

To: Members, AHA's Section for Psychiatric & Substance Abuse Services
From: Rebecca Chickey, Director, Section for Psychiatric & Substance Abuse Services
Subject: Update on Key Issues in the Behavioral Health Care Field: [August 2016](#)

AHA Advocacy Update

Opioid Legislation Becomes Law: President Obama has [signed](#) into law the Comprehensive Addiction and Recovery Act ([S. 524](#)). The bill incorporates key [AHA-endorsed](#) measures, including the creation of a multi-agency task force with a hospital representative that will develop best practices for prescribing and pain management; more stringent pre-market review of new opioids by the Food and Drug Administration; increased access to opioid overdose reversal drugs and medication-assisted treatment; and expanded research and treatment for vulnerable populations. [AHA Special Bulletin](#) is a resource.

House Passes Mental Health Bill: The House of Representatives voted 422-2 to approve the Helping Families in Mental Health Crisis Act ([H.R. 2646](#)). AHA-[supported](#) provisions would reauthorize suicide prevention programs, authorize a minority fellowship program for mental health professionals and codify a Medicaid managed care regulation allowing optional state coverage of Institutions for Mental Disease services for adults. For more on the bill, see the Energy and Commerce Committee [summary](#).

DOJ Sues to Block Health Insurance Mergers: The Department of Justice has filed a [lawsuit](#) to block Aetna's acquisition of Humana. DOJ also took [action](#) to block Anthem's acquisition of Cigna. The deals would create three major national insurers where there are now five. AHA has vigorously [urged](#) DOJ to challenge both deals on the grounds that they would reduce competition and harm consumers and hospitals, including behavioral health. AHA President and CEO Rick Pollack [called](#) the action "good news for consumers, who would have faced increased costs and fewer choices for coverage."

Field Rallies Around 'Hospital' Bill: Hospitals with different issues and concerns find something they like in the House-passed [Helping Hospitals to Improve Patient Care Act \(H.R. 5273\)](#) – The AHA supports the revision of Section 603 of the 2015 Bipartisan Budget Act to move the grandfather date for off-campus Hospital Outpatient Departments (HOPDs) under development from Nov. 2, 2015 to Dec. 31, 2016 or 60 days after enactment, whichever is later. Current law reimburses grandfathered facilities at the HOPD rate, while new facilities, including psychiatric partial hospitalization programs, are capped at the lower physician fee schedule rate. Also, the Hospital Readmissions Reduction Program's penalties to account for socioeconomic status. AHA's [Legislative Advisory](#) provides more information.

AHA Regulatory Update

CMS Released Proposed 2017 Physician Payment Rule: The Centers for Medicare & Medicaid Services (CMS) has released its [proposed rule](#) for calendar year (CY) 2017 with changes to the Medicare physician fee schedule and other revisions under Medicare Part B. In addition to the standard update to PFS payment weights and rates, the rule would provide for reimbursement of new primary care, care management and behavioral health services. For more information review [AHA's Regulatory Advisory](#).

Guidance on Providing Services to Justice Involved Individuals: CMS's Center for Clinical Standards and Quality/Survey & Certification Group has issued a [Guidance to Surveyors on Federal Requirements for Providing Services to Justice Involved Individuals](#). The guidance specifies that a hospital does not have the option to refuse services to justice-involved individuals unless the hospital lacks the capacity and capability to do so. The guidance also reviews the difference between restraint and seclusion used for clinical and law enforcement purposes.

New Mailbox for Questions on Medicaid/CHIP Parity Rule: You can email questions and concerns regarding the CMS [final rule](#) applying certain provisions of the Mental Health Parity and Addiction Equity Act of 2008 to Medicaid managed care organizations, Medicaid alternative benefit plans and the Children’s Health Insurance Program to parity@cms.hhs.gov.

CMS Releases OPPTS/ASC Proposed Rule for CY 2017: CMS has released the CY 2017 outpatient prospective payment system (OPPS)/ambulatory surgical center (ASC) [proposed rule](#). In addition to proposing significant changes to hospital-based psychiatric partial hospitalization program rates, the rule proposes to implement the site-neutral provisions of Section 603 of the Bipartisan Budget Act of 2015, among other changes. *The AHA is [extremely dismayed](#) by the short-sighted policies in the proposed rule.* CMS proposes that there would be no payment made directly to hospital outpatient departments subject to the site-neutral cuts – which includes PHPs. Moreover, CMS wouldn’t continue current reimbursement to hospitals that need to relocate or rebuild their outpatient facilities in order to provide needed updates. AHA’s [Regulatory Advisory](#) provides more details.

CMS Proposes AHA-Supported Changes to Pain Questions: In FY 2018, CMS [proposes](#) to no longer use the results from 3 pain management questions in the Hospital Consumer Assessment of Healthcare Providers and Systems survey in determining hospitals’ value-based purchasing program scores. CMS would continue to collect and report the results of the HCAHPS pain management questions. AHA has [urged](#) CMS to suspend the pain-related questions in the VBP program while the agency works to address concerns that the questions may create pressure to prescribe opioids. CMS has also issued a [final rule](#) that would allow qualified practitioners to request approval to treat up to 275 patients a year for opioid use disorder with buprenorphine if they meet certain conditions.

Chronic Opioid Use Associated with Certain Surgical Procedures: Seven common surgical procedures are associated with increased risk of chronic opioid use after the procedure, according to a study reported [online](#) by JAMA Internal Medicine. The results “suggest that primary care clinicians and surgeons should monitor opioid use closely in the postsurgical period,” but “should not be taken as advocating that patients forgo surgery out of concerns for chronic opioid use,” the authors said. The AHA and Centers for Disease Control and Prevention released a [resource](#) to help patients who may be prescribed opioids before discharge discuss the risks and benefits of these medications with their health care provider.

AHA Members Only Webinars

- **September 20, 3:30 ET – *Case Management of Psychiatric Disorders Reduces Readmissions of Medical/Surgical Patients: Advocate Healthcare’s Experience.*** Dr. Swaminathan, Chair, Department of Psychiatry, Advocate Illinois Medical Center, Chicago, will describe the work that has improved the quality of care, while reducing costs and readmissions. To register, [click here](#).
- **October 11, 3:00 ET -- *Improving Behavioral Health Margins and Making the Parity Law Work for Patients & Providers: Princeton House Behavioral Health.*** Richard Wohl, M.S.W, M.B.A, President, and Marguerite Pedley, Ph.D., Princeton House Behavioral Health, Princeton, N.J., will address the culture and processes that have reduced bad debt to 3%. To register, [click here](#).

The [August Behavioral Health Update](#) includes information on: the [suspended](#) enforcement of changes to Medicare’s billing process for Partial Hospitalization Program, senators [asking](#) the White House to do more to make sure mental health parity is enforced, the April WHO study that established [a definitive link between mental health and economic productivity](#) and more.

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