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**NABH Board of Trustees Meeting**

**Wednesday, Oct. 6, 2021**

**Noon ET**

**Minutes**

**Roll Call**

Present (In person or by phone):

Members: Jameson Norton, Board Chair; Stuart Archer, John Boyd, J.P. Christen, Mark Covall, Frank Ghinassi, Gary Gilberti, Michele Gougeon, Pat Hammer, John Hollinsworth, Eric Kim, Richard Kresch, Eric Paul, Matt Peterson, Michael Radosta, Ben Rucks, Fran Sauvageau, Dominic Sirianni, Harsh Trivedi, Andrew McWilliams, Susan Wright

Staff: Shawn Coughlin, Kirsten Beronio, Julia Richardson, Sarah Wattenberg, Jessica Zigmond

Absent: Tom Kenney, Phil Spencer

1. **Introductions**
2. **Minutes Approval**

A motion was made and seconded to approve the March 2021 board call minutes. There was no discussion, and members approved the minutes without objection unanimously.

1. **New Member Ratification**

Board members voted unanimously to ratify the following new members:

* **Addiction Medical Solutions, FL: Michael Errico, President**

Addiction Medical Solutions is a multi-facility organization. Levels of care and patient populations include outpatient adults and older adults.

* **Generations Behavioral Health, LLC, TN: Edward Stack, Co-Chairman**

Generations Behavioral Health is a multi-facility organization. Levels of care and patient

populations include inpatient adults and older adults, partial hospitalization adults and older adults; and outpatient adults and older adults.

* **Pennsylvania Psychiatric Institute, PA: Kimberly Feeman, Chief Executive Officer**

Pennsylvania Psychiatric Institute rejoined the association. It is a specialty inpatient hospital. Levels of care and patient populations include inpatient children, adolescents, adults, and older adults; partial hospitalization children, adolescents, adults, and older adults; and outpatient children, adolescents, adults, and older adults.

1. **Office Update**

Shawn reported that John Snook, formerly NABH’s director of government relations and strategic initiatives, resigned from the association in September upon his move from Washington, DC.

NABH has hired bipartisan lobbying firm Thorn Run Partners for lobbying efforts. The lead contact there is **Catherine Finely**, who has more than 20 years of experience in Washington. Catherine worked on the Senate Finance and Senate HELP Committees and has served as the staff director for the Senate Special Committee on Aging.

Shawn provided a brief summary of the other members of the Thorn Run team:

**Stuart Chapman**: Partner who has more than 15 years of experience in Washington

**JP Brandt**: Senior Health Policy Counsel who leads the firm’s healthcare policy team

**Jessie Howe Brairton**: Senior Vice President who has experience lobbying Congress on Medicare and the *Affordable Care Act*

**Gary Palmquist:** Senior Vice President with more than 20 years as a lobbyist

Shawn reported that NABH is working to enhance its member data-collection services to better inform our Impact Map, which is available at www.nabh.org.

NABH has also updated its member application so NABH has a better idea of all services (inpatient, outpatient, partial hospitalization, etc.) that are provided. The association’s previous application allowed for only one option. The updated form has several new fields, all of which are intended to enhance the association’s presence among policymakers on Capitol Hill. Shawn said NABH has added the following fields: office-based opioid treatment facilities, community-based behavioral health centers, crisis stabilization, recovery support services, and telehealth services.

The updated member application will also ask for the following information: number of beds or treatment slots, number of employees, number of patients served annually, sources of revenue (Medicare, Medicaid, private-pay, etc.), and a member’s government relations contact.

Board member Harsh Trivedi said that it would be good to use the data to inform funding mechanisms. Shawn emphasized that all members will have access to up-to-data information.

1. **NABH Managed Care: Denial-of-Care Portal**

Shawn said NABH’s managed care portal will help us identify which plans are denying access to care and violating the parity law.

Shawn said the Government Accountability Office has expressed interest in learning more about our portal and what we learn from it.

This portal went live this past summer, and Shawn asked members to please use it and populate it with data.

Board member Fran Sauvageau asked how to learn about how to use the portal. NABH Director of Communications Jessica Zigmond replied that we include an item in *CEO Update* on Fridays that includes contact information for Emily Wilkins, our administrative coordinator.

Board members Matt Peterson and Eric Kim expressed an interest in learning about the data that NABH gleans from the denial-of-care portal.

1. **NABH Legislative & Regulatory Updates**

Shawn reminded members that Congress recently passed a continuing resolution (CR) to continue funding the government after the federal fiscal year ended on Sept. 30.

Shawn said there was nothing notable for NABH members in the bipartisan infrastructure legislation.

Reconciliation: There were a few items in the House bill, such as extending parity enforcement authority to the U.S. Labor Department.

Debt Limit: This has a potential to affect behavioral healthcare providers, depending on how the market responds.

Oct. 18 is likely the date the government will need to raise the debt limit. If Congress does not address the debt limit by this time, there will be a 2%, across-the-board Medicare cut to providers. Shawn said NABH is watching this closely.

Kirsten Beronio provided an update on NABH’s responses to many rulemakings this administration has released. These include: *HIPAA* privacy rules, surprise billing regulations, IPPS and OPPS, Medicare Physician Fee Schedule. Kirsten said is glad to answer questions on any of these topics.

Kirsten added that the Biden administration announced Sept. 9 that all healthcare workers who treat Medicaid or Medicare beneficiaries should be vaccinated for the Covid-19 coronavirus.

NABH met with CMS on Sept. 29 to discuss the association’s concerns, although the association has been clear in its strong support for vaccination. About the same time, Kirsten added, the Biden administration announced phase 4 of the Provider Relief Fund. The administration announced this at the same time it announced the mandate.

Kirsten also provided an update on Workplace Violence Prevention. NABH has met with representatives of the Occupational Safety and Health Administration (OSHA) in August. NABH Board Treasurer Frank Ghinassi, Ph.D. of Rutgers also participated in this meeting.

Gary Gilberti said he thinks OSHA is uneducated about the population served and that some of OSHA’s guidance shows this. For instance, one suggestion was for glass-enclosed nursing stations, which would prevent the necessary interaction between nurses and patients, but OSHA doesn’t understand this.

Kirsten said she drafted a workplace violence paper for the Quality Committee to consider. Kirsten will add to this and said she is glad to provide an updated draft of this paper.

Frank said he thinks OSHA did ask sincerely for evidence-based treatment. He added that it was clear that collective bargaining is behind some of OSHA’s guidance. Gary agreed that he thinks this is driven by union groups.

Mark Covall suggested bringing in former Rep. Patrick Kennedy (D-R.I.) and Kennedy Forum co-founder about this. Kirsten said that’s a great suggestion and added that NABH reached out to NAMI, which showed interest.

NABH Director of Quality and Addiction Services Sarah Wattenberg provided a summary about contingency management.

Sarah also said she is part of the National Academy of Medicine’s Opioid Action Collaborative: Prevention, Treatment, Recovery Work Group. For now, the group is working on developing workshops on telehealth, social determinants of health, and methadone.

The medication subcommittee of NABH’s Addiction Treatment Committee has been discussing this and Sarah is engaging with Hill staff about methadone revisions. Sarah said a lot of regulations are outdated. Sarah said one concern she hears often is there is a push for pharmacies to prescribe and administer methadone. NABH members are concerned because methadone is a powerful drug and requires a lot of clinical support for it to be administered safely.

Sarah participated in a Technical Expert Panel about opioid-related outcomes. Sarah emphasized for board members that the co-occurring population is a missed population. Sarah added that 48% of adults with SUD have a mental illness; about 27% with an SMI have an SUD; more than half do not receive treatment for either, and less than 8% receive treatment for both.

In August, Sens. Ron Widen (D-Ore.) and Mike Crapo (R-Idaho) sent a letter asking Senate Finance Committee members about their core issues to improve access to care. NABH worked closely with staff on this to include the association’s critical issues.

In September, the senators followed up and outlined these five areas:

* + - Strengthen workforce
    - Increase coordination
    - Ensuring parity
    - Further telehealth services
    - Improve access for children and young people

Shawn asked board members if they wanted to identify areas of interest, and also said he would be glad to take comments later.

Mark asked Shawn if he had an idea for a timeline. Shawn said the Senate Finance Committee’s intention is to draft legislation by the end of 2022.

Shawn also reported that the Bipartisan Addiction and Mental Health Task Force formed this year with the goal of expanding access to mental health and combatting the nation’s drug crisis.

Task force founding members and co-chairs include Reps. Annie Kuster (D-N.H.), Brian Fitzpatrick (R-Pa.), David Trone (D-Md.), and Jaime Herrera Beutler (R-Wash.).

The task force has generated 66 bills and one resolution covering a variety of categories, including children and families, education, healthcare access, veterans, and parity.

NABH Directory of Policy and Regulatory Affairs Kirsten Beronio said it’s best to focus on issues related to Medicare, Medicaid, and the healthcare marketplaces; however, these topics fall under the Senate Finance Committee’s jurisdiction.

Harsh Trivedi said dollars come in from opioid settlements, where will that money go? In the case of nicotine settlements, those dollars went to a general fund. He emphasized that theBiden administration pursued litigation after United Healthcare; this is the first time an administration through CMS went after a payer.

Mark Covall added that we’re operating in a 1970s model in behavioral health, while all other healthcare has moved forward. The segment is not financed as general healthcare it.

Kirsten Beronio added that Congress significantly increased block grant funding for mental healthcare. State mental health programs have gotten a huge infusion of cash and are struggling to determine how to use that funding. This is a good time to decide how to complement that funding.

1. **NABH Champions PAC**

Shawn reminded all board members of the PAC’s importance related to NABH’s advocacy program. Shawn also thanked all board members who have contributed to the PAC.

1. **Committee Updates**

Shawn said all of the topics the committees are working on were covered in his updates

Shawn reminded Board members to attend the Board of Trustees coffee tomorrow at 8 a.m. in the Grand Ballroom.

1. **Adjournment**

Shawn adjourned the regular board meeting at 1:48 p.m.

1. **Post Adjournment**

Following the regular Board meeting, Shawn made a motion to remove John Snook from the Education and Research Foundation (ERF), given his departure, and approve Julia Richardson to hold that seat.

Jim Shaheen represented the ERF and said it’s exciting to have the foundation operating again.

A move was made and seconded to remove John Snook from the Board. A move was made and seconded to add Julia Richardson to the board. Board members approved both motions unanimously.

1. **Post-Meeting Adjournment** The meeting adjourned at 1:52 p.m. ET.