



NAPHS HOSTS THE POLICY MEETING FOR LEADERS OF BEHAVIORAL HEALTHCARE PROVIDER ORGANIZATIONS

PART 1: POLICY SPEAKERS & SESSIONS

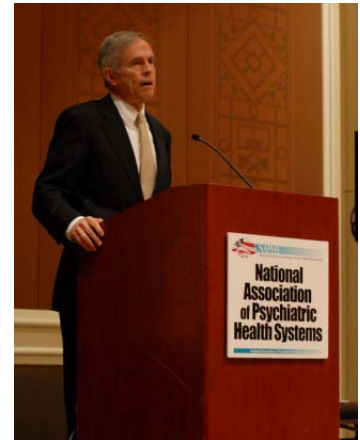
Sen. Ron Wyden Addresses 2009 Annual Meeting



With a brother who had dealt with schizophrenia, **Sen. Ron Wyden (D-OR)** indicated that “mental health is a special priority for me.” Sen. Wyden, who is a member of the Senate Finance Committee, told NAPHS meeting participants that mental health is too often short-changed and needs to secure a place in healthcare reform discussions. Fixing a “broken system” is his top priority, he noted. He cited his legislation, the *Healthy Americans Act* (S.391), as the first bipartisan bill in the Senate to tackle the challenges. One “broken” area that needs attention, he said, is the gap in IMD/EMTALA. “We should have people who come for emergency care reimbursed,” but currently Medicaid doesn’t allow reimbursement to freestanding hospitals for those ages 21-64 (although coverage is allowed in general hospital units), he said. NAPHS members’ visits to Capitol Hill are “timely and important.” When you visit, he said, “tell them what the problem is and how to fix it.”

Rep. Bart Gordon (D-TN) Introduces IMD/EMTALA Legislation

In a major announcement supporting one of the top NAPHS legislative priorities, **Rep. Bart Gordon (D-TN)** told meeting participants that he has now introduced legislation known as the *Medicaid Emergency Psychiatric Care Demonstration Projects Act* (H.R. 1415). As urged by NAPHS and nearly 30 national associations, the bill would establish a three-year \$75 million demonstration program to allow coverage for Medicaid patients in freestanding psychiatric hospitals. This proposal would give states flexibility to remove the Medicaid Institution for Mental Disease exclusion (IMD) for Medicaid patients between the ages of 21-64 who are receiving care in freestanding non-governmental psychiatric hospitals to stabilize their emergency psychiatric condition.



Rep. Dave Camp Acknowledges Problem of 190-Day Lifetime Limit

Healthcare reform is possible, **Rep. Dave Camp (R-MI)** told meeting participants, as too many families are struggling to pay for health care, too many have no health insurance, and too many employers are struggling to pay to offer benefits. Rep. Camp is the Ranking Republican on the House Ways and Means Committee. There is broad agreement in Congress on principles (such as portability, IT, etc.), he said, but the difficulty will be how we will get there. He applauded Sen. Wyden’s support of working with the private sector to accomplish reform. He expressed concern about government regulations that limit care, including the Medicare 190-day lifetime limit on psychiatric hospitalization. A government system, he said, is not the answer. Those with insurance coverage through their employers must be able



to keep it, he said. He urged a focus on reducing premiums and out-of-pocket costs, changing the tax code, supporting preventive care, emphasizing new quality initiatives and transparency, and improving outcomes.

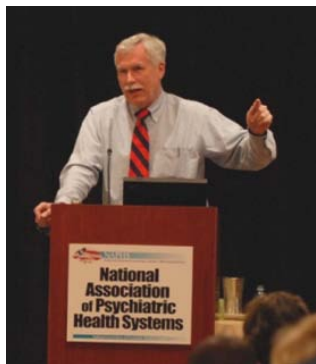
Mike Bromberg Describes a “Revolution” in Reform

“It is no exaggeration to say we are in a revolution,” said NAPHS lobbyist consultant **Mike Bromberg** (right, shown here with Rep. Dave Camp, another Annual Meeting speaker). “This is completely different” than any other attempt at healthcare reform. If the economy does not rebound in the next six to nine months, the President will try to do a lot in the first year. That both the stimulus bill and SCHIP passed within the first 50 days of the administration is remarkable. But while healthcare reform is the hot topic, “don’t take your eye off of Medicare,” he said. The idea of a federal health board (that could decide on benefit packages) is gaining traction. The issue of “card check” (a union priority) could come up in the Senate. Regulatory issues, including recovery audit contractors (RACs), inpatient psychiatric prospective payment system regulations, and parity regulations, will all be on the agenda. “This will be the biggest, busiest year since passage of Medicare,” he predicted.



Mike Hogan and Nancy Johnson Examine Healthcare Reform

Sessions with New York Mental Health Commissioner **Michael Hogan, Ph.D.**, and former congresswoman **Nancy Johnson** focused on the critical importance of helping policymakers better understand behavioral health. Mike Hogan noted that, clinically, the mind-body connection is an imperative. Systemically, mental health is in the mainstream. But strategically, who do we deal with now and how do we get action on our issues? “Help the administration frame the issues,” said Nancy Johnson. The 2009 NAPHS advocacy agenda is urging Congress to “finish the parity job now.” (Members can access the March 2009 [Special Report on the Advocacy Agenda](#) on the members-only section of www.naphs.org.)



Senate Leaders Work To Mark Up Healthcare Reform Legislation Before Summer Recess

The Senate Health, Education, Labor and Pensions (HELP) Committee and the Finance Committee are both interested in collaboration on a bipartisan basis to achieve healthcare reform, according to **Dr. John McDonough** (left), who is the senior health advisor to HELP Chair Sen. Edward M. Kennedy (D-MA) on national health reform. Sen. Kennedy and a group of bipartisan colleagues are now working to introduce and mark up a bipartisan healthcare reform bill as early as June, he said. Senate Finance Committee Chair Max Baucus (D-MT) and Ranking Republican Charles Grassley (R-IA), are also committed to working to bring health reform legislation to the floor, added **Andrew McKechnie** (right), who is the health policy advisor on the Senate Finance Committee on the Republican side. There is more agreement than ever before that reform is “a necessity,” McKechnie said.



“It will be challenging, but there is a general willingness to get it done.” Cost is a top priority in the negotiations, he said, because if you give people an insurance card, but they cannot afford premiums or copays, then the system will not work.

Hill Briefing Explores Next Steps in Congress

Debbie Curtis, chief of staff to Rep. Pete Stark (D-CA), shared insights into congressional thinking on behavioral health issues. Rep. Stark, who is the chairman of the House Ways and Means Subcommittee, introduced and was instrumental in passing the new Medicare copay for mental health in the 110th Congress.



HBIPS Goes Through Initial Review by National Quality Forum

Although not yet officially announced, NAPHS has just heard that all of the measures within the Hospital-Based Inpatient Psychiatric Services (HBIPS) core measure initiative have passed initial review by the National Quality Forum. NAPHS Board Chair **Brent Turner** noted that the measures will now move forward to public comment and are on track for approval to become part of the Hospital Quality Agenda once they are officially endorsed by NQF. “This is very significant, as the NQF and HQA review processes are extremely rigorous,” he said. “Behavioral health can be very proud of the scope of the issues that we have attempted to study – issues that the reviewers found creative and forward-thinking.” Details on HBIPS are at www.jointcommission.org/HBIPS.



NAPHS 2009 Advocacy Agenda Calls on Congress To “Finish the Parity Job Now....”

NAPHS President/CEO **Mark Covall** outlined the 2009 NAPHS advocacy agenda, which asks Congress to:

- **Implement the parity regulations** for the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*.
- **Provide Medicaid patients equal access to all community inpatient psychiatric services.** Support inclusion of the IMD/EMTALA demonstration in healthcare reform. This would result in improved and timely access, greater choice, and cost efficiency.
- Pass legislation to **remove the Medicare 190-day lifetime limit** on inpatient psychiatric hospital care for Medicare beneficiaries.
- **Update the Medicare Conditions of Participation (CoP)** so that all hospitals (including psychiatric hospitals) are governed by the same requirements.

