

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: [July 2017](#)

AHA Advocacy Update

Next step on Repeal & Replace: On June 22, Senate Republicans unveiled draft legislation – the [Better Care Reconciliation Act](#) (BCRA) – to repeal and replace parts of the Affordable Care Act. The bill would eliminate guarantee of essential health benefits (including mental health and substance use disorder treatment) and leave coverage up to the states. In a [statement](#), AHA President and CEO Rick Pollack said, "The Senate proposal would likely trigger deep cuts to the Medicaid program that covers millions of Americans with chronic conditions such as cancer, along with the elderly and individuals with disabilities who need long-term services and support. Medicaid cuts of this magnitude are unsustainable and will increase costs to individuals with private insurance. We urge the Senate to go back to the drawing board and develop legislation that continues to provide coverage to all Americans who currently have it." The Senate will not vote on the BCRA until after the Fourth of July recess.

Former U.S. Surgeon General Vivek Murthy recently [said](#) that Republican efforts to repeal ACA "would be a major step backward in addressing the addiction epidemic in America." The Senate bill also cuts Medicaid more deeply than the House bill, threatening to reverse the dramatically increased health insurance coverage achieved through the ACA's Medicaid expansion. The non-partisan Congressional Budget Office has estimated that the BCRA would result in 22 million fewer people insured in 10 years and cut \$772 billion in federal funding from the Medicaid program. AHA continues to urge senators to oppose the bill and encourages members to contact their senators, particularly Republicans. AHA has developed a number of new resources to assist you as you reach out to your senators. The resources include [talking points](#), answers to a set of [Frequently Asked Questions](#), and a side-by-side [comparison](#) of the ACA and House and Senate bills.

In addition, the [Coalition to Protect America's Health Care](#), of which the AHA is a founding member, continues to run TV, radio and digital advertising reinforcing our message. [Click here](#) to see the latest ad. Plus, we recently shared two special webpages you can use to amplify our message on Capitol Hill – one to engage your [employees](#) and one you can share with your [trustees](#). All of these resources are posted on our special [members-only advocacy resource page](#). Please check back frequently, as they are being updated as new information emerges, and watch for additional data and resources to assist you.

Resident Physician Shortage Reduction Act: Sens. Bill Nelson (D-FL), Dean Heller (R-NV) and Charles Schumer (D-NY) just introduced the Resident Physician Shortage Reduction Act (S. 1301), which AHA has endorsed. This Senate companion legislation to the bipartisan AHA-supported House bill, would add 15,000 Medicare-funded residency positions to alleviate physician shortages that threaten patients' access to care. Introduced in the House last month, the legislation outlines a hierarchy for distributing the new positions, prioritizing teaching hospitals that are currently training residents in excess of their cap, those in states with newly opened medical schools, those that emphasize training physicians in community-based or outpatient hospital settings, and those that operate a rural training track. At least half of the new slots would be for specialty residency programs with shortages.

Bill to Expand Substance Abuse Treatment: A bill introduced by a bipartisan group of House lawmakers proposes to ease Medicaid restrictions on certain inpatient treatment centers for substance abuse care. The bill would allow substance abuse treatment centers with up to 40 beds to be reimbursed by Medicaid for as many as 60 consecutive days — a reversal from a decades-old law prohibiting Medicaid from paying for patient care at facilities with more than 16 beds. The bill only allows for an exemption from the rule for substance abuse treatment and not mental health treatment. An identical measure was introduced in the Senate earlier this year.

AHA Regulatory Update

Updates to MACRA: The Centers for Medicare & Medicaid Services issued a [proposed rule](#) updating the requirements of the quality payment program (QPP) for physicians and eligible clinicians mandated by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The QPP includes two tracks – the default Merit-based Incentive Payment System and advanced alternative payment models. The rule proposes key policies for the QPP's 2018 performance period, which will affect clinician payment in 2020. Among other policies, CMS proposes to increase the MIPS's low-volume threshold, thereby excluding more than 585,000 eligible clinicians from the program. CMS also proposes to implement a MIPS reporting option that allows hospital-based clinicians to use their hospitals' value-based purchasing measure results in the MIPS program. While AHA [supports](#) many items in the proposed rule, we will ask CMS to provide additional opportunities for clinicians to earn incentives for partnering with hospitals to provide higher-quality, more efficient care through advanced alternative payment models.

For more information on MACRA, visit: www.aha.org/MACRA and <https://qpp.cms.gov>

Parity

Class Action on Parity: On June 15, the United States District Court for the Northern District of California certified a California-wide ERISA class action against Blue Shield of California and Human Affairs International of California (a subsidiary of Magellan Health). The lawsuit claims defendants breached their fiduciary duties of loyalty, prudence, and care to their insureds by developing, approving, and applying medical necessity criteria that are inconsistent with generally accepted standards for intensive outpatient and residential treatment. A similar case against United Behavioral Health was certified as a nationwide class action by the United States District Court for the Northern District of California in September 2016, and trial in that matter is set for October 2017.

AHA Resources

AHA Trustee Resources: The AHA is committed to supporting good governance in the changing health care environment by providing trustee-focused resources, tools and education that foster high-performing hospital and health system boards. To be informed of the latest resources and to sign up to receive *Trustee Insights*, AHA's quarterly update package of resources, tools, webinars and video for boards and CEOs, please [subscribe](#) or email us at trustees@aha.org.

Community Health Initiatives: Improving community health means taking nonclinical approaches to preventing disease and reducing health disparities by addressing social, behavioral, environmental, economic and medical determinants of health. Visit hpo.e.org/communityhealthinitiatives to learn more about the work of HRET and AHA to support community health, such as the Association for Community Health Improvement's [Community Health Assessment Toolkit](#), which has been updated to reflect progress in the field and the [infographic](#) that walks through all nine steps in the CHA process.

The [July Behavioral Health Update](#) includes information on: AHA and NAPHS comment letters on a [proposed rule](#) updating requirements for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program; new set of Frequently Asked Questions ([FAQs Part 38](#)) related to implementation of the federal parity law (the *Mental Health Parity and Addiction Equity Act*, or MHPAEA); the latest edition of the [Behavioral Health Barometer, United States, Volume 4](#) – national data about the prevalence of behavioral health conditions and more. [Click here](#) for more AHA resources on behavioral health.

Rebecca B. Chickey

Director, AHA Section for Psychiatric & Substance Abuse Services,
rchickey@aha.org; 312-422-3303.