.

**Executive Committee Call**

**Monday, April 10, 2023**

**Minutes**

**Roll Call**

Present: Members: Harsh K. Trivedi, board chair; Mark Covall, Frank Ghinassi, Eric Kim, Dwight A. Lacy, Eric Paul, Matt Peterson, Eric Paul

Staff: Shawn Coughlin, Rochelle Archuleta, Julia Richardson, Emily Wilkins

Absent: Members: John Hollinsworth, Jameson K. Norton, Deborah A. Weidner

 Staff: Maria Merlie, Sarah Wattenberg, Jessica Zigmond

1. **Minutes Approval: March 13 Executive Committee Call**

Harsh welcomed all to the meeting and called for a motion to approve the March Executive Committee (EC) call minutes. A motion was made, and all members approved the motion unanimously.

1. **2022 Audit**

Shawn shared the results of NABH’s 2022 audit, which found that all the association’s accounting practices were in keeping with generally accepted national accounting standards. The association has adopted new **F**inancial **A**ccounting **S**tandards **B**oard accounting standards, including ASC 842- Lease Standard Adoption.

1. **NABH 2023 Advocacy Priorities & Government Relations Network**

Shawn said NABH released its 2023 Advocacy Priorities, which identify the association’s legislative and regulatory priorities for the year.

NABH launched the Government Relations network on April 5. NABH will conduct these monthly calls to disseminate information, find co-sponsors for bills, and identify action items.

In conjunction with the network’s launch, NABH released its Contingency Management fact sheet and Behavioral Health IT draft legislation. The association worked with the BHIT coalition on the latter document.

Shawn reported that Sens. Ron Wyden (D-Ore.) and Patty Murray (D-Wash.) have sent some NABH members additional requests, although the intention behind those requests remains unclear.

1. **Norcross/Markey: NABH’s Response**

NABH is displeased by the stigmatizing language that Rep. Donald Norcross (D-N.J.) used describing opioid treatment programs. NABH sent a [letter](https://www.nabh.org/nabh-letter-to-norcross-markey/) to both Rep. Norcross and Rep. Edward Markey (D-Mass.) about the effects of these stigmatizing comments and our recommendations. NABH intends to use the letter as a springboard in discussions with other congressional leaders and staff.

1. **Legislative Update**

Shawn said the House is expected to pass all 13 appropriations bills then recess until April 17.

MedPAC scheduled a public meeting April 13-14.

The Senate HELP Committee is developing bipartisan workforce legislation. NABH supports provisions such as the Federal Medical Assistance Percentage (FMAP) 10% bump to Medicaid for states that implement a scholarship fund. To receive the FMAP bump, states must demonstrate successful private sector partnerships that channels students through the education pipeline using the scholarship funds. Additional provisions include reauthorizing the Health Service Corps scholarship loan repayment program and doubling the funds available to $625 million; using Pell Grant funds for medical assistant training programs; increasing wages for direct support professionals in institutions and the community; and increasing the allowed number of qualified foreign clinicians in the United States.

1. **Regulatory Update**

Shawn updated the EC about important regulatory proposals.

* 1. **IPF-PPS Proposed Rule**

The proposed rule increases paymentsby 1.3% for FY 2024, which is lower than other updates. It also modifies the excluded unit regulation to allow payment if notice is provided to the Centers for Medicare & Medicaid Services (CMS) 30 days in advance. CMS is also proposing to revise its methodology for determining IPF PPS payment rates for FY 2025 and beyond. It proposes to codify the IPFQRP requirements. Comments on the proposed rule are due June 5.

* 1. **DEA Telehealth Proposed Rule**

NABH submitted comments that reflect our diverse membership. We are concerned that DEA’s telehealth proposed rule would scale back the developments in access to care that the expanded telehealth flexibilities during the COVID-19 Public Health Emergency (PHE) provided.

* 1. **Medicare Advantage final rule**

NABH is pleased with the expanded Medicare Advantage (MA) Final Rule. Some provisions NABH supported were cracking down on MA insurers with a record of inappropriate denial of care; plans cannot reject coverage otherwise covered by traditional Medicare; plans cannot use algorithms to refuse care; plans must create a utilization management committee that reviews policies, yearly; criteria must be based on relevant evidence and widely used treatment guidelines or clinical literature made publicly available to CMS, enrollees, and providers.

* 1. **END of PHE**

Shawn informed the committee that the COVID-19 PHE will end May 11, 2023. The Biden administration plans to release guidance about the transition.

* 1. **Medicaid Redeterminations**

Shawn reported that Medicaid redeterminations will vary dramatically throughout the states and will affect an estimated 18 million people. HHS assumes more than half will have access to exchanges or employer-sponsored insurance. Redetermination backlogs typically last a year or longer.

1. **Bonus Metrics Proposal**

Shawn presented two documents for the EC to review and provide feedback: *How We Work:* the process by which NABH identifies priorities, gathers member feedback, and deploys resources; and the OKR metrics.

The EC discussed the metrics and documents Shawn provided. The EC then moved into executive session at 3:45 p.m. ET.