



**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: January 2015**

### **AHA Legal Update**

Supreme Court Medicaid Case: Last month the AHA urged the Supreme Court to affirm a 9th Circuit Court of Appeals decision upholding the right of health care providers to take states to court when they fail to live up to their payment obligations under the Medicaid Act. Section 30(A) of the Act requires states to reimburse providers at rates sufficient to ensure that Medicaid beneficiaries enjoy the same access to health care as the general population. In 2012 alone, the cost of providing care to Medicaid beneficiaries exceeded reimbursements by \$13.7 billion. This persistent gap threatens the availability of quality medical care for tens of millions of people, particularly those with mental illness as Medicaid is the largest payer for behavioral health services.

Supreme Court ACA Premium Subsidy Case: The Supreme Court has agreed to review the *King v. Burwell* case, in which the Fourth Circuit upheld premium subsidies for individuals who purchase health coverage through federally facilitated exchanges. Petitioners opposed to this ruling seek to limit subsidies under the Affordable Care Act to states that set up their own health insurance exchanges. On Jan. 28, AHA will file a friend-of-the-court brief urging the court to affirm the Fourth Circuit's judgment that the ACA makes premium subsidies available nationwide. AHA filed similar briefs in the Fourth Circuit in [March 2014](#) and the D.C. Circuit in [November 2014](#) urging that the premium subsidies be upheld. We'll update you as this progresses, as clearly the final ruling, expected June 2015, has implications for access to care for a significant number of behavioral health patients.

### **AHA Legislative Update**

Mental Health Cuts in Final 2014 Spending Bill: Last month Congress enacted the "cromnibus" bill to fund most of the government (with the exception of the Homeland Security department) through September 2015. Overall, the Substance Abuse & Mental Health Services Administration (SAMHSA) received a \$9.89 million cut from 2014 levels. Most line items in the SAMHSA budget also received small cuts, though some stayed level and others saw small increases. In such a difficult funding environment we can be glad that SAMHSA did not suffer bigger cuts, but going forward we will need to continue our work to preserve current funding levels and prevent additional cuts. The good news is that the FY 2015 budget for the National Institutes of Health includes \$ 65 million for the BRAIN Initiative, an increase of \$25 million over FY 2014, to ramp up activities in the second year

Increased Funding for Graduate Psychology Programs: Embedded in the Department of Health and Human Services Report was an agreement to provide \$8,916,000 for Mental and Behavioral Health programs. The administrator of the Health Resources & Services Administration is directed to devote the increase to the Graduate Psychology Education Program for a special effort to focus additional grants on the inter-professional training of doctoral psychology graduate students and interns to address the psychological needs of military personnel, veterans and their families in civilian and community-based settings, including those in rural areas. The agreement also continues funding for the Leadership Training Program in Social Work to support centers of excellence at schools of social work to help develop the next generation of social workers and to provide critical leadership, resources, and training.

TRICARE Inpatient Mental Health Services Parity Passes Congress: The AHA supported *Caring for America's Heroes Act* was included in the 2015 defense authorization bill passed by Congress on December 12. Section 703 of the legislation would remove the caps on the number of days that military dependents can receive inpatient mental health care under TRICARE.

### **AHA Regulatory Update**

Mental Health & Access Measures are Important Quality Metrics: The AHA recently shared with the Measure Applications Partnership proposed principles for choosing quality metrics and a list of 11 priority areas for hospital quality measurement, including “effective patient transitions & readmission rates.” The document offers the starting point for further conversations that will lead to consensus on what is most important to measure and improve across the continuum of care, and states that mental health and access measures should be considered for the list. The AHA has long called for a more focused, coherent approach to measuring and publicly reporting on quality of care in hospitals and other health care organizations. The MAP recently released a draft of its annual pre-rulemaking report for public comment through Jan. 13.

340B Program Supports Behavioral Health Services: New AHA videos featuring four hospital leaders show the many benefits that the 340B Drug Pricing Program brings to patients and communities. In particular, hospital leaders from University of Utah Hospitals & Clinics in Salt Lake City and Saint Thomas Health in Tennessee discuss examples of how the 340B program increases access to behavioral health services. Last year the hospital leaders participated in an AHA-sponsored briefing on Capitol Hill in which they urged Congress to protect the 340B program. More information on how hospitals are using the 340B program to benefit their vulnerable patients and communities is available at [www.aha.org/protect340B](http://www.aha.org/protect340B).

Quality “Preview Reports”: Organizations participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program may access a “Preview Report” of their Hospital-Based Inpatient Psychiatric Services (HBIPS) data through January 29. An IPFQR Hospital Compare Preview Report Quick Reference Guide is online that summarizes the process for viewing the Preview Reports. You may also want to mark your calendar for the third Thursday of each month, at 2 pm Eastern for the webinars presented by IPFQR support contractor. Materials will be sent via listserv announcements.

### **New Resources from AHA**

Upcoming Member Conference Call Presentations/Discussions:

#### *Hospitals Building a Culture of Health*

Thursday, January 15, 2015

2:00 – 3:00 p.m. Eastern (1:00 pm CT, 12:00 pm MT, 11:00 am PT)

Register for the *free* Webinar offered by AHA’s *Hospitals in Pursuit of Excellence*, [Click Here](#).

#### *How Hospitals are Adapting to a Changing Health Care Landscape*

Tuesday, January 20, 2015

Noon – 3:00 p.m. Eastern (11:00 am CT, 10:00 am MT, 9:00 am PT)

The event, offered by AHA, will feature two panels: one will include business executives who are spearheading significant innovations in the marketplace including retail, tele-health and price transparency, and one will feature hospitals leaders who are significantly changing how health care is delivered. [Click here](#) for more information. [Register](#) to watch the panel discussion live online.

*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, offered by AHA's Section for Psychiatric & Substance Abuse Services, [Click Here](#).

Improve Your Cybersecurity: State and federal laws generally provide a higher degree of protection for personal mental health information – especially information relating to a substance use disorder – than for other personal health information. AHA has released a four-part [audio series](#) for members on responding to a cybersecurity breach. Topics include when and why cybersecurity breaches occur and how to mount an effective response; minimizing the impact of a breach; engaging and cooperating with law enforcement; and communicating about a breach. The AHA also offers [resources](#) for hospital CEOs and trustees on cybersecurity leadership roles, risk and gap analysis, and how to participate in ongoing information sharing opportunities.

Hospitals & Health Systems Partner with Communities to Improve Behavioral Health: AHA's Community Connections initiative recently released "[Community Connections: Ideas & Innovations for Hospital Leaders](#)," an annual publication highlighting innovative hospital programs to promote community health, access to health care, and other social and basic needs. Included are several case examples of hospitals & health systems working to improve access to behavioral health services. Printed copies were mailed to all hospital CEOs to inspire and spark dialogue. For more on the AHA initiative and additional case examples, visit [www.ahacommunityconnections.org](http://www.ahacommunityconnections.org).

The January Behavioral Health Update includes, among other items, Labor Department [resources](#) to help health plans be compliant with the Parity Law; a link to the *60 Minutes* [story](#) on medical necessity denials for psychiatric patients; and the NAMI report on [State Mental Health Legislation 2014](#). For additional resources, including resources on the Substance Abuse and Mental Health Services Administration's [Toolkit for Community Conversations About Mental Health](#), which contains briefs, guides and other resources designed to help people promote mental health and access to treatment and recovery services within their communities, go to the Section's website at [www.aha.org/psych](http://www.aha.org/psych).

***In Case You Missed It...***

Audio Recordings are available for these three calls offered to AHA members in December 2014

- [\*Optimizing the Patient Experience with Behavioral Health Services in Post-Acute Settings\*](#)
- [\*Effective Programs for Pregnant, Addicted Patients\*](#)
- [\*Disparities in Mental Health Care among Diverse Populations\*](#)

*Wishing you the best for 2015.*

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