

**NABH Executive Committee Call**

**Monday, July 11, 2022**

**Minutes**

**Roll Call**

Present: Members: Matt Peterson, Board Chair; Mark Covall, Frank Ghinassi, Pat Hammer,

John Hollinsworth, Eric Kim, Jameson Norton, Eric Paul, Harsh Trivedi

Staff: Shawn Coughlin, Maria Merlie, Julia Richardson, Emily Wilkins, Jessica Zigmond

1. **Annual Meeting and Office Updates**

Shawn reported that we have received positive feedback from the Annual Meeting. We are still waiting for final invoices.

Shawn added that he has been interviewing candidates for the director of policy and regulatory affairs to succeed Kirsten Beronio in that position. Shawn said he welcomes suggestions from EC members.

1. **MEDPAC Meeting: Inpatient Psych PPS**

MEDPAC analysts have contacted NABH to gain a better understanding of provider payments and costs in the inpatient psych field. MEDPAC has a new analyst who will focus on this segment. MEDPAC has contacted NABH for an interview with some of MEDPAC’s analysts. Shawn said that meeting will likely be this week (week of July 11) or next.

1. **Legislative Outlook: Budget Reconciliation**

Shawn said Sen. Chuck Schumer has started a reconciliation process and he expects to deliver additional pieces. This would provide a filibuster-proof bill, meaning only 51 votes are needed to pass.

Shawn said he is hearing that the Senate is considering additional taxes on high-income earners as a payment mechanism for the evolving package and that Sen. Schumer hopes to move this bill to the Senate floor before the August recess.

NABH is working on a letter to Sen. Schumer to include civil monetary penalties for parity violations and we are asking this provision be included in the final reconciliation legislation.

Shawn added that Sen. McConnell considers this an end run and any reconciliation bill will shut down other legislative items for the remainder of the year.

Shawn reported that both the Senate Finance and Senate HELP Committees continue to work on their respective bills related to behavioral healthcare. Sen. Wyden said he intends to move forward with this process. Shawn added there continues to be disagreement on how to move forward. Republicans want to know how much money there is to work with; Democrats want to start with the programming first.

Shawn said the PHE is expected to be extended starting tomorrow (July 12) for another three months.

1. **Regulatory Update**
	1. Physician Fee Schedule 2023 Proposed Rule

Shawn noted that CMS released the 2023 Physician Fee Schedule Rule on July 7. These include:

* The rule proposes four major supervision and coordination changes to improve behavioral health access for Medicare patients.
* First, the rule proposes to shift physician supervision requirements from “direct” to “general” for marriage and family therapists, licensed professional counselors, addiction counselors and certified peer recovery specialists.
* “Practically speaking, this means that these behavioral health practitioners would be able to provide services without a doctor or nurse practitioner physically on-site
* Second, the rule proposes paying psychologists and social workers to help manage patient health in primary care teams.
* Third, Medicare proposes a first-ever payment plan for team-based, comprehensive management and treatment of chronic pain.
* Fourth, CMS is proposing to cover opioid treatment and recovery services from mobile units, such as vans, to increase access for Medicare recipients who are homeless or live in rural areas.

The rule also proposes increased payment rates to opioid treatment programs to cover the cost of counseling services and covering the costs to start opioid treatment drug buprenorphine over telehealth as it does with in-person visits. The agency also wants to revise its methodology for pricing the drug component of the methadone weekly bundle and the add-on code for take-home supplies of methadone. CMS proposes to increase overall payments for medication-assisted treatment and other treatments for opioid use disorders by changing the payment rate base to a 45-minute session rather than a 30-minute session

* 1. Administration SUD Telehealth Recommendations

Shawn reported that the Biden administration released a new report on the future of telehealth coverage. The report calls on making the PHE changes permanent and for allowing patients to continue using telehealth without seeing a provider in person first.

* In regards to substance use disorder (SUD) care and Medication Assisted Treatment (MAT), the report calls on the Drug Enforcement Administration to consider making the PHE changes permanent. Specifically, the report points to allowing providers to prescribe controlled substances to patients using telehealth without requiring an in-person visit first.
* During the COVID-19 pandemic, the federal government rolled back a number of regulations, making it easier for providers to deliver virtual care. For example, in the CARES Act of 2020 Congress waived the originating site requirements for Medicare reimbursement during the PHE. However, the waiver will end at the end of the PHE.
* The report also urges a mutual recognition and reciprocity of state licenses. During the COVID-19 pandemic, a number of interstate medical compacts emerged.
* To streamline the process, it suggests that the federal government “consider legislative and administrative proposals that encourage reciprocity among state licensing systems.”
* The report recommends an increase in funding for mobile apps and assistive telehealth services.
* Lastly, the recommendations focus on ensuring the privacy and ethical implications of telehealth use. During the PHE, the Department of Health and Human Services waived HIPAA requirements for telehealth providers.
* Going forward, the report suggests “standardizing electronic exchange, private and security of health information.”
	1. AHRQ Comments

NABH submitted comments to AHRQ regarding patient outcomes and patient satisfaction surveys for inpatient psychiatric services. We said our members are ready to work with AHRQ on the tools and resources—some of which is proprietary—to help AHRQ.

We also noted that patients experience a wide variety of symptoms, and, consequently, may be limited in their ability to understand and submit survey material.

Shawn thanked Frank Ghinassi for his help in this area.

1. ***Bipartisan Safer Communities Act***

Shawn mentioned the recently signed Bipartisan Safer Community Act, which included $15 billion for U.S. behavioral healthcare services, and included funding for several programs and initiatives, including, but not limited to:

* 1. CCBHCs
	2. 988 Behavioral Health Crisis Hotline
	3. Mental Health Awareness Training
	4. Project AWARE
	5. EPSDT
1. ***Wit v UBH* Update**

UBH filed its response; subsequently, the plaintiffs have petitioned the court for a response; the court accepted that order. NABH consultant Meiram Bendat said that is very rare and a very positive sign.

1. **Network Adequacy**
	1. Phantom Medicaid Networks
	2. Denial-of-Care Portal: Shawn reported that NABH has revised the portal to track more closely what the U.S. Labor Department is looking for in parity violations. Shawn said we’ll have an Alert about this and also include an item in CEO and on social media this week.

1. **988 Behavioral Health Crisis Hotline Launch**

Shawn reminded EC members that this will launch on July 16. SAMHSA has noted that this shift will be gradual. In other words, Shawn noted, this will not be a flip of a switch.

SAMSHA reported that its current hotline has received an average of 3.6 million calls and that number is expected to double after the first year of 988.

1. **NABH Education and Research Foundation**

PHP/IOP Outcomes Study Update: NABH has asked the Foundation board and members what metrics are used and what outcomes they are collecting. The PHP/IOP outcomes project is waiting for feedback from the Foundation Board and from UHS on the metrics that they are currently collecting before sending that list out to our membership for feedback to determine the most collected metrics.

1. **Adjournment**

Shawn adjourned the call at 3:39 p.m. ET.