



MEMO

To: **NAMI Leaders**
From: **Advocacy & Public Policy Team**
Date: **June 16, 2016**
RE: **Update: Mental Health Reform Passes House E&C Committee**

Status Update

On Wednesday, June 15th the House Energy & Commerce Committee met to “markup,” or vote, on H.R. 2646, the *Helping Families in Mental Health Crisis Act of 2015* sponsored by Congressman Tim Murphy (R-PA) and Congresswoman Eddie Bernice Johnson (D-TX).

NAMI is pleased to report that your tireless efforts urging Congress to pass mental health reform have paid off. The fact this bill was passed **unanimously** (53-0) with a **bi-partisan** vote in this committee is extraordinary, to say the least. Put simply—this is a huge win. NAMI is thrilled that mental health reform is the issue that has inspired collaborative work across the aisle. As Congressman Murphy noted during the bill markup, “This is a substantive bill—people all across America are starting to believe mental illness is an issue we all need to be concerned and care about.”

We still need your help

While this is a major victory for the 60 million Americans and their families that live with mental illness, we *must* keep the pressure up to ensure this bill reaches the House floor for a vote.

New provisions in adopted bill

- **New provisions on mental health parity**, including requiring federal agencies to collaborate to improve mental health parity compliance, reporting on federal parity investigations and a plan to improve federal parity enforcement.
- Authorizes **crisis intervention** grants for law enforcement and first responders.
- Adds a training program on **appropriate information-sharing under HIPAA** for health care providers, legal professionals and for individuals and families.
- Creates a grant program to support **ACT programs**.
- Provides grant programs to enhance **crisis response services** and to develop **psychiatric inpatient and residential bed tracking**.
- Creates an Interdepartmental Serious Mental Illness Coordinating Committee to **improve outcomes** for people with mental illness, including reducing incarceration and homelessness and increasing employment.
- Promotes **integration of care** by permitting Medicaid billing of primary care and mental health or substance use services provided the same day in the same facility (known as same-day billing).

- **Encourages workforce development** in rural areas by including mental health professionals in the National Health Service Corps loan repayment programs.
- Provides grants to train the **peer professional workforce**, including peer support specialists and recovery coaches.

Complex Issues

The bill includes the following bipartisan provisions on complex issues reached after extensive negotiations:

- Requires that the Secretary of Health and Human Services create an **independent grievance procedure for complaints against PAIMIs** (there is already a grievance process, but it is not necessarily independent) and prohibits use of federal funds to lobby (current law). Previous bill restrictions on the scope of PAIMI work have been removed.
- **Extends existing AOT grant program**, but eliminates the previous 2% mental health block grant increase to incentivize AOT laws.
- Replaces previous language on HIPAA with a “Sense of Congress” that outlines need for **clarity regarding HIPAA**, but does not change the law. Requires the U.S. Department of Health and Human Services (HHS) to issue final regulations within 1 year to clarify circumstances in which a health care provider may share protected health information.
- Allows Medicaid managed care organizations (MCOs) to pay for short-term stays (no more than 15 days per month) of adults ages 21-65 in psychiatric hospitals and facilities (known as **IMD exclusion**). This provision codifies what is in recently released Medicaid managed care rule.
- Creates a new Assistant Secretary for Mental Health and Substance Use that will elevate the position of SAMHSA in the Administration. The bill also permits the appointment of a Deputy Assistant Secretary. The new Assistant Secretary will be required to be a mental health professional, rather than permitting a lawyer or other professional to lead the agency.