



## 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: [April 2016](#)



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### **AHA 2016 Advocacy Agenda**

AHA is working with Congress, the administration, the courts, other agencies and our member organizations to: support health system transformation; protect patient access to care; sustain gains in health care coverage; enhance quality and patient safety; and promote regulatory relief. The [2016 Advocacy Agenda](#) further notes several behavioral health related issues AHA is working on.

### **Regulatory Update**

Align 42 CFR Part 2 with HIPAA: [Proposed revisions](#) to the regulation governing the confidentiality of substance use disorder patient records do not eliminate current barriers that impede the sharing of information essential for clinical care coordination and population health improvement in today's patient care environment, AHA [told](#) the Substance Abuse and Mental Health Services Administration. AHA Senior Vice President and General Counsel Mindy Hatton said the proposal should be reevaluated to determine how to best align the Part 2 regulation with current Health Insurance Portability and Accountability Act rules "that permit patient information to be used and disclosed for treatment, payment and health care operations without having to obtain individual patient consents. It also will be essential for SAMHSA to work with Congress to eliminate any barriers in the statute underlying the Part 2 regulation that prevent full alignment."

Medicaid & CHIP Mental Health Parity Final Rule: The Centers for Medicare & Medicaid Services (CMS) has issued a [final rule](#) applying certain provisions of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to Medicaid managed care organizations, Medicaid alternative benefit plans and the Children's Health Insurance Program (CHIP). The final rule extends parity protections to long-term care services for MH and SUDs. The rule requires that enrollees be provided information about the reasons for any reimbursement denial related to MH/SUD benefits, among other provisions. For more information, see the [CMS factsheet](#). An [interagency task force](#) will identify and promote best practices to ensure compliance with MHPAEA. [AHA's Special Bulletin](#) provides additional information.

MACPAC Report Focuses on Behavioral Health: The Medicaid and CHIP Payment and Access Commission (MACPAC) released its [March report](#) to Congress on Medicaid and CHIP. The report focuses on Medicaid and CHIP support for safety net hospitals and delivery of care for people with behavioral health conditions. It also reviews recommendations from the commission's February [report](#) on efforts to integrate physical and behavioral health.

### **Opiate Update & Resources**

HHS Issues National Pain Strategy: The Department of Health and Human Services (HHS) has issued a national [strategy](#) for improving pain care. Developed by an interagency committee and created in response to a 2011 Institute of Medicine [report](#), the strategy calls for creating a system of patient-

centered integrated pain management practices; removing barriers and improving pain care for vulnerable, stigmatized and underserved populations; and educating patients and the health care workforce about pain management.

Buprenorphine Physician Prescribing Limit: HHS also issued a proposed rule to double the number of patients a qualified physician may treat with buprenorphine. The proposed rule would allow qualified practitioners to request approval to treat up to 200 patients a year if they've maintained an active waiver to treat up to 100 patients for a year and either (1) have subspecialty board certification in addiction medicine or addiction psychiatry, or (2) practice in a qualified practice setting. The rule also would allow practitioners with a 100-patient limit to request to serve up to 200 patients for up to six months in an emergency. AHA is reviewing the rule and will likely submit comments.

Funding to Prevent Opioid Overdoses & Provide Treatment: The Health Resources and Services Administration awarded \$94 million in grants to 271 health centers to screen and treat new patients for substance abuse, with a focus on opioid use disorders in underserved populations. The awards will allow the centers to hire more providers, increase access to medication-assisted treatment (MAT) and train health professionals to make informed prescribing decisions. SAMHSA announced that states, territories and certain other jurisdictions can apply for up to \$1 million per year for five years to train first responders to use naloxone and other strategies to prevent prescription drug/opioid-related deaths. Also, 27 states, with an increase of 25 percent or more in admissions for opioid use disorders between 2007- 2012, can apply for grants of up to \$1 million to increase the number of people receiving MAT.

Provider Resources on Opiates: The White House announced that more than 60 medical schools will require students to complete prescriber education in line with the Centers for Disease Control and Prevention's new guidelines for prescribing opioids for chronic pain. SAMHSA also released a new pocket guide for health professionals, Medication-Assisted Treatment of Opioid Use Disorder.

#### AHA Executive Dialogue Series on Hospital & Health Care Systems' Role in Impacting the Opiate Crisis

- April 26 – *Prescribe Safe Initiative:* Created by law enforcement, four Monterey County hospitals, and local physicians, Prescribe Safe educates and provides resources for physicians and patients in the safe use of prescription medications and promotes safe and effective pain management. Anthony Chavis, M.D., Vice President, Enterprise Chief Medical Officer, Community Hospital of the Monterey Peninsula, CA, will present. For more information and to register, click here.
- May 25 – *Safe Passage Initiative:* Through this community collaborative, people struggling from addiction can turn in their drugs, not be arrested, and instead be connected directly to treatment. In less than four months, they have placed more than 30 individuals into treatment. David Schreiner, FACHE, President/CEO, Katherine Shaw Bethea Hospital, Dixon, IL, and Danny Langloss, Chief of Police, City of Dixon, IL, will present. For more information and to register, click here.

#### AHA Executive Dialogue Series on Access to Behavioral Health Services

May 12 – *Business Case for Integrating Behavioral & Physical Health Services.* Robin Henderson, Psy.D., Chief Executive, Behavioral Health, Providence Medical, Group, Portland, OR, & Lori Raney, M.D., Principal, HMA, Denver, CO, will show the value of integration. To register: Click Here.

The April Behavioral Health Update includes news that the Senate HELP Committee has approved the Mental Health Reform Act of 2016 (S.2680); a new Joint Commission Sentinel Event Alert: Issue 56 on suicide; and new HIPAA guidance clarifying patients' right to access health information; and more.

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