

**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: [June 2016](#)

Learn about the Alameda Model, Hear from Patrick Kennedy & more at this AHA educational event.

**Hope to see you there.**



### **AHA Advocacy Update**

Hospital bill moving in Congress: The House Ways and Means Committee approved the [Helping Hospitals Improve Patient Care Act \(H.R. 5273\)](#). An AHA-supported provision of the bill would revise Section 603 of the 2015 Bipartisan Budget Act to move the grandfather date for off-campus hospital outpatient departments from Nov. 2, 2015 to Dec. 31, 2016 or 60 days after enactment, whichever is later. The BBA pays grandfathered facilities at the HOPD rate, while newer facilities are capped at the lower Physician Fee Schedule rate. AHA also supports provisions in the bill that would adjust the Hospital Readmissions Reduction Program to account for socioeconomic status.

Mental Health Bill Set for June Mark-Up: The House Energy and Commerce Committee is moving forward with a version of Rep. Tim Murphy's mental health reform bill, H.R. 2646, that has been stalled for six months due to disagreements among lawmakers. The Energy and Commerce health subcommittee approved the Murphy bill in November after a grueling 10-hour markup, during which lawmakers sparred over patient privacy rights and court-ordered outpatient treatment programs, which some Democrats said infringed on civil liberties. Cost was also a major issue as its estimated cost is between \$40 billion and \$60 billion. Murphy later scrapped expensive Medicaid reforms from the bill, which AHA had [supported](#), along with meaningful use inclusion for behavioral health care providers. Aides said Upton, Murphy and others are working out controversial elements and developing a manager's amendment that could satisfy most members.

House & Senate to Conference Opioid Bills: House has agreed to go to conference with the Senate on the [Comprehensive Addiction and Recovery Act \(S. 524\)](#), rejecting a Democratic-sponsored motion instructing conferees to provide funding for the bill's treatment and recovery provisions. Both the House and Senate approaches would establish an interagency task force to develop best practices for pain management and medication prescribing, and authorize grants to prevent and treat opioid abuse and overdoses, among other provisions. Neither the House package of bills nor the Senate bill provides new funding. AHA has [endorsed](#) the Senate bill as well as [seven of the bills](#) passed by the House.

Rural Medicare Telehealth in Short Supply: Less than 1% of rural Medicare beneficiaries received a telemedicine visit in 2013, according to a [study](#) reported this week in the Journal of the American Medical Association. Medicare limits telemedicine reimbursement to a small set of services provided through a live video encounter with the patient at a rural clinic or facility. AHA has [urged](#) Congress to expand Medicare coverage and payment for telehealth, citing the growing body of [evidence](#) that telehealth increases quality, improves patient satisfaction and reduces costs. For more information, visit [www.aha.org/telehealth](http://www.aha.org/telehealth).

## AHA Regulatory Update

Transition Letter: <http://www.aha.org/content/16/160523-let-goodrich.docx>

AHA Comments on MACRA: AHA submitted to the House Ways and Means Health Subcommittee several overarching [recommendations](#) for the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models that CMS will implement in 2019 under the Medicare Access and CHIP Reauthorization Act. The AHA urged the adoption of a MIPS that measures providers fairly, minimizes unnecessary data collection and reporting burden, focuses on important quality issues and promotes collaboration across the silos of the health care delivery system. For additional resources, go to [www.aha.org/macra](http://www.aha.org/macra).

AHA Urged Congress to Reform 42 CFR: AHA and others [urged](#) House leaders to align privacy laws governing substance use disorder patient records with Health Insurance Portability and Accountability Act rules that allow the use and disclosure of patient information for treatment, payment and health care operations. The groups said reforming these “Part 2” privacy laws is particularly important as Congress works to expand access to Medication-Assisted Treatment, noting the “significant risk for drug interactions.” The Substance Abuse and Mental Health Services Administration’s proposed revisions to the Part 2 regulation do not eliminate the barriers to information sharing that are impeding care coordination and better population health, AHA told the agency in [comments](#) submitted last month.

### AHA Members Only Webinars

- **June 21 – Lancaster General Health/Penn Medicine’s Care Connections Program: Medical, Socioeconomic & Behavioral Care for Complex Patients.** Jeffrey R. Martin, M.D., Associate Director, Family and Community Medicine and Managing Physician, Care Connections, Lancaster General Health, Lancaster, Pa. will describe *Care Connections*, a temporary, high-intensity Medical Home. To register, [click here](#).
- **July 14 – A Critical Access Hospital Leading Behavioral Health Outreach in a Rural Community: Sanpete Valley Hospital.** Aaron Wood, Administrator, and Brooke Heath, Communications Specialist, Sanpete Valley Hospital, Mount Pleasant, Utah, will describe their *Behavioral Community Health Network*, which has reduced stigma as well as the number of patients using the ED for behavioral health services. To register, [click here](#).
- **July 22 – A Three-County Collaborative – Reducing the Use & Addiction of Opioids.** Melissa Weimer, D.O., Assistant Professor of Medicine, Division of General Internal Medicine and Geriatrics, and senior executives from Oregon Health State University Hospital, Portland, Ore., will describe how this collaborative involving 14 hospitals from four health systems, two CCOs and four health departments developed a community standard to reduce the use of and addiction to opiates. To register, [click here](#).

The [June Behavioral Health Update](#) includes information on [Integrating Behavioral Health into Medicaid Managed Care: Design and Implementation Lessons from State Innovators](#); new [FAQs](#) on Parity and the ACA; CMS [guidance](#) on Federal financial participation for incarcerated individuals; a comprehensive [50-State Survey of Telemental/Telebehavioral Health \(2016\)](#) and more.

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NIMH [seeks input](#) by June 30, 2016 on the state of mental illness research and NIMH's role in the development of this research. Feedback will be used in developing briefing materials for the incoming NIMH Director.