt. Learn more and register here.

**Webinar Sept. 23 – Means matter: How hospitals can partner with gun owners to prevent firearm suicide**
This webinar will present the science on why means matter when it comes to suicide. Catherine Barber, director of Means Matter at the Harvard Chan School of Public Health, will lead discussions on non-controversial ways the medical community and gun-owning community have
worked together to prevent suicide, and the specific role for hospitals in this work. Barber co-authored the first CALM-Online training program and was a founding member of the first Gunshop Project. Click here to register.

**AONL virtual conference Sept. 24**
At the American Organization of Nursing Leaders 2020 Virtual Conference, hear from renowned thought leaders who will challenge you to think differently, act boldly and inspire change in new and innovative ways. Check out several breakout sessions on behavioral health.

**Leadership Rounds with Dr. Mindy Estes and Dr. Harsh K. Trivedi**
AHA Board Chair Melinda Estes, M.D., hosts a series of Leadership Rounds — short conversations on a range of key issues Dr. Estes will have with hospital and health system leaders from across the country. The third in the series featured Dr. Estes joined by Dr. Harsh K. Trivedi, president and CEO of Sheppard Pratt, to discuss how the health system is navigating the COVID-19 crisis in Maryland. This episode was recorded on Aug. 13.

**How to check the pulse of your digital behavioral health efforts**
The Behavioral Health Pulse is free to AHA member hospitals and health systems to help benchmark their digital work. Click here for the June webinar highlighting the benefits of digital solutions in behavioral health and the Behavioral Health Pulse. Contact Rebecca Chickey at rchickey@aha.org for more information.

**AHA honors five programs with Dick Davidson NOVA Award**
The AHA July 27 announced it is honoring five hospital-led partnerships with the AHA Dick Davidson NOVA Award for each program’s efforts to improve community health. Winners include Eagle Valley Behavioral Health, Vail Health, Vail, Colo., and Memorial Healthcare System’s Mothers in Recovery program to help pregnant women with substance use disorders achieve recovery and prevent neonatal abstinence syndrome. See the AHA news release for more details on the winners.

**ASHRM releases white paper for behavioral health care in EDs**
The AHA’s American Society for Health Care Risk Management this month released the second in a series of white papers for providers managing patients with behavioral health disorders beyond the inpatient setting. This white paper covers care provided in emergency department settings, including logistics, discharge planning, pediatric and geriatric patients, and populations requiring heightened attention. The series’ first white paper, released earlier this year, focused on behavioral health care in ambulatory care and outpatient settings.

**UnityPoint Health offers new bereavement support group for COVID-19-related loss**
UnityPoint Health – Abbe Community Mental Health in Cedar Rapids, Iowa, is expanding its mental health care services for its community during this difficult time. Through a free online support group offered twice each week, the health system is helping individuals cope with loss as part of the new normal. In addition to its toll on mental health, bereavement also is tied to physical health risks, such as high blood pressure, heart disease and stroke.
**CDC: More adults reporting mental health challenges during pandemic**
U.S. adults were more likely this June than a year ago to report adverse mental health conditions, substance use and suicidal ideation, according to a report released by the Centers for Disease Control and Prevention. About 41% of adults completing the online survey June 24-30 reported an adverse mental or behavioral health condition. This includes 31% who reported anxiety disorder or depressive disorder symptoms; 26% who reported trauma- and stressor-related disorder symptoms related to COVID-19; 13% who reported substance use to cope with stress or emotions related to COVID-19; and 11% who reported seriously considering suicide in the past 30 days. The authors recommend that community-level prevention efforts prioritize young adults, racial/ethnic minorities, essential workers and unpaid adult caregivers, who were more likely to report mental health challenges.

**Report highlights strategies to curb opioid misuse, death among Hispanic/Latino populations**
The Substance Abuse and Mental Health Services Administration’s Office of Behavioral Health Equity recently published a report on the opioid crisis’ impact on the Hispanic and Latino populations. The brief presents data on opioid misuse and death rates in Hispanic/Latino populations; contextual factors and challenges in prevention and treatment; innovative outreach and engagement strategies to connect people to evidence-based treatment; and the importance of community voices.

**COVID-19 survey takes nation’s social, mental ‘pulse’**
Spearheaded by the U.S. Census Bureau, the Household Pulse Survey is an experimental data project that taps into the full knowledge and resources of the Centers for Disease Control and Prevention and five other large federal agencies collecting data on important issues that affect our everyday lives. The data collected is expected to uncover what people are experiencing during the pandemic in terms of employment status, spending patterns, physical and mental health, access to health care, food security, housing and educational disruption.

**FDA updates opioid labeling to raise awareness about naloxone**
The Food and Drug Administration now requires updated labeling for opioid pain medicine and medicine to treat opioid use disorder to recommend that prescribers discuss naloxone with patients and caregivers.

**NAM Action Collaborative on countering the U.S. opioid epidemic**
The National Academy of Medicine’s Action Collaborative on Countering the U.S. Opioid Epidemic, of which AHA is a member, remains wholly committed to supporting the health and well-being of individuals with substance use disorders, including opioid use disorder and chronic priorities and strategies for providers, health systems, researchers, policymakers, regulators and health leaders.

**Joint AHA/NABH August behavioral health communication**
The month’s edition includes: information on CDC’s new COVID-19 guidance for behavioral health care; AMA’s recent report on the opioid overdose epidemic; a new JAMA article on behavioral health parity efforts nationwide, and more.
To access past Behavioral Health Updates, click here and check out the newly enhanced AHA Behavioral Health website.

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