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 2015

AHA Psych Section Names 2015 Leaders
Stuart A. Buttlaire, Ph.D., M.B.A., regional director of inpatient psychiatry and continuing care, Northern Kaiser Permanente in Oakland, Calif., is the 2015 chair of the American Hospital Association's (AHA) Constituency Section for Psychiatric and Substance Abuse Services. As regional director, Buttlaire is responsible for 3.5 million Kaiser members and 35 medical centers. He has led the redesign of inpatient and intensive mental health care for Kaiser, established a psychiatric advice and crisis line, and developed best practices in case management, gero-psychiatry, multi-family treatment, hospital alternative programs and crisis and emergency intervention services. He is also the lead behavioral health professional at Kaiser for implementing Medicaid expansion for Northern Kaiser Permanente. Wayne Young, senior vice president of behavioral health, JPS Health Network, Fort Worth, Texas is the section's chair-elect and will become chair in 2016. For more on the section's governing council, including the new members in 2015, see the AHA news release.

AHA Legal Update
Update on the Supreme Court ACA Premium Subsidy Case: Withdrawing health insurance subsidies in states with a federally facilitated Health Insurance Marketplace "would be a disaster for millions of lower- and middle-income Americans," the AHA, Federation of American Hospitals, Association of American Medical Colleges and America's Essential Hospitals told the Supreme Court in a friend-of-the-court brief filed in *King v. Burwell*. "The ACA's subsidies have made it possible for more than 9 million men, women and children to have health care coverage," the brief notes – particularly those with severe mental illness. "If Petitioners' interpretation is accepted, however, that salutary development will be reversed. That – emphatically – is not what Congress intended when it enacted a statute to create 'near-universal coverage.'"

White House Budget Released
President Obama has released a fiscal year 2016 budget request that includes $431 billion in proposed reductions to Medicare, of which $350 billion would come from health care providers. "The cuts to hospital care are bad medicine for our nation's seniors and other vulnerable patients," AHA President and CEO Rich Umbdenstock said in a statement. Specifically, the budget proposal would reduce payments to providers by $29.5 billion by implementing site-neutral payment policies; cut bad debt payments to providers by $31.1 billion; reduce Medicare graduate medical education payments by $16.3 billion; reduce critical access hospital (CAH) payments from 101% to 100% of reasonable costs for a savings of $1.73 billion; and eliminate

the CAH designation for hospitals located fewer than 10 miles from the nearest hospital for savings of $770 million. AHA members received a Special Bulletin with more information. With respect to behavioral health, the budget calls for elimination of the so-called "Medicare 190-day lifetime limit," for inpatient psychiatric hospital care. The AHA has called on Congress to pass legislation to eliminate the Medicare 190-day lifetime limit. The budget would also increase funding for every State to expand existing Prescription Drug Monitoring programs and it includes funding to expand and improve treatment for heroin and prescription opioid abusers. In addition, the budget supports increased dissemination of naloxone by first responders in an effort to prevent overdose deaths in high-risk communities.

AHA Legislative Update

Join AHA Advocacy Days: March 31, 2015 marks a fiscal flashpoint when the current Medicare physician payment fix expires, as well as several rural health policies. As Congress considers a physician payment solution, payments for hospital services remain at serious risk as offsets. Your action is needed! Plan to attend an upcoming AHA Advocacy Day: Thursday, Feb. 26 or Thursday, March 19. Visit www.aha.org/advocacydays for details about times, places, hotel room blocks and how to register.

AHA Works to Avoid Medicare Physician Cuts**:** AHA supports permanently replacing the Medicare sustainable growth rate (SGR) for physician payment, but cannot support any proposal to fix the physician payment problem at the expense of funding for services provided by other caregivers, AHA President and CEO Rich Umbdenstock told the House Energy and Commerce health subcommittee at a recent hearing on the issue. "Offsets should not come from other health care providers, including hospitals, who are themselves working to provide high-quality, innovative and efficient care to beneficiaries in their communities and are being paid less than the cost of providing services to Medicare beneficiaries," the AHA testimony states. Several options are on the table: delay by 21 months, at a cost of $30-$35 billion; delay by nine months, at a cost of $12-$13 billion; and a shorter fix to buy time to complete a permanent solution later this year. It is important to avoid this potential 21% cut to Medicare physician payments, as it could significantly impact access to behavioral health services for Medicare beneficiaries.

AHA Works to Avoid GME Cuts: AHA has urged lawmakers to refrain from altering the Medicare graduate medical education (GME) financing structure to reduce direct or indirect payments to hospitals that train physicians and other health care professionals for the demands of a changing health care environment. AHA encouraged Congress "to consider requiring all payers to contribute to GME financing in an effort to provide a more stable environment for physician clinical training." Among other recommendations, AHA urged "ending the 18-year freeze on the number of physician training positions that Medicare funds and to support the creation of at least 15,000 new residency positions," as proposed in the Resident Physician Shortage Reduction Act, introduced by Rep. Joseph Crowley of New York and Sen. Bill Nelson of Florida in the 113th Congress. This is particularly important to improve the number of psychiatric residents, and thus continue work to alleviate the psychiatrist shortage.

Improving Medicare Coverage for Telehealth**:** AHA is pleased that the House Energy and Commerce Committee working group on telehealth is taking on the issue and has released a discussion draft of legislation to improve Medicare's coverage and payment for telehealth services. In commenting on the draft, however, we proposed a more global approach: relaxing

geographic restrictions; expanding covered services; altering patient locations or originating sites; and expanding approved technology. Be sure to read our recent Trendwatch on the topic.

AHA Regulatory Update

AHA Recommends Oversight of Health Insurance Carriers to Ensure Network Adequacy: AHA has submitted comments on draft updates to the National Association of Insurance Commissioners' 1996 model state legislation for managed care plan network adequacy, which is being expanded to apply to all health plans that use networks in their benefit structures. "The AHA recommends that the Model Act emphasize the need for oversight of health insurance carriers to ensure that their networks are providing the promised health care services and benefits to their enrollees," wrote Jeffrey Goldman, AHA vice president of coverage policy. Network adequacy has been a significant challenge to adequate access to behavioral health services. The letter also focuses on three key areas to address in the current draft of the Model Act to ensure appropriate responsibilities are clearly attributed to the health plans: balance billing; who stands as guarantor of insurance coverage; and provider obligations when a contract is terminated.

New Resources from AHA

Integrating Behavioral Health in an ACO: The NSLIJ Experience
Thursday, February 5, 2015
2:00 pm – 3:00 pm Eastern (1:00 pm CT, 12:00 pm MT, 11:00 am PT)
To register for the *free* Webinar & Discussion, offered by AHA's Section for Psychiatric & Substance Abuse Services, Click Here.

An Effective, Cost-Efficient Way to Divert Individuals with SMI: The 11th Judicial Criminal Mental Health Project, Miami, FL
Wednesday, March 4, 2015
3:00 pm-4:00 pm Eastern (2:00 pm CT, 1:00 pm MT, Noon PT)
To register for the *free* Webinar & Discussion, offered by AHA's Section for Psychiatric & Substance Abuse Services, Click Here.

Engaging Trustees & Community Leaders to Guide Change: A new report from the AHA's Committee on Research and Committee on Performance Improvement examines the changing health care landscape and the role trustees and community leaders can play to help guide hospitals during this time of change. The report provides an overview of engagement strategies and can serve as a leadership checklist for working with both communities and trustees. "For hospitals to maintain this strong linkage with their community and to be most impactful in addressing community health needs, they will need to work much more collaboratively with a wide range of community entities to identify the most critical health needs and challenges faced by the community," the report notes. Certainly behavioral health providers understand the critical importance of strong relationships with a range of community entities to achieve a full continuum of care.

Hospital-based Strategies for Creating a Culture of Health provides background on the Robert Wood Johnson Foundation's vision to build a *Culture of Health* and discusses how hospitals are contributing to community health improvement. The guide reports the findings of HRET's

review of 300 community health needs assessments – many identifying behavioral health needs as a top priority, provides strategic considerations for hospital engagement in community health improvement and offers a model of the hospital's role in building a culture of health.

The tenth edition of *Community Connections: Ideas & Innovations for Hospital Leaders* features more than 100 case examples to demonstrate the various ways hospitals provide for and benefit their communities. Check it out for several examples of how hospitals are working to prevent substance abuse; improve access to psychiatric services; and reduce stigma in their communities. This publication is from *Community Connections*, an initiative of the American Hospital Association created to support and highlight the work hospitals do every day in America.

The February Behavioral Health Update includes, among other items, webinars on the Inpatient Psychiatric Facility Quality Reporting (IPFQR) that will be held on the third Thursday of each month at 2pm Eastern; a new report: *National Behavioral Health Barometer* from the Substance Abuse and Mental Health Services Administration that provides data about key aspects of behavioral health care issues affecting American communities; and a January 26 op-ed ("Moving forward on mental health") published in *The Hill*, written by Rep. Paul Tonko (D-NY). For additional resources, including an updated version of the *Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act*, and a CMS issue brief, *Developing Health Home Population Criteria*, that highlights the key features of three approved home health models, tailored to individuals with opioid dependency, go to the Section's website at www.aha.org/psych.

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