Text

Description automatically generated

**Board of Trustees Call**

**Dec. 17, 2021**

**4 p.m. ET**

**Minutes**

**Roll Call**

Present: Members: Jameson Norton, Board Chair; J.P. Christen, Pat Connell, Mark Covall, Frank Ghinassi, Gary Ghilberti, Eric Kim, Richard Kresch, Dwight Lacy, Andrew McWilliams, Eric Paul, Matt Peterson, Michael Radosta, Scott Rauch, Ben Rucks, Susan Wright, Jennifer Ziccardi-Colson

Staff: Shawn Coughlin, Kirsten Beronio, Maria Merlie, Julia Richardson,

Sarah Wattenberg, Emily Wilkins, Jessica Zigmond

Absent: Stuart Archer, John Boyd, Fran Savageau, Pat Hammer, John Hollinsworth, Tom Kenny, Joe Pritchard, Pat Rehmer, Dominic Sirianni, Phil Spencer, Blair Stam, Harsh Trivedi, Sean Walsh

**2022 Budget:**

Shawn thanked all outgoing board members for their service to NABH. Shawn also mentioned that former NABH Treasurer (also a former board member) Michele Gougeon has retired after many years at McLean.

Shawn provided an overview of NABH’s 2022 budget, which Maria Merlie sent to all board members, along with a budget justification from Shawn Coughlin, on Dec. 15.

Shawn said the NABH Executive Committee unanimously approved the budget during a call on Dec. 13. high-level items:

* Dues were flat this past year, which led to flat revenue, largely due to Covid as some members sold or re-organized, which affected incoming dues payments.
* Consequently, NABH has cut expenses. Salaries will be lower in 2021 because NABH will not fill the director position that John Snook vacated in 2021. Shawn also noted that Mark Covall’s original contract expires at the end of this year.
* NABH hired the team at Thorn Run Partners for lobbying efforts.
* Shawn said NABH has re-aligned resources due to the ongoing Covid and opioid overdose crises.

Shawn reported that he has been elected to the board of the Coalition to Protect America’s Healthcare. Shawn will also continue his commitment with other healthcare association CEOs in the Unified Vision for Transforming Mental Health.

Mark Covall has agreed to continue in his role as consultant and executive vice chairman on the NABH Executive Committee.

NABH’s 2021 Annual Meeting in October was successful, and Shawn added that we continue to see strong interest from exhibitors and sponsors.

The Board did not have questions about the 2022 budget or accompanying budget justification.

Jameson thanked Shawn for providing a good overview and asked for a motion for the Board to approve the budget. Pat Connell moved and Jennifer Ziccardi-Colson seconded a motion to approve the 2022 budget. There were no objections. The NABH Board approved the 2022 budget unanimously.

**Legislative and Regulatory Updates**:

Shawn reported that President Biden this week signed legislation that permits a federal debt ceiling increase and also forestalls expected Medicare payment cuts to providers.

The bill to raise the federal government’s borrowing limit by about $2.5 trillion—and cover its obligations into 2023—also delays through March 2022 the 2% Medicare sequestration cuts that were to take effect in January.

After the first quarter of 2022, a phased-in, 1% cut will take effect for the second quarter, followed by the full 2% cut for the third and fourth quarters of the year.

Under the legislation, the sequestration will be increased to 2.25% for the first two quarters of 2030, increasing to 3% in quarters three and four of 2030. The bill would also extend the Medicare conversion factor through calendar year 2022 at a rate of 3%, marking a reduction in provider reimbursement by 0.75 percent from the 3.75 conversion fact in 2021.

Kirsten Beronio discussed the regulations regarding surprise medical billing in the *No Surprises Act.* The Biden administration has issued two sets of rules implementing the *No Surprises Act* that was enacted late last year (as part of the *Consolidated Appropriations Act).*

First set of rules (as an interim final rule) was issued in July and the second round of rules in October with comments due on Monday, Dec. 6.

Surprise billing focuses on setting limits on cost-sharing for patients for emergency services and non-emergency services by non-participating providers working in a participating facility -- basically limiting cost-sharing for patients in these situations to in-network levels and prohibiting non-participating providers from balance billing patients in these situations except in certain circumstances:

* Provider meets requirements for notice and consent to balance bill
* Notice and consent is allowed for mental health providers since they were not included in definition of ancillary services for which notice and consent to balance bill is not allowed

In situations involving a non-participating provider, the Act calls for certain processes to determine appropriate reimbursement by patients’ healthcare insurer or plan.

NABH submitted comments in the first round of rulemaking that expressed concerns in general on the impact on behavioral health providers.

The second round of rulemaking focuses on resolution of appropriate payment by insurers to non-participating providers through an independent dispute resolution process, as well as rules regarding provision of good faith estimates of cost and dispute resolution process when actual costs are above those estimates.

NABH’s comments focused on provision in the interim final rule that directs the IDR entity to use the median in-network payment rate as the starting point, whereas Congress listed a number of additional factors to be considered.

Kirsten also reported that CMS recently requested comment for a few new quality measures in the IPFQR. Some of the NABH’s members are on the agency’s TEP, and NABH submitted comments reinforcing the concerns that they raised.

In addition, NABH is engaged with CMS regarding telehealth. Recently Congress and the administration have been pro-active in indicating that Medicare will continue to cover telehealth services for mental health and SUD and include audio-only services. NABH is working to make sure CMS knows that some partial hospitalization services are not available in every state.

Sarah Wattenberg reported that the unified regulatory agenda from HHS will work on three rules: one will make permanent regulatory flexibilities for opioid treatment programs to provided extended take-home doses of methadone to patients when it is safe to do so. Another regulation will propose revisions to SAMHSA regulations to permanently allow opioid treatment programs to provide buprenorphine via telehealth services. A third regulation relates to the *CARES Act* requirement known as Part 2.

NABH will submit comments next week regarding the Covid-19 vaccine mandate.

Kirsten Beronio also reported on workplace violence prevention and said a group of interested stakeholders participated in a meeting with OSHA earlier this year. NABH developed a letter to summarize evidence-based practices in behavioral health settings. NABH shared that in November, and other organizations have signed on to this. NABH reported on this in *CEO Update* on Nov. 12.

**2022 Outlook**

Shawn said the *Build Back Better Act* (BBA) has not been settled and no date has been set on this. Congress will need to shift to appropriations quickly in the New Year, given that the current continuing resolution expires after February 2022.

The Covid public health emergency (PHE) ends on Jan. 16 and NABH expects HHS Secretary Xavier Becerra to further extend the PHE.

Senate Finance Committee Chairman Ron Wyden said he will focus on the feedback his committee received after he requested an RFI on mental health last summer after Congress wraps up the BBBA.

The call concluded just before 4:30 p.m. ET.