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**NABH Executive Committee Call**

**Monday, March 14, 2022**

**Minutes**

**Roll Call**

Present: Members: Jameson Norton, Immediate Past Board Chair; Mark Covall,

Frank A. Ghinassi, Pat Hammer, John Hollinsworth, Eric Kim, Jameson Norton,

Eric Paul, Francis Sauvageau, Harsh K. Trivedi

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

Sarah Wattenberg, Emily Wilkins, Jessica Zigmond

Absent: Matt Peterson, Harsh Trivedi

1. **Welcome/Minutes Approval**

Jameson Norton, substituting for Board Chair Matt Peterson, asked Executive Committee (EC) members for a motion to approve the Feb. 14 EC call minutes. A move was made and seconded. EC members approved the Feb. 14 minutes unanimously.

1. **SOTU: Focus on Behavioral Health**

Shawn Coughlin reported that President Biden’s mention of access to behavioral healthcare services in his State of the Union (SOTU) address on March 1 was notable for being the first time a president has done so in the SOTU.

The administration is working across federal agencies to improve mental health and substance use disorder (SUD) services, and HHS Secretary Xavier Becerra is participating in a listening tour nationwide to hear from the states about mental health and SUD services and access.

1. **President’s 2023 Budget Proposal**

Shawn said the House and Senate have passed the 2022 omnibus proposals and the federal government continues to operate under a continuing resolution. NABH does not anticipate any delays on the omnibus bill.

The president’s fiscal year 2023 budget proposal is on hold. Previous reports said President Biden would submit it during March at the earliest, but there is no firm date. NABH has heard this budget proposal could include a provision for health information technology for behavioral healthcare providers. This would be a significant step, considering the behavioral healthcare industry was left out of the *HITECH Act*.

1. **Omnibus**

Shawn reiterated that Congress recently passed the omnibus legislation and added that the temporary extension of telehealth services coverage after the public health emergency (PHE) ends will remain in effect for 150 days after that expiration. The legislation requires a MEDPAC study by June 2023 that reports on impact of changes that developed as a result of these telehealth flexibilities. The bill also extends the audio-only provision for telehealth.

The omnibus legislation also included an extension of the temporary scheduling of fentanyl and fentanyl-like substances as Schedule 1 drugs through the end of 2022.

1. **Covid-19 Public Health Emergency and Funding**

There was a push to include additional Covid funding in the omnibus legislation. The Biden administration asked for $15.6 billion for testing, therapeutics, and vaccines, but this provision was dropped from the omnibus bill.

There has been discussion there will be at least one additional extension of the PHE, which could extend through the fall or the remainder of the year.

There remains strong congressional interest in Covid-19, and NABH expects another Covid relief package that could include additional provider funding and delay sequestration. House Ways and Means Committee Chairman Richard Neal (D-Mass.) said this is a strong priority for his committee.

1. **OSHA: Vaccine and Workplace Violence**

Shawn said the U.S. Labor Department’s Occupational Safety and Health Administration (OSHA) has indicated it has a vaccine initiative, which is different from the OSHA mandate. From March through June 2022, OSHA will conduct reviews to ensure that healthcare providers are following all worker safety protocols. Shawn said there is also strong interest from OSHA regarding workplace violence.

Shawn asked EC members if any had heard about any OSHA-related enforcement efforts in either area. EC members replied they have not heard from OSHA about these efforts.

1. **Legislative Update**

NABH has met with three of the five Senate Finance Committee workgroups (related to workforce, youth, and parity) to talk with senators about NABH’s responses to the committee’s request for information last year.

The Senate Finance Committee has said it intends to develop legislation by late this Summer for consideration in the Fall.

NABH has also been in contact with the Senate Health, Education, Labor, and Pensions (HELP). NABH has shared detailed proposals with Senate HELP as well as the Senate Finance Committee.

The House Ways and Means Committee has held two hearings related to behavioral health in March, and one in February.

The House Energy and Commerce Committee has focused on user-fee re-authorization proposals, and not on behavioral health. However, the committee sent a letter to SAMHSA last week, requesting that the agency reply to a series of questions regarding how the Covid-19 pandemic has affected mental health and SUD in the United States.

Shawn added that NABH has plans to participate in a webinar about parity with the Kennedy Forum and HHS Secretary Becerra.

Sarah Wattenberg reported that staff in Sen. Patty Murray’s office requested information regarding workforce retention across the board (nurses, physicians, tech workers, etc.). Sarah also discussed parity and reimbursement and raised the issue that insurers typically do not use ASAM criteria.

Sarah added that she emphasized that all of the money goes to SAMHSA grants, and that SAMHSA grantees are the back-up systems of care. She also mentioned LegitScript.

1. **Regulatory Update**

Sarah Wattenberg reported that she has had two listening sessions with HHS about contingency management (CM) a program of progressive rewards for patients who abstain from stimulant use. The CM workgroup—a group of about six policy workers and researchers—will have a listening session with the secretary at ASPE, the agency responsible for implementing CM, and representatives from all relevant HHS agencies, during the week of March 21.

Sarah also participated in a listening session with Dr. Rahul Gupta, Director of National Drug Control, and raised concerns about parity and workforce.

Kirsten Beronio reported that NABH submitted comments to CMS regarding participation of behavioral providers in Medicare Advantage (MA) plans for 2023. This was a response to the proposed rule that CMS released in January. In its March 7 letter, NABH pushed CMS to include the full continuum of care and expand providers to include residential treatment and outpatient treatment. NABH included a link to the [letter](https://www.nabh.org/nabh-submits-comments-to-cms-about-ma-network-adequacy/) in the March 11 edition of *CEO Update*.

NABH also urged CMS to make plans show that reimbursement rates are comparable with medical-surgical services and to ensure that MA complies with parity.

Shawn asked EC members to what extent they can submit prior authorizations electronically, and/or is this tied to electronic health records. No members responded.

Mark Covall asked if NABH has more specific details about what is expected from providers for these provisions.

Kirsten said that is still to be determined, and this is why NABH wants to hear from EC members about issues they might be having. Shawn added that it looks as if the Biden administration is in the process of developing this because nothing has been sent to Congress.

Board member Eric Kim said that about 95% of facilities at his system (Signature Healthcare Services) is paperless, and he is concerned that the federal government’s requests for data/requirements will be messy.

As a final note, Shawn said he expects to send EC members a draft of NABH’s recommendations for staff bonus performance metrics before the April EC call.

1. **Adjournment**

Shawn adjourned the call at 3:43 p.m.