The National Association of State Alcohol and Drug Abuse Directors
Public Policy Update
July 30, 2013

Highlights

- **House and Senate Appropriations Update-** House, Senate
- **NASADAD Comments on SAMHSA Federal Guidelines for Opioid Treatment-** NASADAD Webpage
- **Senate Finance Committee Holds Hearing on Health Information Technology-** Senate Finance Committee Webpage
- **National Council for Behavioral Health Hosts Webinar on Impact of CMS Medicaid EHB Final Rule on Behavioral Health-** National Council Webpage
- **House Education and the Workforce Committee Holds Hearing on the Employer Mandate Delay-** House Education and the Workforce Committee Webpage

Legislative News

House and Senate Appropriations Update

Commerce-Justice-Science

On Wednesday, July 17th the full House Appropriations Committee approved their FY14 Commerce-Justice-Science funding bill by unanimous voice vote. The bill funds the Department of Justice (DOJ) at $26.3 billion, which is a decrease of $720 million (3 percent) from the enacted FY13 level (pre-sequester). The bill has not been scheduled for a House floor vote yet. On Thursday, July 18th the Senate Appropriations marked-up their FY14 Commerce-Justice-Science appropriations bill. Senate Appropriations Chairwoman Barbara Mikulski (D-MD) set the 302b funding allocation for the subcommittee at $52.272 billion compared to $50.110 billion (+$2.162 billion) in FY13 (pre-sequester) and the $47.4 billion (+$4.872 billion) approved by the House Appropriations Committee. The bill provides the DOJ with $28.5 billion, compared to the $26.3 billion approved by the House. The Senate appropriation is $2.2 billion more than the House appropriation and $1.1 billion more than the FY13 enacted level. The bill has not been scheduled for a Senate floor vote yet. Below are funding comparisons to the FY13 enacted (pre-sequester) level for NASADAD DOJ priority programs:

- Second Chance Act- $55 million in the House, $70.5 million in the Senate compared to $68.75 million in FY13 (-$13.75 million and +$1.25 million)
- Drug Courts- $41 million in the House, $40 million in the Senate compared to $41 million in FY13 (level funded and -$1 million)
- Veterans Treatment Courts- $4 million in the House, $4 million in the Senate compared to $4 million in FY13 (level funded)
- Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA)- Consolidated into mental health courts and adult and juvenile collaboration program grants line at $7.5 million in the House, not consolidated at $9 million in the Senate compared to $9 million in FY13 (-$1.5 million and level funded)
- Residential Substance Abuse Treatment (RSAT)- $6 million in the House, $14 million in the Senate compared to $12.5 million in FY13 (-$6.5 million and +$1.5 million)
- Enforcing Underage Drinking Laws (EUDL)- $0 million in the House, $5 million in the Senate compared to $5 million in FY13 (-$5 million and level funded)

- Prescription Drug Monitoring Programs (PDMP)- $7 million in the House, $0 million in the Senate compared to $7 million in FY13 (level funded and -$7 million)

For more information:

- Chart comparing NASADAD DOJ priority program funding levels from the FY13 enacted level (pre-sequester), the President's FY14 Budget Request, the FY14 House Appropriations Committee Mark-Up, the FY14 Senate Appropriations Committee Mark-Up, and the FY14 Field Request and the House and Senate Bill Report language relevant to NASADAD priority programs and issues *(attached)*
- FY14 Senate Appropriations Commerce-Justice-Science draft bill *(attached)*
- FY14 Senate Appropriations Commerce-Justice-Science Bill Report
- FY14 House Appropriations Commerce-Justice-Science Bill Report
- FY14 House Appropriations Commerce-Justice-Science draft bill

News

NASADAD Comments on SAMHSA Federal Guidelines for Opioid Treatment

In April, the Substance Abuse and Mental Health Services Administration (SAMHSA) released guidelines for Opioid Treatment Programs (OTPs) to assist them in achieving and maintaining compliance with federal regulations. The guidelines are an update to those released in 2007 and were developed in consultation with stakeholders. NASADAD provided comments on the guidelines in collaboration with its Board of Directors and Opioid Treatment Network (OTN) Executive Committee.

For more information, see SAMHSA Federal Guidelines for Opioid Treatment and the NASADAD Comments on SAMHSA Federal Guidelines for Opioid Treatment

Senate Finance Committee Holds Hearing on Health Information Technology

On Wednesday, July 24th, Public Policy Intern Amber Jabeen attended the Senate Finance Committee's second hearing on Health Information Technology (HIT). The first hearing, held last week on July 17th, examined the challenges in implementing the 2009 Health Information Technology for Economic and Clinical Health Act (HITECH), with panelists from Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS). The second hearing focused on questioning providers and vendors about concerns and problems they face in carrying out requirements included in the three stages of meaningful use of HIT. The panelists included: Janet Marchibroda, Director of the Health Innovation Initiative at the Bipartisan Policy Center; Dr. John Glaser, CEO of Health Services at Siemens Healthcare; Marty Fattig, Administrator and CEO at the Nemaha County Hospital; and Dr. Colin Banas, Chief Medical Information Officer and Associate Professor at Virginia Commonwealth University.

Two major issues were highlighted in the hearing: system interoperability and delaying the implementation of stage 2 meaningful use for which providers would be required to have an electronic health record system in place and be able to engage in the cross-platform exchange of data with at least one other provider. Mr. Fattig discussed the disparity between the progress in urban areas versus the challenges being faced by rural providers in HIT integration. Rural providers have a significant lack of financial and human resources, in addition to the limited

vender supply serving rural areas. All of the panelists recommended a delay in implementation of stage 2 meaningful use. Providers that are ready to advance to stage 2 would still be allowed to continue. They also recommended that rural areas be given an extra year to complete implementation of stage 1 meaningful use. Dr. Glaser added that some of the more stringent requirements should be recommendations instead of requirements, so providers may focus on interoperability issues without wasting limited time and resources.

To watch a webcast of the hearing, please click here

For Member statements or witness testimony, please click on the name of Member or witness: Senator Max Baucus (D – MT), Senator Orrin Hatch (R – UT), Janet Marchibroda, Dr. John Glaser, Marty Fattig, Dr. Colin Banas

For more information on the HITECH Act, please click here

National Council for Behavioral Health Hosts Webinar on Impact of CMS Medicaid EHB Final Rule on Behavioral Health

On Thursday, July 25th Public Policy Associate Andrew Whitacre participated in a webinar hosted by the National Council for Behavioral Health entitled "Changes in Medicaid and Other Coverage: How the CMS Rule Impacts Behavioral Health." The webinar provided a brief overview of the key provisions of the Centers for Medicare and Medicaid Services (CMS) final rule on the Alternative Benefit Plans (ABP) or Medicaid "benchmark" plans that will apply to the Medicaid expansion population through the ACA beginning on January 1st, 2014 in those States that have chosen to expand their coverage. The discussion covered the provisions on benefit design, exemptions for special populations, prescription drug coverage, and premiums and cost-sharing. Chuck Ingoglia, Senior Vice President of Public Policy and Practice Improvement and Rebecca Farley, Director of Policy and Advocacy highlighted the final rule's expansion of the medically frail category in Medicaid to those with chronic substance use disorders (SUD). Those deemed medically frail have the option of being covered under the traditional Medicaid plan or the ABP, instead of simply being put into an ABP. This expansion gives those deemed medically frail the flexibility to choose the plan that provides the most comprehensive coverage option for their needs.

The final rule also reiterates that the EHB requirements under the ACA apply to ABPs, specifically that plans must cover certain cervices including for mental health and substance use disorders. The rule also clarifies that States can target benefits to specific populations, which includes having more than one ABP to tailor to the medical needs of different groups. The Medicaid ABPs must also comply with the Mental Health Parity and Addictions Equity Act (MHPAEA) in both managed care and fee for service plans. The rule also permits States to significantly increase cost-sharing requirements in ABPs, with exemptions for pregnant women, children in child welfare, among others. The rule gives flexibility to the States to assess and determine compliance with many of the ACA requirements, including EHB requirements and the definition of chronic SUD for inclusion in the Medicaid medically frail category.

For the full CMS final rule, see Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment

For more information on the webinar, see webinar slides or webinar recording

House Education and the Workforce Committee Holds Hearing on the Employer Mandate Delay

On Tuesday, July 23rd, Public Policy Intern Amber Jabeen attended the House Education and the Workforce Committee hearing on the Administration's decision to delay the enforcement of the employer mandate in the Affordable Care Act (ACA) by one year. The House Ways and Means Committee held a hearing on the topic on July 10th, which NASADAD reported on. The hearing was held jointly between the Subcommittee on Health, Employment, Labor, and Pensions and the Subcommittee on Workforce Protections, co-chaired by Chairman David P. Roe (R- TN 1st) and Chairman Tim Walberg (R- MI 7th). The panel of witnesses included: Grace-Marie Turner, President of the Galen Institute; Jamie T. Richardson, Vice-President of the White Castle System, Inc.; Ron Pollack, Executive Director of Families USA; and Douglas Holtz-Eakin, President of the American Action Forum. Chairman Roe began by discussing the announcement of the employer mandate delay and the effect the delay may have on businesses, as well as the overall implications of the ACA. Chairman Walberg reviewed the issue of full-time workers being defined as 30 hours or more in the ACA, which businesses have expressed as a major concern because this would put many small businesses over 50 full-time employees (FTEs). This is an important issue for small businesses because if they stay under 50 FTEs, they do not have the same penalties as large businesses (more than 50 FTEs). He stated, to avoid the mandate, employers are reducing hours in order to stay below 30 hours to restrict number of full-time employees. During testimony Mr. Pollack pointed to an Urban Institute study that examined Hawaii's health-care system on the issue of a definition of full-time employee. The result of the study indicated that although Hawaii's definition of full-time is actually 20 hours per week, which is more restrictive than the 30 hour per week definition under the ACA, there has only been a 1.4 percent increase in employees working less than 20 hours per week.

Ranking member Robert E. Andrews (D- NJ 1st) raised the issue of misinformation on the ACA, which has complicated the process of educating business owners and consultants on the effects of implementation. Congressman Jared Polis (D- CO 2nd) added that 42 percent of Americans are still not aware that the ACA is the law and healthcare reform has been set in motion. Although the witnesses disagreed about the overall efficacy of the ACA, all of the witnesses agreed that the delay in the employer mandate will give employers more time to make the necessary changes to achieve compliance with all of the components of the mandate.

To watch an archived webcast of the hearing, please click here

Should you have any questions or concerns, do not hesitate to contact Michelle Dirst, Director of Public Policy, at mdirst@nasadad.org or Andrew Whitacre, Public Policy Associate, at awhitacre@nasadad.org