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BEHAVIORAL HEALTH UPDATE: March 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. Rep. Price sworn in as HHS Secretary.
2. CMS nominee faces Senate Finance Committee.
3. HHS announces March 21 as the new effective date for substance use disorder confidentiality final rule.
4. March 17 is deadline to comment on APA draft practice guideline on pharmacological treatment of alcohol use disorder.
5. Center for Medicaid and CHIP Services posts guidance to help state Medicaid directors understand how parity law applies.
6. MAP sends recommendations on Medicare quality measures to CMS.
7. Report details states' use of Section 1115 Medicaid Demonstration Waivers for behavioral health.
8. AHRQ analyzes ED visits related to suicidal ideation.
9. Next IPF Quality Reporting webinar will discuss proposed measures for future reporting.
10. NASADAD summarizes key alcohol/drug provisions of the 21st Century Cures law.
11. Two resources look at opioid use by women.
12. Guide offers introduction to a trauma-informed approach in human services.
13. CBPP looks at potential impact of ACA repeal.
14. Resources available on peer specialists.
15. Applications for Carter Center journalism fellowships are due April 12.
16. Reminder: National Eating Disorder Awareness Week runs through March 4.

1. REP. PRICE SWORN IN AS HHS SECRETARY. Former Rep. Tom Price (R-6th-GA) is now serving as the new Secretary of Health and Human Services (HHS). He was confirmed (52-47) last month by the Senate. Secretary Price is an orthopedic surgeon who was first elected to Congress in 2004 and had served until recently as chairman of the House Budget Committee.

2. CMS NOMINEE FACES SENATE FINANCE COMMITTEE. On February 16, the Senate Finance Committee questioned Seema Verma, the President's nominee to be Administrator of the Centers for Medicare and Medicaid Services (CMS). If confirmed by the Senate, Verma, an Indiana Medicaid consultant who helped reshape the state's current Medicaid program, is expected to play a major role in implementing changes to Medicaid and CHIP at the federal level.

3. HHS ANNOUNCES MARCH 21 AS THE NEW EFFECTIVE DATE FOR SUBSTANCE USE DISORDER CONFIDENTIALITY FINAL RULE. In a [Federal Register notice](#), the Department of Health and Human Services (HHS) announced a delay in the effective date of the [final rule](#) on "Confidentiality of Substance Use Disorder Patient Records." The final rule on 42 CFR Part 2, which was published in January, will now take effect on March 21, instead of February 17. The delay of the regulation is part of a broad executive order from the Trump administration giving officials more time to review regulations finalized under the previous administration. In separate comment letters, both the [American Hospital Association](#) and the [National Association of Psychiatric Health Systems](#) (in a coalition letter) had urged the federal government to align the final rule, the first major update to the confidentiality rule since 1987, with the *Health Insurance Portability and Accountability Act* (HIPAA).

4. MARCH 17 IS DEADLINE TO COMMENT ON APA DRAFT PRACTICE GUIDELINE ON PHARMACOLOGICAL TREATMENT OF ALCOHOL USE DISORDER. The American Psychiatric Association’s (APA’s) Steering Committee on Practice Guidelines is inviting public review and comment on their draft “Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder.” Comments should be emailed to guidelines@psych.org by March 17. Go to <http://psychiatry.org/psychiatrists/practice/clinical-practice-guidelines/review-draft-guidelines> to download the draft guideline as well as instructions for submitting your comments.

5. CENTER FOR MEDICAID AND CHIP SERVICES POSTS GUIDANCE TO HELP STATE MEDICAID DIRECTORS UNDERSTAND HOW PARITY LAW APPLIES. The Centers for Medicare and Medicaid Services’ (CMS’) Center for Medicaid and CHIP Services (CMCS) has released three documents designed to help Medicaid directors implement the federal parity law. The [Parity Compliance Toolkit](#) explains how mental health and substance use disorder parity requirements apply to Medicaid and the Children’s Health Insurance Program (CHIP). [An Implementation Roadmap](#) is intended for state policymakers applying mental health and substance use disorder parity requirements to Medicaid and CHIP. Both documents are available at www.medicaid.gov/medicaid/benefits/bhs/index.html. In addition, CMCS also issued a [State Guide to CMS Criteria for Medicaid Managed Care Contract Review and Approval](#), which includes information on parity.

6. MAP SENDS RECOMMENDATIONS ON MEDICARE QUALITY MEASURES TO CMS. On February 1, the Measure Applications Partnership (MAP) delivered its annual recommendations for the 2016-2017 pre-rulemaking cycle on “measures under consideration” (MUC). The measures are for Medicare quality measurement and pay-for-performance programs in the Centers for Medicare and Medicaid Services (CMS). New Inpatient Psychiatric Quality Reporting (IPFQR) measures included in the recommendations are Medication Continuation Following Inpatient Psychiatric Discharge and Medication Reconciliation on Admission. The [complete report](#) is online.

7. REPORT DETAILS STATES’ USE OF SECTION 1115 MEDICAID DEMONSTRATION WAIVERS FOR BEHAVIORAL HEALTH. Twelve states are using Section 1115 waivers to provide enhanced behavioral health services (mental health and/or substance use disorder services) to targeted populations or to integrate the delivery of physical and behavioral health services, according to a new Kaiser Family Foundation (KFF) report titled [3 Key Questions: Section 1115 Medicaid Demonstration Waivers](#). This number includes states responding to [2015 guidance](#), which describes a new Section 1115 waiver opportunity that supports states’ ability to provide more effective care to Medicaid beneficiaries with a substance use disorder (SUD), including the provision of treatment services not otherwise covered under Medicaid. For example, states may receive federal matching funds for costs (otherwise not matchable) to provide coverage for services provided to individuals residing in institutions for mental disease (IMDs) for short-term acute SUD treatment. The report also includes an Appendix with state-by-state details.

8. AHRQ ANALYZES ED VISITS RELATED TO SUICIDAL IDEATION. From 2006 to 2013, the rate of emergency department (ED) visits related to suicidal ideation among adults increased by 12% on average each year. By 2013, one percent of all adult ED visits involved suicidal ideation. These are key findings in a new Agency for Healthcare Research and Quality (AHRQ) [Statistical Brief](#) (#220). Three-quarters of ED visits with suicidal ideation had an associated diagnosis of mood disorders, 43% had a substance-related disorder, and 30% had an alcohol-related disorder.

9. NEXT IPF QUALITY REPORTING WEBINAR WILL DISCUSS PROPOSED MEASURES FOR FUTURE REPORTING. On its most recent Outreach and Education webinar, the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program announced that the March IPFQR webinar is

expected to address the contents of a proposed rule on possible future measures. The proposed rule (not yet released as of press time) is expected to be published in the *Federal Register* this spring. The date and time of the webinar will be posted on the IPFQR's ["Upcoming Events" webpage](#) and announced to the IPFQR listserv.

10. NASADAD SUMMARIZES KEY ALCOHOL/DRUG PROVISIONS OF THE 21st CENTURY CURES LAW. The National Association of State Alcohol and Drug Abuse Directors (NASADAD) has released a [section-by-section summary](#) of the *21st Century Cures Act* that was signed into law in December 2016. The original focus of the Cures Act as introduced was to promote innovations in medical research. Over time, provisions related to substance use and mental health disorders were added and accepted as part of the final package. NASADAD's summary focuses on sections of the law that may have an impact on programs managed by the State Alcohol and Drug Authorities.

11. TWO RESOURCES LOOK AT OPIOID USE BY WOMEN. In an era in which the amount of prescription opioids dispensed in the U.S. nearly quadrupled from 1999 to 2013, "women are closing the death gap with men as their rates of opioid overdose death skyrocket," according to the Centers for Disease Control and Prevention (CDC). A CDC Public Health Grand Rounds titled [Addressing the Unique Challenges of Opioid Use Disorder in Women](#) provides an overview of approaches to care and prevention of substance use, with attention to the particular needs of women. A Center for Behavioral Health Statistics and Quality (CBHSQ) Short Report provides a statistical overview of [Women of Childbearing Age and Opioids](#). The report notes that an annual average of about 21,000 pregnant women aged 15 to 44 misused opioids in the past month, based on combined 2007 to 2012 National Surveys on Drug Use and Health (NSDUHs). The Short Report also notes that, according to the 2012 Treatment Episode Data Set (TEDS), 21,553 female substance use treatment admissions aged 15 to 44 were pregnant at treatment entry.

12. GUIDE OFFERS INTRODUCTION TO A TRAUMA-INFORMED APPROACH IN HUMAN SERVICES. A [Guide to Trauma-Informed Human Services](#) provides an introduction to the topic of trauma, a discussion of why understanding and addressing trauma is important for human services programs, and a "road map" to find relevant resources. It was developed by the Administration for Children and Families (ACF), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Administration for Community Living (ACL), and the Offices of the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services (HHS). Included are "concept papers" and Q&As on areas such as adverse childhood experiences, trauma, and post-traumatic stress disorder.

13. CBPP LOOKS AT POTENTIAL IMPACT OF ACA REPEAL. A [paper](#) on how *Affordable Care Act* (ACA) repeal could affect behavioral health treatment for people with substance use disorders (SUDs) is now available from the Center on Budget and Policy Priorities. According to the authors, economists estimate that 1.3 million people with mental illness and 2.8 million people with SUDs could lose coverage if the ACA is repealed.

14. RESOURCES AVAILABLE ON PEER SPECIALISTS. The National Consumer Technical Assistance Center has created a ["Doors to Wellbeing" website](#) with a variety of resources to help in the development and use of peer specialists. Funded by the Substance Abuse and Mental Health Services Administration, the Technical Assistance Center serves peers across the lifespan while empowering and involving youth leaders within the continuum of local, state, regional, and national consumer-led organizations. Resources available include a [Peer Specialist Database](#) that helps individuals find out how to become a peer specialist in all states. The database includes state-by-state requirements and contact information.

15. APPLICATIONS FOR CARTER CENTER JOURNALISM FELLOWSHIPS ARE DUE APRIL 12. The Carter Center's Mental Health Program is now accepting applications for eight one-year [Rosalynn Carter Fellowships for Mental Health Journalism](#). The fellowships aim to enhance public understanding of mental health issues and reduce stigma and discrimination against people with mental illnesses through balanced and accurate reporting. Applications are due April 12, and the fellowship recipients will be announced July 13 on the Center's [website](#). The 2017-2018 fellowship year begins in September 2017.

16. REMINDER: NATIONAL EATING DISORDER AWARENESS WEEK RUNS THROUGH MARCH 4. National Eating Disorder Awareness Week runs through March 4. In partnership with the National Eating Disorder Association (NEDA), Screening for Mental Health is providing an anonymous eating disorder screening at <http://mybodyscreening.org> as part of the week's activities. This year's theme is "*It's Time to Talk About It*," focusing on the need to take eating disorders seriously as public health concerns and to shatter the stigma and increase access to care. Go to <https://mentalhealthscreening.org/programs/nedsp> for a promotional toolkit with easy-to-share social media images and posts, an infographic, and more.

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