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BEHAVIORAL HEALTH UPDATE: January 2017
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

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1. Congress passes – and President signs into law – mental health reforms as part of 21st Century Cures Act.
2. CDC finds continued rise in opioid overdose deaths in 2015; states have until February 17 to apply for funding to combat the opioid crisis.
3. Trump nominates Price as HHS secretary, Verma as CMS administrator.
4. AHA urges incoming administration to prioritize healthcare policy issues, including parity, 190-day lifetime limit, and IMD.
5. MAP workgroup reviews three measures under consideration for IPF Quality Reporting Program; final recommendations to HHS expected by February 1.
6. Hospital Quality Reporting Release 11.0 now available.
7. IPFQR “Known Issues” updated.
8. Study: Teens’ use of any illicit drug (other than marijuana) at new low, same true for alcohol.
9. Study examines national trends in the prevalence and treatment of depression in adolescents and young adults.
10. OIG issues safe harbor final rule with clarification on transportation as well as a final rule revising civil monetary penalty rules.
11. First tribal behavioral health agenda released.
12. AHRQ final report on medication assisted treatment models in primary care.
13. One in six adults reported taking at least one psychiatric drug in 2013.
14. AHA and NAPHS annual meetings to be held in DC this spring.

1. CONGRESS PASSES – AND PRESIDENT SIGNS INTO LAW –MENTAL HEALTH REFORMS AS PART OF 21ST CENTURY CURES ACT. With overwhelming bipartisan support, Congress passed – and President Obama signed into law – significant mental health reforms as part of the *21st Century Cures Act* (P.L.114-255). In December 2016, the measure passed the Senate (94-5) and the House (392-26). Among a wide array of provisions designed to foster medical innovation, the law specifically makes improvements related to mental health and substance abuse disorder services and allocates \$1 billion over two years in funding to help states address the opioid crisis. The new law will create both an Assistant Secretary for Mental Health and Substance Use within the U.S. Department of Health and Human Services and a Chief Medical Officer within the Substance Abuse and Mental Health Services Administration (SAMHSA) who will report to the new Assistant Secretary. Provisions to help implement and enforce the federal mental health parity law (the *Mental Health Parity and Addiction Equity Act*) will include more guidance to help all stakeholders understand the requirements of the law, improved audits to ensure health plans’ compliance, and development of a federal action plan for improved federal and state enforcement coordination. An [NAPHS summary](#) highlights the mental health and substance use provisions of the [AHA-supported](#) and [NAPHS-supported 21st Century Cures Act](#).

2. CDC FINDS CONTINUED RISE IN OPIOID OVERDOSE DEATHS IN 2015; STATES HAVE UNTIL FEBRUARY 17 TO APPLY FOR FUNDING TO COMBAT THE OPIOID CRISIS. Overdose deaths associated with both prescription and illicit opioids increased to 33,091 in 2015 (from 28,647 in 2014), according to new data released by the Centers for Disease Control and Prevention (CDC). Of these, 19,885 Americans lost their lives in 2015 to deaths involving primarily illicit opioids: heroin, synthetic opioids other than methadone (e.g., fentanyl), or a mixture of the two.

In a [White House statement](#), Office of National Drug Control Policy Director Michael Botticelli said, “The prescription opioid and heroin epidemic continues to devastate communities and families across the country—in large part because too many people still do not get effective substance use disorder treatment.” With funding to address these challenges authorized through the *21st Century Cures Act* law (see story #1), “the Administration will work to get this new funding out to states as quickly as possible to make sure that every American who wants treatment for an opioid use disorder is able to get it,” he said. Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) [announced](#) the process for accessing the majority of the new funding. “The funds, made available through the State Targeted Response to the Opioid Crisis Grants, will provide up to \$970 million to states and territories over the next two years, beginning in fiscal year 2017,” said SAMHSA. These grants will provide support to states for increasing access to treatment, reducing unmet treatment need, and reducing opioid-related overdose deaths. States and territories will be awarded funds through a formula based on unmet need for opioid use disorder treatment and drug poisoning deaths. [Applications for the funds](#) are due from the states and territories by February 17, 2017.

3. TRUMP NOMINATES PRICE AS HHS SECRETARY, VERMA AS CMS

ADMINISTRATOR. President-Elect Donald Trump has selected Rep. Tom Price (R-GA) to serve as Secretary of the Department of Health and Human Services (HHS). Healthcare consultant Seema Verma was also announced as the Administrator of the Centers for Medicare and Medicaid Services (CMS). Ms. Verma was the health overhaul lead for Indiana and the architect of the Healthy Indiana Plan, a Medicaid program. Both will need to be confirmed by the Senate.

4. AHA URGES INCOMING ADMINISTRATION TO PRIORITIZE HEALTHCARE POLICY ISSUES, INCLUDING PARITY, 190-DAY LIFETIME LIMIT, AND IMD.

The growing importance of addressing mental health and substance use disorders as part of overall health was emphasized in an [American Hospital Association \(AHA\) letter](#) sent to President-Elect Donald Trump. The letter from AHA President and CEO Rick Pollack outlined the AHA’s overall public policy priorities for the new administration, including reducing the regulatory burden; enhancing affordability and value; promoting quality and patient safety; ensuring access to care and coverage; and advancing health system transformation and innovation. Detailed in the letter are specific behavioral health policy recommendations. For example, the AHA supported efforts to “improve access to mental health services by addressing workforce shortages, increasing funding for behavioral health services, promoting policies that better integrate mental and physical health, and creating parity in coverage.” The AHA also called on the administration to “remove barriers to mental health treatment, such as amending the Medicaid Institution for Mental Disease exclusion, eliminating the Medicare 190-day lifetime limit on inpatient psychiatric treatment, and providing funding to implement the Comprehensive Addiction and Recovery Act to help stop the opioid crisis in America.” NAPHS President and CEO Mark Covall applauded the AHA for these stances. “This thoughtful letter,” said Covall, “is evidence that behavioral health is part of mainstream health care....and that behavioral health leaders have an important role to play in overall health care going into the future. NAPHS is committed to working with our long-time partner, AHA, as well as the healthcare community and the incoming administration to advance policies that recognize that mind and body are one. There is no health without behavioral health.”

5. MAP WORKGROUP REVIEWS THREE MEASURES UNDER CONSIDERATION FOR IPF QUALITY REPORTING PROGRAM; FINAL RECOMMENDATIONS TO HHS EXPECTED BY FEBRUARY 1.

The National Quality Forum’s (NQF) [Measure Applications Partnership](#) (MAP) recently reviewed three measures that have been proposed for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The Centers for Medicare and Medicaid Services (CMS) had posted these measures as part of their final 2016 [Measures under Consideration List](#) (see page 220 in the pdf). The three proposed IPFQR measures are: “Continuation of Medications

Within 30 Days of Inpatient Psychiatric Discharge” (MUC16-48); “Medication Reconciliation at Admission” (MUC16-49); and “Identification of Opioid Use Disorder among Patients Admitted to Inpatient Psychiatric Facilities” (MUC16-428). The MAP Hospital Workgroup [recommended](#) that all three measures go through the NQF endorsement process. Final recommendations from the MAP workgroup are expected to go to the Department of Health and Human Services (HHS) by February 1.

6. HOSPITAL QUALITY REPORTING RELEASE 11.0 NOW AVAILABLE. QualityNet has announced the release of Hospital Quality Reporting (HQR) 11.0, which is now available on www.qualitynet.org. This release includes modifications to Inpatient Psychiatric Facility Quality Reporting (IPFQR), Outpatient Quality Reporting (OQR), Inpatient Quality Reporting (IQR), and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) programs and initiatives. The HQR Release 11.0 will consist of all applications, processes, and reports necessary to support the IPFQR Claims Based Measures Updates, specifically the “Transition to ICD-10 codes for the Follow-Up After Hospitalization for Mental Illness” (FUH) measure. For additional information or assistance, contact the QualityNet Help Desk at qnetssupport@hcqis.org or 866-288-8912 (Monday-Friday from 7am to 7 pm Central).

7. IPFQR “KNOWN ISSUES” UPDATED. The known issues documents associated with the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program have been updated (as of November 16) with issue resolutions and newly identified issues (which includes all applications and reports that support the Quality Reporting programs for provider, vendor, and QIO users). A summary of the issues and resolutions is available on www.QualityNet.org under “[Known Issues Hospital Reporting](#)” for the IPFQR. Please notify your internal point of contact. If you have any questions, contact the QualityNet Help Desk at qnetssupport@hcqis.org (7am-7pm Central, Monday-Friday).

8. STUDY: TEENS’ USE OF ANY ILLICIT DRUG (OTHER THAN MARIJUANA) AT NEW LOW, SAME TRUE FOR ALCOHOL. Teenagers' use of drugs (including narcotic drugs) and alcohol declined significantly in 2016 at rates that are at their lowest since the 1990s, according to results from the 42nd annual “[Monitoring the Future](#)” study conducted by University of Michigan researchers. About 45,000 students in grades 8, 10, and 12 in some 380 public and private secondary schools have been surveyed each year in this national study. The researchers [cautioned](#) that while these latest developments are “trending in the right direction,” marijuana use still remains high for 12th graders. The use of alcohol by adolescents is even more prevalent than the use of marijuana, but it, too, is trending downward in 2016, continuing a longer-term decline. Binge drinking has fallen by half or more at each grade level since peak rates were reached at the end of the 1990s. “Clearly our public health prevention efforts, as well as policy changes to reduce availability, are working to reduce teen drug use, especially among eighth graders,” [said](#) Nora D. Volkow, M.D., director of the National Institute on Drug Abuse (NIDA) which funds the study. “However, when 6% of high school seniors are using marijuana daily, and new synthetics are continually flooding the illegal marketplace, we cannot be complacent. We also need to learn more about how teens interact with each other in this social media era, and how those behaviors affect substance use rates.”

9. STUDY EXAMINES NATIONAL TRENDS IN THE PREVALENCE AND TREATMENT OF DEPRESSION IN ADOLESCENTS AND YOUNG ADULTS. “The prevalence of depression in adolescents and young adults has increased in recent years,” according to a [study](#) published online November 14, 2016, ahead of print in *Pediatrics*. The study reports that the 12-month prevalence of major depressive episodes increased from 8.7% in 2005 to 11.3% in 2014 in adolescents and from 8.8% to 9.6% in young adults. “In the context of little change in mental health treatments, trends in prevalence translate into a growing number of young people with untreated depression,” the researchers said. “The findings call for renewed efforts to expand service capacity to best meet the mental health care needs of this age group,” the researchers conclude.

10. OIG ISSUES SAFE HARBOR FINAL RULE WITH CLARIFICATION ON TRANSPORTATION AS WELL AS A FINAL RULE REVISING CIVIL MONETARY PENALTY RULES. The Health and Human Services (HHS) Office of Inspector General (OIG) published a [final rule](#) in the December 7, 2016, *Federal Register* titled “Medicare and State Health Care Programs: Fraud and Abuse Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements and Gainsharing.” Among other things, the rule includes “protection for free or discounted local transportation services that meet specified criteria.” In the final rule, the OIG states that “we are finalizing the safe harbor to protect free or discounted local transportation, with some changes from the proposed rule. Two of the most frequent topics of comment were our interpretation of ‘established patient’ and the distance limitation. In response to comments, we broadened our interpretation of ‘established patient’ to encompass any patient who has made an appointment with the provider or supplier. We also revised our interpretation of ‘local’ to include different distances for rural and nonrural areas, and we added a section applicable to shuttle services.” The OIG also published a second a [final rule](#) for Medicare and State Health Care Programs that addresses “Fraud and Abuse; Revisions to the Office of Inspector General’s Civil Monetary Penalty Rules.” The final rule allows civil monetary penalties, assessments and exclusion for failing to grant timely access to records; ordering or prescribing while excluded; making false statements, omissions or misrepresentations in an enrollment application; failing to report and return an overpayment; and making or using a false record or statement that is material to a false or fraudulent claim. Both rules are effective January 6, 2017.

11. FIRST TRIBAL BEHAVIORAL HEALTH AGENDA RELEASED. The Department of Health and Human Services (HHS) has [announced](#) the release of the [Tribal Behavioral Health Agenda](#) (TBHA). This is a first-of-its-kind collaborative tribal-federal blueprint that highlights both the extent to which behavioral health challenges affect Native communities as well as strategies and priorities to reduce these problems and improve the behavioral health of American Indians and Alaska Natives.

12. AHRQ FINAL REPORT ON MEDICATION ASSISTED TREATMENT MODELS IN PRIMARY CARE. The Agency for Healthcare Research and Quality (AHRQ) has posted a final report on [Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings](#). The report is part of the AHRQ’s Effective Health Care Program.

13. ONE IN SIX ADULTS REPORTED TAKING AT LEAST ONE PSYCHIATRIC DRUG IN 2013. About one in six American adults reported taking at least one psychiatric drug (usually an antidepressant or an anti-anxiety medication), and most had been doing so for a year or more, according to an analysis published in *JAMA Internal Medicine*. The [Research Letter](#) on “Adult Utilization of Psychiatric Drugs and Differences by Sex, Age, and Race” is based on 2013 Medical Expenditure Panel Survey data on nearly 242 million adults. Among adults reporting taking psychiatric drugs, more than 8 of 10 reported long-term use, the researchers found. “Safe use of psychiatric drugs could be improved by increasing emphasis on prescribing these agents at the lowest effective dose and systematically reassessing the need for continued use,” they concluded.

14. NAPHS AND AHA ANNUAL MEETINGS TO BE HELD IN DC THIS SPRING. Plan now to attend two separate meetings this spring in Washington, DC:

The **National Association of Psychiatric Health Systems’** 2017 annual meeting will be held **March 20-22** at the Mandarin Oriental Washington DC. Speakers include mental health advocate U.S. Rep. Tim Murphy (R-PA); former CMS Administrator Mark McClellan, M.D.; aging expert Brent Forester,

M.D., of McLean Hospital and Partners, and others. For details on “Behavioral Healthcare Leadership in Action,” go to www.naphs.org/annual-meeting/home or call 202/393-6700, ext. 105.

The **American Hospital Association’s** 2017 annual membership meeting on “Advancing Health in America” will be held **May 7-10** at the Hilton Hotel in Washington, DC. For details, go to www.aha.org.

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