

#NAMIcon16

Federal Legislative Briefing

July 9, 2016

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Opportunities in 2016?

- Final 6 months of the Obama Administration
- Two-year budget agreement now in place
 - Major fiscal fights put off until 2017
- Looming presidential campaign
- Role for mental health in the debate?
- Control of the Senate in 2016?
- House agenda under Speaker Ryan?



Accomplishments in 2015

- Debt ceiling is lifted through March 2017
- BCA spending caps lifted by \$80 billion for FY 2016 & FY 2017
- Threat of sequestration eliminated for two years
- \$50 billion for FY 2016, equally divided between defense and NDD, plus \$16 billion from OCO
- \$2 billion boost for NIH, including a \$71 million for NIMH
- \$28 million increase for the Mental Health Block and doubling of the FEP set aside to 10%
- SSDI “reallocation” – extends solvency for the SSDI Trust Fund through 2022 and implements new “program integrity” measures and expands work incentive demonstrations



Two-Year Budget Agreement

- Does this agreement eliminate all threats to Medicare, Medicaid, SSDI and discretionary programs through 2017?
- Ongoing NAMI priorities:
 - Avoiding cuts to Medicaid including a “per capita cap”
 - Medicare Part D non-interference protection
 - MEDPAC recommendation for higher LIS and dual eligible cost sharing
 - Imposition of rebates for dual eligibles in Part D
 - Avoiding further cuts to NDD beyond 2017
 - Parity between NDD and Defense



FY 2017 Funding Bills - Research

- Congress increased the NIMH budget by \$85 million in FY 2016
- President's FY 2017 request - \$1.519 billion, which is \$29 million below the current FY 2016 level of \$1.548 billion
- Senate Labor-HHS Appropriations bill -- \$1.619 billion, \$71 million increase
- House Labor-HHS Appropriations bill -- \$1.599 billion, \$52 million increase
- BRAIN Initiative
 - Senate - \$250 million, \$100 million increase
 - House - \$195 million, \$45 million increase
- Precision Medicine Initiative
 - \$300 million on both bills



FY 2017 Funding Bills - Services

SAMHSA – Overall \$4.2 billion, \$1.137 billion at CMHS

- Senate bill funds the Mental Health Block grant at \$541.5 million, a \$30 million increase – Early intervention in psychosis set aside is kept at 10%-- with particular emphasis on replicating the NIMH RAISE study
- \$15 million requested for the Assisted Outpatient Treatment (AOT) pilot in both bills
- Most other SAMHSA programs funded at FY 2016 levels: PATH (\$64.6 million), Childrens MH (\$117 million), PAIMI (\$36.1 million), Primary-Behavioral Health Care Integration (\$50 million, rejecting a proposed \$23.8 million cut), Garrett Lee Smith Suicide Prevention (\$54.9 million), Mental Health First Aid (\$15 million)



FY 2017 Funding Bills - Housing

Supportive Housing programs at HUD

- \$1.6 billion increase proposed for HUD, but no resources for development of new permanent supportive housing (PSH) units
- Section 811 -- \$154 million for renewal of existing PRAC subsidies (no funding for new units)
- McKinney-Vento -- \$2.33 billion, \$80 million increase, with \$1.91.8 billion for Continuum of Care competition, \$250 million for Emergency Solutions Grants;
 - FY 2017 House T-HUD funding bill (HR 5394) -- \$2.487 billion, up \$237 million over current level
 - FY 2017 Senate T-HUD funding bill (S 2844) -- \$2.3 billion



FY 2017 Funding Bills - Veterans

- VA Medical Care NOT subject to discretionary spending caps or sequestration
- Funding allocated on a 2-year budget cycle
- \$2.369 billion in additional forward funding for VA Medical Care for FY 2017
- VA Mental Health -- \$7.455 billion for FY 2016 and \$7.715 billion in forward funding for FY 2017 v. \$7.2 billion for FY 2015 – in effect, a \$255 million increase for the current fiscal year -- \$7.83 billion for FY 2018
- \$630.7 billion for Medical and Prosthetics Research at the VA, a \$41.8 million increase over current levels



21st Century Cures & Medical Innovation

- HR 6 passed the House on July 10, 2015 by a vote of 344-77
- Major provisions:
 - \$9.3 billion NIH Innovation Fund, \$1.75 billion in mandatory funding each year through 2020,
 - Promoting patient-focused drug development,
 - Streamlining clinical trials and accelerate development of new treatments,
 - Codifying a structured framework at FDA for submission, review, and qualification of biomarkers and other drug development tools,
 - Utilizing evidence from real world clinical settings, and
 - Facilitating responsible communication of scientific developments related to off-label prescribing
- Senate HELP Committee has passed more than a dozen medical innovation bills, including S 2125
 - FDA and NIH workforce
 - Precision Medicine
 - NIH Strategic Planning
 - levels



House and Senate Mental Health Reform Bills

- HR 2646 – Helping Families in Mental Health Crisis Act
 - Sponsored by Representatives Tim Murphy (R-PA) & Eddie Bernice Johnson (D-TX),
 - Reported by the House Energy & Commerce Committee on June 15, 53-0
 - Passed the full House on July 6, 422-2
- S 2680 – Mental Health Reform Act
 - Unanimously reported by the Senate Health Education, Labor and Pensions (HELP) Committee on March 16
 - Contains major provisions from S 1945, bipartisan bill developed by Senators Bill Cassidy (R-LA) and Chris Murphy (D-CT)



HR 2646 – The Details

- New Office of Assistant Secretary for Mental Health & Substance Abuse and elevates the role of SAMHSA
- Same day billing in Medicaid for mental and physical healthcare services
- Mental Health Policy Laboratory within HHS to fund innovation grants that identify new and effective models of care and demonstration grants to bring effective models to scale for adults and children
- Grants for states to facilitate more effective integration of physical and mental health services
- Interagency Coordinating Committee on SMI
- Codifies the new Medicaid Managed Care Rule allowing for payment for acute care services in an IMD



HR 2646 – The Details

- Requires the Secretary to create an independent grievance procedure for complaints against Protection & Advocacy programs
- MHPAEA compliance – Requires federal agencies to improve compliance, to report on investigations and create a plan to step up enforcement.
- Extends existing AOT pilot program, but eliminates the previous 2% mental health block grant increase to incentivize AOT laws
- “Sense of Congress” regarding need for clarity with respect to HIPAA and requires HHS to issue final regulations within 1 year to clarify circumstances in which a health care provider may share protected health information
- Extends the Garrett Lee Smith Memorial Act suicide prevention services to all ages



S 2680 – The Details

- Extends the Garrett Lee Smith Memorial Act for suicide prevention to all ages and creates a national suicide technical assistance center
- Mental Health Workforce—Creates a Minority Fellowship Program to increase culturally competent mental health professionals and authorizes grants for telehealth child psychiatry
- MHPAEA Enforcement – same as HR 2646
- Integration of Care—Supports training of primary care professions to provide mental health services and provides grants to integrate health and mental health care
- Crisis Response—Authorizes grants for databases of crisis stabilization and psychiatric inpatient beds
- Early Intervention—Codifies the current FEP set aside for the MH Block Grant



S 2680 – The Details

- National Mental Health Policy Laboratory
- Interdepartmental Coordinating Committee on SMI
- HIPAA Clarification
- Identification of Model Training programs
- Strengthen leadership at SAMHSA, new Chief Medical Officer
- Renews a range of SAMHSA programs including PATH, primary-behavioral health integration
- Mental health awareness grants
- Prevention and treatment of opioid use disorder
- Mental Health on Campus Improvement
- Recovery Enhancement for Addiction Treatment Act



HR 2646 & S 2680 – What Was Lost?

- Elimination of 190-day lifetime limit on inpatient care in Medicare Part A (CBO - \$3 billion over 10 years)
- Curbs on the ability of Part D plans to limit access to psychotropic medication (CBO - \$700 million over 10 years)
- Expansion of the “Excellence in Mental Health Act” Section 223 State Demonstration (\$1.7 billion over 10 years)
- Behavioral Health IT improvements
- Further reforms to the Medicaid IMD Exclusion – For facilities with average length of stay less than 20 days – CBO “score” is pending
- Reforms to 42 CFR Part 2



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