

Our name is different. Our purpose, mission and vision remain the same.

In 1933 a small group of physicians established the **National Association of Private Psychiatric Hospitals (NAPPH)** to represent and advocate for people struggling with mental illness.

Since then, our association has been at the forefront of mental healthcare in the United States. And that's because from the start, our members envisioned a society that values and maximizes the potential of all its citizens by helping them achieve overall health.

Our members have cared for those with mental health and substance use disorders during some of our nation's most formidable events—many of which often contributed to these behavioral health problems—including economic depressions and recessions, world wars and conflicts, health epidemics, natural disasters, and terrorist attacks. Through it all, our members did more than respond to the behavioral health challenges of the day. They also looked ahead to new treatments, programs and services.

Eventually, we welcomed mental health and substance use disorder treatment facilities as members, and, in 1993, we changed our name to the **National Association of Psychiatric Health Systems (NAPHS)** to represent more than private psychiatric hospitals.

Today, our country's mental healthcare challenges seem greater than ever. The opioid crisis, high rate of suicide, and spate of mass shootings remind us every day why our members are critical players in America's healthcare continuum. We understand our nation's behavioral health needs are as complex as they are numerous. That's why we decided our association's name should better reflect all of our members—and the comprehensive range of services they provide.

We determined our association name should:

- **Reflect** the association's Mission to advocate for behavioral health and represent the providers who deliver care to those with mental health and substance use disorders;
- **Reflect** the association's Vision of a society where behavioral health is recognized, respected, and allocated resources with fairness and equity as part of overall health;
- **Represent** our diverse membership;
- **Invite** other organizations to join the association.

Throughout our discussions, we returned to one name that meets these four objectives: the **National Association for Behavioral Healthcare (NABH)**. In this name, we maintain our national representation; we advocate for our members and those they serve every day; we include those who provide both mental health and substance use disorder treatment; and we emphasize that our organization represents those who provide behavioral healthcare services.

Access. Care. Recovery. These goals embody the past, present and future of the National Association for Behavioral Healthcare.

Annual impact of behavioral health conditions by congressional district:

103 people die by suicide.

146 people die by drug overdose.

202 people die by alcohol-related causes.

230 people experience their first episode of psychosis.

1,136 people are hospitalized from a suicide attempt.

2,246 people have schizophrenia.

23,908 people have a serious mental illness.

27,126 people misuse opioids.

37,241 people will have a major depressive episode.

39,310 children have a diagnosable mental health condition.

65,747 people use illicit drugs.

150,144 people misuse alcohol.

The estimates found on this page are based on 711,000 people per congressional district and data from the Centers for Disease Control and Prevention, the National Institute of Mental Health, the Substance Abuse and Mental Health Services Administration and the Child Mind Institute.

**National
Association
for Behavioral
Healthcare**



Access. Care. Recovery.



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REMOVE BARRIERS TO CARE

Congress should eliminate outdated federal rules blocking access to cost-effective treatments.

Background

Inpatient and residential mental health and substance use disorder treatment is an evidence-based care model that has helped millions of Americans in their recovery. However, two outdated federal laws limit access to this life-saving treatment for low-income individuals, persons with disabilities and senior citizens.

The IMD Exclusion

The Medicaid Institutions for Mental Diseases (IMD) exclusion prevents adult Medicaid beneficiaries (ages 21-64) from accessing short-term, acute behavioral health care in psychiatric hospitals and other residential treatment facilities with more than 16 beds.

Eliminating the IMD exclusion would give states flexibility to contract with cost-effective, efficient, and high-quality treatment programs, which would help lower costs and increase access.

Medicare's 190-day Lifetime Limit

Medicare beneficiaries are limited to only 190 days of inpatient care in a psychiatric hospital in their lifetimes. No other lifetime limits exist in Medicare for other types of inpatient care.

Eliminating the Medicare 190-day lifetime limit in a psychiatric hospital would align Medicare with parity, the standard required for all other insurance plans. This would expand beneficiary choice, increase access for the most seriously ill, improve continuity of care, and create a more cost-effective Medicare program.

Request

Cosponsor Rep. Paul Tonko's (D-N.Y.) *Medicare Mental Health Inpatient Equity Act* (H.R.2509) to repeal the 190-day lifetime limit. And support legislation to repeal the IMD exclusion.



COMBAT THE OPIOID CRISIS

Congress should increase access to substance use disorder (SUD) treatment.

Background

The nation's opioid crisis is one of the worst behavioral health challenges the United States has faced. More Americans died in a single year by drug overdoses than the total number of Americans killed during the Vietnam War.*

Request

Implement provisions from the final report of the President's Commission on Combating Drug Addiction and the Opioid Crisis.

- Remove reimbursement and policy barriers to SUD treatment, including patient limits, barriers to access medication-assisted treatment (MAT), counseling, inpatient and residential treatment and other treatment modalities.
- Modify rate-setting to better cover the true costs of providing SUD treatment, including both inpatient psychiatric facility rates and outpatient provider rates.
- Increase the U.S. Labor Department's parity-enforcement authority and allow the department to: 1) levy monetary penalties for non-compliant health plans, and 2) launch independent investigations into potential violations by health insurance issuers.
- Revise regulations and reimbursement policies to allow SUD treatment via telemedicine.
- Reform the privacy regulations known as 42 CFR Part 2 by cosponsoring the *Overdose Prevention and Patient Safety Act* (H.R. 3545) and the *Protecting Jessica Grubb's Legacy Act* (S.1850).



EXPAND THE BEHAVIORAL HEALTH WORKFORCE

Congress should expand the mental health and substance use disorder (SUD) workforce.

Background

The existing demand for behavioral health treatment exceeds the supply of qualified treatment professionals.

People experiencing a mental health crisis or drug overdose face life-threatening conditions. Their conditions can be treated with the appropriate behavioral healthcare. But in many parts of the United States, treatment professionals are not available to provide that care.

91 million Americans live in a “Mental Health Professional Shortage Area.”*

55 percent of U.S. counties have no practicing psychiatrists, psychologists or social workers.*

77 percent of counties have a severe shortage of mental health workers.*

96 percent of counties have some unmet need for mental health services.*

Request

Congress should create a streamlined approach to enhancing and expanding the mental health and SUD workforce. This new model should include the full spectrum of treatment professionals within the behavioral healthcare continuum so behavioral healthcare access, treatment, and recovery is within the reach for all Americans.

**Drug Overdose Deaths in the United States, 1999–2016* NCHS (National Center for Health Statistics) Data Brief No. 294, December 2017

* *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*, Substance Abuse and Mental Health Services Administration (January 24, 2013).