

# The Changing Landscape of Mental Health Legislation

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- 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)

- 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

- 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



- Reauthorizes a range of SMHSA programs including the Mental Health Block Grant, PATH and GBHI
- 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

- 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 & HIPAA disclosure exception

More information is available at:

<http://www.nami.org/Learn-More/Mental-Health-Public-Policy/Mental-Health-Reform>

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