



Section for Psychiatric & Substance Abuse Services

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: [February 2016](#)

AHA Psych Section Names 2016 Leaders



Wayne Young, senior vice president of behavioral health for JPS Health Network in Fort Worth, Texas, is 2016 chair of the AHA's Constituency Section for Psychiatric and Substance Abuse Services. In addition to his behavioral health responsibilities, Young provides the general leadership and direction for his organization's regional anchor role in the Texas 1115 Healthcare Transformation Waiver, designed to incentivize hospitals and other providers to transform care delivery to improve quality, patient experience, coordination and cost-effectiveness. Ann Schumacher, president of Alegent Creighton Health Immanuel Medical Center in Omaha and trustee of Memorial Community Hospital in Blair, Neb., is the section's chair-elect and will become chair in 2017. For a listing of all new and returning Council members, see the AHA [news release](#).

President's 2017 Budget Proposes over \$1 Billion to Fight Opioid Abuse

The [proposal](#) includes \$1.1 billion in new mandatory funding over two years to expand, among other things, access to medication-assisted treatment in states and access to substance use treatment providers through the National Health Services Corps. "Every day, hospitals see the devastating toll of opioid abuse on patients, their families and their communities," [said](#) AHA President and CEO Rick Pollack. "That is why the AHA applauds the new funding proposed today by the Administration to help people with opioid use disorders and heroin addiction get needed care.... We would also recommend that the Administration include oversight of substance abuse parity laws, re-evaluate the effect of quality measurement of prescribing pain medication, and increase [National Institutes of Health] funding on developing viable alternatives to opioids." The budget also calls for elimination of the Medicare 190-day lifetime limit, which AHA supports. More details are available at: [White House budget](#).

AHA Legislative Update

Senate HELP Committee Holds Mental Health Hearing: The Senate Health, Education, Labor and Pensions Committee considered bipartisan legislation to improve the nation's mental health system, Chairman Lamar Alexander (R-TN) [said](#) recently at a full [committee hearing](#). He and Ranking Member Patty Murray (D-WA) are working with Sens. Bill Cassidy (R-LA), Chris Murphy (D-CT), Roy Blunt (R-MO) and John Cornyn (R-TX) to move comprehensive legislation through the appropriate committees and to the Senate floor this year. Cassidy and Murphy last year [introduced](#) S. 1945, the Mental Health Reform Act.



Senate Judiciary Committee Addresses Opioid Epidemic: The Committee recently amended and approved two bipartisan bills aimed at stemming the opioid epidemic. [The Ensuring Patient Access and Effective Drug Enforcement Act \(S. 483\)](#), would direct the Department of Health and Human Services (DHHS) to coordinate with the Drug Enforcement Administration to assess patient obstacles to legitimate access to controlled



substances; and provide their findings in a report to Congress. [The Comprehensive Addiction and Recovery Act \(S. 524\)](#) would establish an interagency Task Force to develop Best Practices for Pain Management; and develop treatment alternatives to incarceration.

House Democrats Introduce Legislation for Mental Health Reform: The [Comprehensive Behavioral Health Reform and Recovery Act of 2016](#) is an alternative proposal to H.R. 2646, the [Helping Families in Mental Health Crisis Act](#) introduced by Republican Rep. Tim Murphy (R-PA). The Democratic [bill](#) would eliminate the Medicare 190-day lifetime limit, codify the Medicaid and CHIP Managed Care Proposed Rule as it applies to the Institution for Mental Disease (IMD) exclusion, and strengthen parity in mental health and substance use disorder benefits by requiring greater disclosure by insurers and increasing audits.

Medicare Telehealth Bill Introduced: Members of Congress introduced [legislation](#) to expand access to telehealth and remote patient monitoring (RPM) services in Medicare. The [CONNECT for Health Act](#) would remove most Medicare restrictions on telehealth and RPM reimbursement for participants in a new “bridge program” for providers transitioning to the goals of the Medicare Access and CHIP Reauthorization Act and Merit-based Incentive Payment system and for qualifying participants in alternative payment models.



AHA Regulatory Update

Chronic Care Options: AHA provided [feedback](#) on the Senate Finance Committee Chronic Care Working Group’s policy options to improve care for Medicare beneficiaries with chronic health conditions. “The AHA is pleased to see that the CCWG has included many of our priorities for improving care for those with chronic conditions, including the expansion of telehealth, improvements to accountable care models, and policies to increase Medicare beneficiary engagement,” wrote AHA Executive Vice President Tom Nickels. “We also applaud its focus on behavioral health, although we encourage the CCWG to expand its focus to recognize that behavioral health conditions may themselves be chronic illnesses.”

Guidance on Opioid Prescribing for Chronic Pain: AHA has urged the Centers for Disease Control and Prevention to finalize guidance on opioid prescribing for chronic pain as soon as possible. “Precisely because the dangers of under-treating pain and of over-prescribing opioids are so great, hospitals and their medical staffs are eager to have scientifically sound guidance from a well-respected organization such as the CDC,” [wrote](#) Ashley Thompson, AHA senior vice president for public policy analysis and development. “...When your guidance is complete, we look forward to helping to disseminate the information and will work with you to ensure effective strategies are adopted across the nation’s hospitals.” Supporting members in addressing opioid addiction in their communities is an AHA priority.

Proposed Rule on Confidentiality of Substance Use Disorder Records: The Substance Abuse and Mental Health Services Administration recently proposed changes to the confidentiality rule for substance use disorder records to facilitate health information exchange while protecting patient privacy. “This proposal will help patients with substance use disorders fully participate and benefit from a health care delivery system that’s better, smarter and healthier, while protecting their privacy,” [said](#) Health and Human Services Secretary Sylvia Burwell. SAMHSA will accept comments on the [proposed rule](#) through April 11. AHA is reviewing the rule and will likely submit comments.



Screen All Adults for Depression: The U.S. Preventive Services Task Force issued a final [recommendation](#) that all people 18 and older, including women who are pregnant or have recently given birth, be screened for depression. It assigned a "B" grade to the recommendation, meaning all copays and deductibles for the screenings would be waived under the Affordable Care Act. In an AHASTAT [blog post](#), AHA Chief Medical Officer John Combes, M.D., said the new recommendation will help patients and communities. "Hospitals see first-hand the heavy toll that untreated, serious mental illness imposes on patients, families and communities," Combes said. "That's why helping hospitals apply the best available science to treat all of the needs of their patients is a key part of the AHA's behavioral health initiative."






Parity Update

Parity Efforts Reviewed in Four States: The Parity Implementation Coalition has issued a [fact sheet](#) on parity implementation efforts underway in the state of Washington. The report is one of a series looking at "promising practices in state implementation of The Mental Health Parity and Addiction Equity Act (MHPAEA) and parity in the Affordable Care Act." Snapshots from [Connecticut](#), [New York](#), and [California](#) are also available.



Parity Report from DOL: The Department of Labor (DOL) recently issued a report to Congress, "[Improving Health Coverage for Mental Health and Substance Use Disorders Patients: Including Compliance with the Federal Mental Health and Substance Use Disorder Parity Provisions](#)". According to the report, some of the most common types of violations include imposing broad preauthorization requirements only on mental health or substance use disorder benefits, imposing more restrictive visit limits on mental health/substance use disorder benefits, and requiring written treatment plans to access care (only) for mental health services. A separate consumer [pamphlet](#) on MHPAEA was released by the DOL and DHHS.

 <p>Impacting the Opiate Crisis: Alexian Brothers Behavioral Health Hospital's Approach</p> <p>Wednesday, February 24, 2016 3:30 – 4:30 pm ET</p> <p>Join the Section for a Members Only webinar featuring Alexian Brothers Behavioral Health Hospital's innovative inpatient and outpatient "rapid opiate detox" program.</p> <p>Learn how this initiative has helped any opioid dependent person, most often those with an opioid use disorder without chronic pain problems, move to and live in recovery & how these medication-assisted treatments can serve patients in a variety of settings. Click here to register.</p>	 <p>Combating the Opioid Crisis: Massachusetts' Path to Action</p> <p>Tuesday, March 8, 2016 1:00 -- 2:00 pm ET</p> <p>Join AHA's <i>Hospitals in Pursuit of Excellence</i> for a look into how the Massachusetts Hospital Assn., along with its Board and member hospitals, developed and launched a comprehensive effort to combat the opioid crisis.</p> <p>Learn how the movement gained momentum, as well as the ED prescribing guidelines, which have been adopted by all member hospitals. Click here to register.</p>	 <p>Clinical Pharmacist Chronic Pain Services: Implementing Inter-professional Care</p> <p>Tuesday, March 22, 2016 3:00 – 4:00 pm ET</p> <p>Join AHA's Physician Leadership Forum and the American Society of Health-System Pharmacists to learn about improving care and outcomes for complex patients with chronic pain.</p> <p>Presenters will describe a clinical pharmacy service that supports the management of chronic pain patients and the benefits these services provide, including the challenges faced by providers in managing substance abuse. Click here to register.</p>
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The [2016 American Hospital Association Environmental Scan](#) provides insight and information about market forces that have a high probability of affecting the health care field. It is designed to help hospital and health system leaders better understand the critical issues and emerging trends their organizations likely will face in future. Topics range from consumers and patients to behavioral health trends, political issues, science and technology. To access a webinar on the Scan, visit www.healthforum.com.

Care and Payment Models to Achieve the Triple Aim: To help hospitals and health care systems are



striving to achieve the Triple Aim, two AHA committees, the 2015 Committee on Research and 2015 Committee on Performance Improvement, released a joint report, "[Care and Payment Models to Achieve the Triple Aim](#)," which addresses how hospitals can develop new delivery systems and innovative payment models that best meet the needs of their organizations and communities. Check out the recommended Fourth Principle: Integrate behavioral health and social determinants of health with physical health.

The [February Behavioral Health Update](#) includes the [final rule](#) on the "Health Insurance Portability and Accountability Act" Privacy Rule and the National Instant Criminal Background Check System; [slides and recordings](#) from the two most recent Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program webinars; and more. For more resources, go to www.aha.org/psych.

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