



***What Does the New Congress and New Presidency Mean
for People with Mental Illness and Their Families***

Presentation to NAMI Kenosha County

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21st Century CURES Act & NIH Funding

- HR 34, signed by President Obama on December 13 (P.L. 114-255)
- Strong bipartisan support in Congress
- Includes multiple titles:
 - 21st Century CURES Act
 - New funding for NIH
 - Helping Families in Mental Health Crisis Act
 - \$1 billion in new funding for opioid treatment
 - Child welfare reforms



21st Century CURES Act

- \$4.8 billion over 10 years in new funding for NIH including the BRAIN Initiative (Brain Research through Advancing Innovative Neurotechnologies) and the Precision Medicine Initiative
- Catalyzes cutting edge research and personalized drug development
- Modernizes clinical trial development through novel trial design and use of real world evidence
- FDA reforms including
 - Biomarker qualification
 - Changes to review of combination therapies
 - Allowing manufacturers to communicate with health plans earlier on the value of therapies
 - Reforms to the device review process
- Fosters interoperability of electronic medical records



Mental Health Reform

- Federal Reforms
 - New Assistant Secretary for Mental Health and Substance Abuse
 - New Interagency Coordinating Committee for Serious Mental Illness
 - New Medical Director at SAMHSA
 - New Policy Laboratory to promote evidence-based practice
 - Codification of 10% set aside for early intervention in psychosis
- Medicaid
 - Codifies rule allowing limited federal matching funds for short-term stay in an IMD (15 days within a month)
 - Clarification to allow for same day billing
- Mental Health Parity
 - Requires release of federal guidance on compliance at enforcement action
 - Requires annual report from HHS on enforcement action
 - GAO report on compliance non-quantitative treatment limits



Mental Health Reform

- SAMHSA Programs
 - Authorizes new program at SAMHSA to promote assertive community treatment
 - Reauthorizes existing pilot program for states to replicate assisted outpatient treatment
 - Reauthorizes the Garrett Lee Smith Suicide Prevention program and adds an adult prevention program
 - Model training program on HIPAA rules
- Criminal Justice
 - Reauthorizes and expands the Mental Ill Offender Treatment and Crime Reduction Act (MIOTCRA)
 - New grants for CIT and de-escalation training for law enforcement
 - Authorizes Forensic ACT programs
 - Requires improved data collection at DoJ for on involvement of mental illness in homicides, deaths and serious injuries involving law enforcement officers



FY 2017 Discretionary Spending Bills

- Current “continuing resolution” runs through April 28
- Impact of flat funding through October 1
- FY 2017 increases in priority NAMI discretionary programs at risk:
 - NIMH: \$71 million increase in the Senate bill, \$51 million in the House bill,
 - SAMHSA: \$30 million increase for the MH Block Grant in the Senate bill,
 - HUD: \$200 million increase for McKinney –Vento Homeless programs in the House bill,
 - VA: FY 2017 already signed into law, \$7.9 billion in advanced funding for VA mental health care (\$400+ million increase over FY 2016).
- Agreement needed to lift caps on “Non Defense Discretionary” (NDD) spending and avoid an across-the-board sequester cut in FY 2018



Landscape of the 115th Congress

- Senate: 52 Republicans, 48 Democrats
- House: 240 Republicans, 195 Democrats



Trump Administration Agenda Excerpted from Trump campaign website:

"Fix Our Broken Mental Health System - Let's be clear about this. Our mental health system is broken. It needs to be fixed. Too many politicians have ignored this problem for too long."

"Finally, we need to reform our mental health programs and institutions in this country. Families, without the ability to get the information needed to help those who are ailing, are too often not given the tools to help their loved ones. There are promising reforms being developed in Congress that should receive bi-partisan support."



Trump Administration Agenda

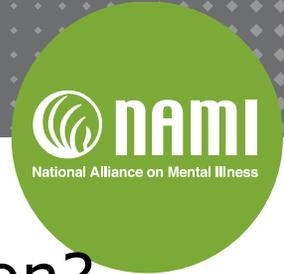
Repeal & Replace the ACA

- Create a patient-centered health care system that promotes choice, quality, and affordability,
- Expand use of Health Savings Accounts (HSAs),
- Establish high-risk pools to ensure access to coverage for individuals who have not maintained continuous coverage,
- Allow purchase of insurance across state lines,
- Require price transparency from all healthcare providers,
- Remove barriers to entry into free markets for drug providers that offer safe, reliable and cheaper products,
- Convert Medicaid to a state block grant or per capita cap.



Repeal & Replace – The Process

- What is budget “reconciliation”?
 - Requires only 50 votes in the Senate
 - Time limited debate
 - “Byrd Rule” creates a “point of order” against non-budget provisions
 - Complete repeal and replace cannot occur under reconciliation, eventually bipartisan support will be needed to get to 60 votes in the Senate
- Will replace occur simultaneous with repeal?
- Efforts to stabilize the small group and individual market
- Process is now very fluid



What Might Be Repealed in Reconciliation?

- Elimination of the individual mandate and tax penalties
- Elimination of the employer mandate
- Elimination of premium tax credit and cost sharing subsidies
- Permanent repeal of the medical device tax
- Scale back Medicaid expansion
 - Reduce federal match to current "FMAP" rates
 - Extend current federal match and grant additional flexibility to both expansion and non-expansion states
- Reinstatement of "risk corridor" payments to health plans and other efforts to stabilize the small group and individual markets



What Can President Trump Do Without Congress?

- Executive Orders – Lots of them!!!
- Abandon appeal on *House v. Burwell* case and eliminate cost sharing reduction subsidies
- Eliminate special enrollment periods and impose additional “lock in” measures to keep younger, healthier enrollees in coverage
- Restore “risk corridor” payments to keep health plans in the federal marketplace
- Coverage mandates for contraception and preventive services
- Revise Essential Health Benefits (EHB) rule
- Revise the Section 1557 non-discrimination rule



What are NAMI's Priorities in Repeal & Replace?

- Retaining expanded Medicaid eligibility – for both expansion and non-expansion states
- Essential Health Benefits (EHB) – the requirement for mental health and substance abuse as 1 of the 10 categories
- Requirement for all Exchange plans to comply with MHPAEA
- Insurance market reforms:
 - Pre-existing condition exclusions
 - Guaranteed issue and renewability
 - Limits on premium rating based on age, gender and health status
- Young adults to age 26 in family coverage
- Healthcare.gov and enrollment infrastructure
- Elimination of the Part D coverage gap (the “doughnut hole”)
- Repeal the Independent Payment Advisory Board (IPAB)
- Keep the Patient Centered Outcomes Research Institute (PCORI)



Why is Medicaid So Important?

- 70 million Americans eligible
- Diverse populations – “80/20” Rule
- Largest source of funding for public mental health services
- Joint state-federal partnership
- Eligibility for most single adults linked to SSI
- “Mandatory” v. “Optional” populations and services
- Most mental health services are “optional” not “mandatory”
- Role of the IMD (Institution for Mental Disease) Exclusion in access to inpatient care
- Role of waiver programs
- Successes and challenges for Badger Care in Wisconsin
- NAMI concerns about a block grant or per capita cap



Other NAMI Priorities for the 115th Congress

- Debt ceiling extension needed by March 2017 – will it include changes to key entitlement programs including Medicare, Medicaid, SSDI and SSI?
- Budget agreement needed to raise discretionary spending caps and avoid sequestration in FY 2018 – Ensuring “parity” for NDD
- PDUFA, MDUFA and other FDA user fee agreements must be passed by September 2017



Questions?
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2017 NAMI Convention and Hill Day – June
28 – July 1. More information at
<http://www.nami.org/Convention>

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