

**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 2017](#)

Register Now: Political, policy, opinion and health care leaders will come together May 7-10 in Washington, D.C. for the AHA Annual Membership Meeting. Visit [www.aha.org](http://www.aha.org) today and register at the early bird rate.



### **President Trump & the 115<sup>th</sup> Congress: The First 100 Days**

Future of the ACA: In a [joint letter](#) the AHA and 71 allied hospital associations outlined top priorities for the future of the Affordable Care Act (ACA). "If the ACA is to be repealed, the potential repeal and replace should be done simultaneously, and ensure that the 22 million people receiving coverage continue to receive adequate coverage," the organizations said. "If repeal and replace cannot be accomplished simultaneously, the reductions to hospitals and health systems included in the ACA should be restored to ensure there are sufficient resources to provide care to the uninsured."

'Ease the Burden' of the ACA: President Donald Trump has issued an [executive order](#) designed to "ease the burden" of the ACA. There are a number of areas where the order reflects a clear interest in enacting change, including the definition of 10 essential health benefits, one of which is "mental health and substance use disorder services, including behavioral health treatment." For more information about the transition, including a replay of recent Town Hall webcasts, visit [www.aha.org/transition2017](http://www.aha.org/transition2017).

### **AHA Advocacy Update**

Congress Moving toward ACA Repeal/Replace: On Jan. 13, the House of Representatives voted to pass a fiscal year 2017 budget resolution, continuing the process to potentially repeal and replace parts of the Affordable Care Act using the budget [reconciliation process](#). **(Both the House and Senate have passed the FY2017 budget resolution).** The reconciliation process enables Senate passage of legislation with only 51 votes rather than the usual 60 votes. All items included in reconciliation legislation must have a budgetary impact; overall, the legislation also must reduce the federal deficit.

The committees of jurisdiction have begun hearings on various elements of the Affordable Care Act as both House and Senate Republicans continue to evaluate the feasibility of proposals to replace the 2010 law. In late January, Senators Bill Cassidy (R-LA) and Susan Collins (R-ME) introduced S. 191, the Patient Freedom Act of 2017, which would allow states to elect one of three options: retaining the ACA approach with some of the law's consumer protections, continuation of federal exchanges, and 95% of current funding; moving to a "market-based alternative" that would provide coverage through health savings accounts and make payments to the state for "population health initiatives"; or forgoing all federal assistance in providing health insurance coverage to its residents.

### **AHA Regulatory Update**

Secure Units for Justice-involved Individuals: The Centers for Medicare & Medicaid Services (CMS) has [rescinded](#) a policy disallowing hospital security units, which provide private beds for justice-involved individuals such as inmates and those in the custody of law enforcement or the Department of Corrections. The AHA had [urged](#) the agency to rescind the policy, noting that security units enable hospitals to provide a safe environment for patients, visitors and staff while ensuring that individuals such as prisoners and jail inmates have access to needed inpatient services. Nancy Foster, AHA vice

president of quality and patient safety policy lauded CMS for its responsiveness and said AHA will urge the agency to follow thru by updating its [Medicaid guidance](#) on the issue to reflect the revised S&C policy.

**Opioid Misuse Strategy:** The CMS [plan](#) implements new strategies to reduce the risk of opioid use disorders, overdoses and inappropriate prescribing and diversion. It also wants to expand access to naloxone, opioid use screening and medication-assisted treatment for those struggling with addiction. By Jan. 2019, the agency will enforce the requirement that providers who write Part D prescriptions be enrolled in Medicare or validly opted out in order for patients' drugs to be covered. CMS said that Part D plans that hinder access to medication-assisted treatment for opioid use disorder will not be approved.

### **Parity**

**Medicaid and CHIP Parity Compliance Toolkit:** A new [website](#) focused on mental health parity provides information regarding services and supports to meet the health, behavioral health and long-term services and support needs of Medicaid individuals with mental health or substance use disorders. This website has been organized around several key areas that the Centers for Medicaid and CHIP Services (CMCS) has identified as a priority for the next several years.

### **AHA Resources**

**AHA Strategic Plan:** Check out AHA's [2017-2020 Strategic Plan](#), which provides an overview of the Association's strategic direction over the next four years based on input from members and the environmental forces impacting the field. Strategic priorities include: access to affordable, equitable health; behavioral and social services; as well as preserving access to health care through existing and alternative models and extending integrated behavioral health services to meet the needs of all individuals within the health care system. For more on the key elements of the AHA's strategic direction and the trends shaping the field, see the [AHA Path Forward](#) and [2017 Environmental Scan](#).

**Prior Authorization Principles:** The American Medical Association and 16 other health care organizations, including the AHA, recently released a set of [21 principles](#) for ensuring that prior authorization principles do not hinder patient access to care – including behavioral health services. Members of the coalition – which includes representatives from hospitals, medical groups, patients, pharmacists and physicians – seek to work collaboratively with health plans and others to implement fair prior authorization programs that are consistent with these principles.

**AHA Attends Kennedy Forum Congressional Briefing:** On January 24, former U.S. Representative **Patrick J. Kennedy**, Former Surgeon General **David Satcher, M.D.**, bipartisan members of Congress and community leaders outlined a plan for advancing mental health and addiction in a time of change. “We need a New Frontier for mental health and addiction, one that moves us closer to the system we need,” said Kennedy. The briefing, attended by AHA staff, included a [guide for members of congress](#), an overview of state-level parity implementation tracking through the [ParityTrack initiative](#) and a new [ParityRegistry.org](#) designed to empower consumers and hold health plans accountable.

The [February Behavioral Health Update](#) includes information on: The [final rule](#) issued on 42 CFR – Part 2; [Comments due February 10](#) on proposed IPFQR “Medication Reconciliation on Admission” measure; IPFs must [initiate NHSN enrollment](#) by March 3; a [DHHS report](#) showing uninsured mental health, substance use hospitalizations fall, and eight states [selected](#) to participate in Medicaid's Certified Community Behavioral Health Clinic [demonstration](#). As always, [click here](#) for more resources for AHA member behavioral health providers.

Rebecca B. Chickey

Director, AHA Section for Psychiatric & Substance Abuse Services, [rchickey@aha.org](mailto:rchickey@aha.org); 312-422-3303.