



Happy New Year!

I hope you all enjoyed time off over the holidays. As we settle into 2019, I want to review with you some industry highlights and association improvements in the last year. I hope you will see, as I have, that this is an exciting time to be a behavioral healthcare provider in the United States—and that NABH is well-equipped to help us face the latest challenges in our field and achieve our goals.

One of our segment's biggest wins in 2018 was H.R. 6, the *SUPPORT for Patients and Communities Act*. This legislation is notable both because it provides substantial funding to address the nation's deadly opioid crisis, and because it includes the first statutory change to the troublesome Institutions for Mental Diseases (IMD) exclusion since 1972.

Our industry has advocated for decades to repeal the IMD exclusion, and we've seen incremental changes especially in the last five years. A little context might help to remind us how far we've come since 2013.

It began with the *Helping Families in Mental Crisis Act*, the 2013 bill that included a full IMD repeal for psychiatric hospitals. Though this legislation didn't pass, it's significant for expanding awareness about the IMD exclusion.

Three years later, the Obama administration made two considerable IMD-related changes: first, the administration issued a Medicaid managed care rule that allowed Medicaid managed care organizations (MCOs) to contract with IMDs for up to 15 days per month. As of last year, 28 out of 39 states that use MCOs in Medicaid programs allow contracting with psychiatric hospitals, and three more states will join that list in 2019.

Also in 2016, the Obama administration allowed IMDs to waive the IMD exclusion for substance use disorder (SUD), a process that the Trump administration refined the following year. Of the 27 states that have approved section 1115 SUD waivers, 21 states are using these waivers to provide SUD treatment in IMDs.

Next came last year's *SUPPORT for Patients and Communities Act*. You will recall that the new law provides an optional benefit for states to pay IMDs for substance use disorder (SUD) treatment for patients between the ages of 21-64 for 30 days each year.



Brent Turner, 2018 NABH Board Chair

*National Association for
Behavioral Healthcare*

*900 17th Street, NW, Suite 420,
Washington, DC 20006-2507*

Phone: 202-393-6700

Email: nabh@nabh.org

Web: www.NABH.org

Twitter: @NABHbehavioral

*LinkedIn: National Association
for Behavioral Healthcare*

In addition, patients with mental illness could be treated under this provision as long as they have at least one SUD, although the bill does not specify if SUD must be a primary or secondary condition. The provision is scheduled to take effect in October 2019 and end in September 2023. At that point, Congress would need to pass legislation to extend the measure beyond that four-year period.

The *SUPPORT Act* also includes a maintenance-of-effort provision that would require states to maintain their current funding levels for both inpatient and outpatient services. In addition, a state would need to show the federal government that it has the full continuum of services, including early intervention, outpatient, intensive outpatient, partial hospitalization, and inpatient/residential transitions of care. All of these requirements are consistent with the recommendations NABH made in [Pathways to Care: Treating Opioid and Substance Use Disorder](#) (which I'll address again later).

We still have more work to do to repeal the IMD exclusion completely. At the same time, we should be proud of the work we have done individually and collectively on this issue since 2013.

Back then, some industry stakeholders opposed changes to the IMD because they argued it would lead to less community-based care and more institutionalized care. By 2018, many more people recognized that patients need access to the full behavioral healthcare continuum, from inpatient to residential to outpatient care. NABH has been at the forefront advocating this message to policymakers, and the message is getting through.

As you know, not all of the association's work centered on the IMD exclusion in 2018. Here are some other accomplishments that will help prepare us well in both the short and long term:

- In January 2018, the association hired Sarah A. Wattenberg to serve as director of quality and addiction services, reflecting our need for a full-time team member devoted to the growing field of addiction services.
- In March, we rebranded to the National Association for Behavioral Healthcare to reflect the association's mission to reflect the association's mission, represent the association's diverse membership, and invite other organizations to join.
- In June, NABH launched an updated and user-friendly website, which includes an interactive map that identifies where our members are located nationwide by congressional district.

We still have more work to do to repeal the IMD exclusion completely. At the same time, we should be proud of the work we have done individually and collectively on this issue since 2013.

- Last August, NABH released *Pathways to Care: Treating Opioid and Substance Use Disorders*, a comprehensive white paper with accompanying resources to help providers, policymakers, and the public better understand how to navigate—and improve—America’s fragmented addiction treatment system.
- Last fall’s *SUPPORT for Patients and Communities Act* also included key opioid-related provisions that NABH has advocated for, including medication assisted treatment (MAT).

With these accomplishments behind us, we now look ahead to our biggest initiative for 2019: addressing two areas that present the greatest access barriers to quality patient care—regulatory overload and managed care.

Since our October 2018 Board meeting, our team back in Washington has worked to develop an overall strategy to tackle these challenges this year. If you have not done so yet, please make your reservations for the NABH Annual Meeting from March 18-20, 2019 in D.C., where you will learn more.

I’ve been pleased and proud to serve as your Board Chair in 2018. And I send my congratulations and best wishes to Pat Hammer, president and CEO of Rogers Behavioral Health, who became NABH Board Chair on Jan. 1. Here’s to another great year!

Brent Turner, 2018 NABH Board Chair

We look forward to continuing to serve you and to be your voice in these strategic areas. Please call NABH President and CEO Mark Covall at 202-393-6700, ext. 100, with any questions.

We now look ahead to our biggest initiative for 2019: addressing two areas that present the greatest access barriers to quality patient care—regulatory overload and managed care.



National Association for Behavioral Healthcare
900 17th Street, NW, Suite 420, Washington, DC 20006-2507
202-393-6700 | nabh@nabh.org | www.NABH.org
Twitter: @NABHbehavioral | LinkedIn: National Association for Behavioral Healthcare