

The National Association of State Alcohol and Drug Abuse Directors

Public Policy Update

September 5, 2013

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News

Department of Health and Human Services Releases Information on Navigator Grant Recipients in the Health Insurance Marketplaces

On Thursday, August 15th, Health and Human Services (HHS) Secretary Kathleen Sebelius announced the 105 Navigator grant recipients that will receive \$67 million in grant awards. The grantees range from local hospital and health systems and other provider networks to organizations serving those with serious mental illness (SMI) and/or substance use disorders (SUDs).

The Navigator grant allows grantees to provide resources for Americans who may need in-person assistance in their community to shop for and enroll in the Health Insurance Marketplace. The funds also aide in providing vulnerable populations, such as those with mental health and substance abuse issues, with awareness of the new options available to them and services they may be eligible for.

Attached is a list of Navigator grant recipients who focus on mental health and addiction.

House Ways and Means Committee Holds Hearing on Implementation of the ACA

On Thursday, August 1st, Public Policy Associate Andrew Whitacre attended a House Ways and Means Committee hearing on the Status of the Affordable Care Act (ACA) Implementation. Deputy Administrator of the Centers for Medicare and Medicaid Services (CMS)/Director of the Center for Consumer Information and Insurance Oversight (CCIIO) Gary Cohen and Principle Deputy Commissioner and Deputy Commissioner for Services and Enforcement at the Internal Revenue Service (IRS) Daniel Werfel presented testimony and answered questions from members of the committee. Committee Chairman Dave Camp (R-MI 4th) discussed his concerns that the Insurance Marketplaces or Exchanges would not be up and running by the start of open

enrollment on October 1st, 2013. Committee Ranking Member Sander Levin (D-MI 9th) emphasized that the IRS and the Department of Health and Human Services (HHS) would not have access to personal medical records, despite what opponents of the law claim.

Gary Cohen noted that there will be 1 application that will serve as an application for coverage and for financial assistance through available subsidies. He also mentioned that there is evidence of price competition among insurers in the Insurance Marketplaces, with rates coming in at 18 percent lower than the estimate from the Congressional Budget Office (CBO). At this point, 120 issuers have submitted their plans for the Federally-facilitation Marketplace.

Daniel Werfel discussed the IRS's role in implementing the tax relief portions of the ACA, which includes the subsidies available through the Marketplaces. IRS will securely transit federal tax data to the Federal Insurance Data Hub utilized by the Marketplaces to verify financial information for those applying for subsidies. He assured the Committee that tax data transmitted by the IRS would not be available outside the Marketplaces. In response to a question from Chairman Camp, Mr. Werfel indicated that improper payments that are often an issue in other federal programs will not be similar in this context, in part because subsidies are not given directly to the taxpayer.

For more information on the hearing, see [House Ways and Means hearing on the Status of ACA Implementation](#)

Senate Budget Committee Holds Hearing on Containing Health Care Costs

On Tuesday, July 30th, Public Policy Intern Amber Jabeen attended the Senate Budget Committee's hearing on containing health costs. The hearing focused on the progress that has been made and examined the many challenges to come. Committee Chair Senator Patty Murray (D-WA) began by discussing the effect of health care on the economy, noting that "health care cost growth outpaces our economic growth – and it also grows at a faster rate than household incomes." She also noted a recent CBO projection that revised their previous spending projections, indicating that the federal government will be spending \$500 billion less on Medicare through 2020. Ranking Member Senator Jeff Sessions (R-AL) acknowledged that there has been a slower rate of growth for health care costs, but also noted a Government Accountability Office (GAO) report which predicted an increase of \$6.2 trillion to the deficit because of the ACA.

The panelists included: Dr. Len M. Nichols, Director of the Center for Health Policy Research and Ethics and Professor at the College of Health and Human Services at George Mason University; Dr. Kavita K. Patel, Fellow and Managing Director of the Engelberg Center for Health Care Reform at the Brookings Institution; and Dr. Joseph Antos, a Wilson H. Taylor Scholar in Health Care and Retirement Policy at the American Enterprise Institute. Dr. Nichols discussed the current historically low growth rate of health care costs, presenting reform models such as medical homes, bundled payments, and Accountable Care Organizations (ACOs), as key to maintaining a slow growth rate. Dr. Patel also had some insight into what could be done to curtail the estimate by the Institute of Medicine (IOM) that 30 percent of health care costs are associated with wasteful spending and fraud. In her testimony, Dr. Patel also referred to bundled payments, "a fixed payment for a comprehensive set of hospital and/or post-acute services," as

one of many possible ways to contain costs. Dr. Antos also discussed the Sustainable Growth Rate (SGR) formula, which is part of Medicare's physician payment system. He suggested it should be reformed, while Dr. Patel and Nichols said it should be repealed.

To view a Webcast of this hearing, please [click here](#).

To read testimony of any witnesses or Chairman Murray, please click on their name: [Chairwoman Patty Murray](#), [Dr. Len M. Nichols](#), [Dr. Kavita K. Patel](#), and [Dr. Joseph Antos](#).

To view the Congressional Budget Office Medicare May – 2013 Baseline release, [click here](#).

House Energy and Commerce Committee Holds Hearing on ACA Implementation

On Thursday, August 1st, Public Policy Intern Amber Jabeen attended the House Energy and Commerce Committee hearing on the progress and problems with implementation of the ACA. Committee Vice-Chair Marsha Blackburn (R – TN 7th) began by discussing concerns about taxes and fees associated with the ACA, putting the number at \$165 billion. She also cited her concerns about the individual mandate being on schedule while the employer mandate has been delayed. Chairman Fred Upton (R – MI 6th) also echoed these concerns, citing a possible rise of part-time employees as a major concern. Ranking Member Henry Waxman (D – CA 33rd) emphasized the importance of the Health Care Law to Americans who are uninsured and underinsured, and the House's 40th vote to repeal or defund the ACA. Marilyn Tavenner, Administrator of the Centers for Medicare and Medicaid Services (CMS), testified before the Committee. Ms. Tavenner discussed the various reforms being implemented by CMS, including the 240 Medicare Accountable Care Organizations (ACOs) currently in operation. She also cited recent reports from the 11 States that have released preliminary insurance premium rates, which indicate a decrease in the premium rate by 18 percent on average from what the CBO had projected for the silver plan in the individual markets. Ms. Tavenner also highlighted the new Medical Loss Ratio rules, which requires insurance companies in the individual and small group markets to spend at least 80 percent of premiums on health care and quality improvement activities and not more than 20 percent on marketing and administrative costs.

To watch a webcast of the hearing, please [click here](#).

To read testimony from Members of Congress or Marilyn Tavenner testimony click on name: [Chairman Fred Upton](#), [Vice-Chairman Marcia Blackburn](#), [Ranking Member Henry Waxman](#), [Marilyn Tavenner](#)

NCJA Hosts Webinar on the How the ACA Can Impact Criminal Justice Systems

On Monday, July 29th, Public Policy Associate Andrew Whitacre participated in a webinar hosted by the National Criminal Justice Association (NCJA) on Expanding Treatment: How the ACA Can Impact Criminal Justice Systems. The webinar featured presentations from Executive Director of the Illinois Criminal Justice Information Authority and NCJA President Jack Cutrone and Director of Business and Health Care Strategy Development at Treatment Alternatives for Safe Communities (TASC) Maureen McDonnell with NCJA Executive Director Cabell Cropper moderating the discussion. Ms. McDonnell highlighted the fact that a significantly higher

proportion of the criminal justice population as compared to the general population has substance use disorders and mental health conditions. She also noted that treatment programs and Drug Courts can only impact a limited number of those involved in the criminal justice system, she estimated around 1 to 2 percent of the population under supervision. She stated that the ACA will have an impact in substance abuse treatment services by creating broader access through the expansion of Medicaid and development of Health Insurance Marketplaces or exchanges. These reforms create the opportunity to shift from program to system level interventions for those with substance use disorders and mental health conditions by addressing large coverage gaps and helping to reduce arrests caused by untreated substance use disorders, which includes what she referred to as “frequent fliers” in local jails due to substance use disorders that are not properly treated.

Mr. Cutrone discussed the justice system cost savings that could result from the ACA, including an increase in Medicaid treatment funding, alternatives to incarceration, reduced recidivism, and improved continuum of care within the reentry process. The ACA has also brought together new criminal justice system partners, in particular an increase in treatment providers within the criminal justice arena. Ms. McDonnell talked about the need to move to collaborative planning to link the criminal justice system with the health care systems, which would include conducting universal substance use disorder screenings in all justice settings with a link to appropriate care. She mentioned that another goal of collaborative planning would be to expand the community capacity to provide substance abuse treatment services.

For more information on the webinar, see [Expanding Treatment: How the ACA Can Impact Criminal Justice Systems slides and recording](#)

Congressional ATR and Prescription Drug Abuse Caucuses Hold Briefing on ONDCP’s 2013 National Drug Control Strategy

On Thursday, August 1st, Executive Director Rob Morrison, Public Policy Associate Michelle Dirst, Public Policy Associate Andrew Whitacre, and Public Policy Intern Amber Jabeen attended the briefing held by the Congressional Addiction, Treatment, and Recovery (ATR) and Prescription Drug Abuse Caucuses on the White House Office of National Drug Control Policy’s (ONDCP) 2013 *National Drug Control Strategy*. Congressmen Tim Ryan (D-OH 13th) and Paul Tonko (D-NY 20th), Co-Chairs of the ATR Caucus, delivered brief remarks before introducing ONDCP Deputy Director Michael Botticelli. Rep. Ryan applauded the Administration and ONDCP for recognizing that substance abuse is a public health problem and expressed his hope that they can make significant strides in reducing the stigma and barriers to treatment. Deputy Director Botticelli discussed the priorities, goals, and achievements of ONDCP and the National Drug Control Strategy. The National Drug Control Budget amounts to \$26 billion per year, and tasks ONDCP with the primary responsibility of facilitating collaboration and cooperation among federal agencies on supply and demand-side drug control policy. In addition to its facilitator role, ONDCP also has 3 major programs, which include its media campaign Above the Influence, the Drug Free Communities Coalitions, and the High Intensity Drug Trafficking Area (HIDTA) program.

Mr. Botticelli discussed the 2013 National Drug Control Strategy. He noted that the new approach puts an emphasis on prevention, advocates for an expansion in community-based

treatment programs, supports early detection and referral to treatment, and takes a “smart on crime” law enforcement approach that utilizes alternatives to incarceration like Drug Courts. He pointed out that the ACA is one of the most significant pieces of legislation in the past couple of decades due primarily to the fact that the law requires coverage of substance abuse treatment as part of the Essential Health Benefits (EHB). Although the ACA will enhance access to substance abuse treatment services, he talked about the continued need for federal support, most of which comes to the States from the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Mr. Botticelli cited his experience as State Substance Abuse Director (SSA) for Massachusetts during State health reform that mirrored the efforts currently taking place at the national level. As State Director, Mr. Botticelli observed that the SAPT Block Grant and other sources of federal funding for substance abuse prevention, treatment, and recovery services continue to be important in order to support those services that were not reimbursed under health reform.

For more information on ONDCP, see [White House Office of National Drug Control Policy webpage](#)

For the 2013 National Drug Control Policy see [here](#)

For more information about the ATR Caucus, see [Congressional Addiction, Treatment, and Recovery Caucus](#)

National Academy for State Health Policy Holds Webinar on Payment and Delivery System Reform

On Tuesday, July 30th, Public Policy Intern Amber Jabeen participated in the the National Academy for State Health Policy (NASHP) webinar on payment and delivery system reform. Those on the call included: Anne Gauthier, Senior Program Director at NASHP; Murray Ross, Director of Kaiser Permanente’s Institute for Health Policy; Lisa Dulsky Watkins, Associate Director of the Vermont Blueprint for Health at the Department of Vermont Health Access; Karynlee Harrington, Executive Director of Dirigo Health Agency; and Brooks Daverman, the Director of Strategic Planning and Innovation at the Tennessee Division of Health Care Finance and Administration. Lisa Watkins talked about Vermont’s experience with health reform in relation to data sources and their implementation of the “triple aim”: improving patient experience, improving health of populations, and reducing the per capita cost of health care. To achieve this, Watkins gave an overview of some of the systems installed in Vermont, such as the Central Clinical Registry and an all-payer claims database that houses utilization, cost, and care quality data. There is also a noticeable emphasis on the consumer experience through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Karynlee Harrington highlighted Maine’s experience in multi-payer system reform. There are four major initiatives that the state is undertaking: Patient Centered Medical Home Pilot (PCMH); Multi-Payer Advanced Primary Care Practice Demonstration (MAPCAP); State Innovations Models Initiative (SIM); and the implementation of ACOs. The four separate data streams include claims data, hospital encounter data, hospital quality data, and hospital financial and organizational data. These data streams are used for the four initiatives to aid in performing functions such as generating physician practice reports and determining total cost of care. Brooks Daverman discussed Tennessee’s experience with population and episode-based payment

reform, with the focus on episode-based reform. The provider is getting reviewed based on efficiency and quality. Feedback is the key to this approach, and the provider reports provided by payers will include important data sets, such as a quality summary, cost summary, utilization statistics, and other metrics. Lisa Dulsky Watkins spoke about Vermont's experience with regards to specific data utilization. Community health teams would be at the center of coordinated care, and the ability to link various services together. There would be a balance between a health information infrastructure with hospital data sources, a centralized registry, and an evaluation structure to guide improvement and determine efficacy and efficiency.

To view the slides for this presentation, please [click here](#). To view webinar, [click here](#).

SAMHSA-HRSA Center for Integrated Health Solutions Holds Webinar on Integration Innovations

On Wednesday, July 31st, Public Policy Intern Amber Jabeen attended a webinar held by SAMHSA-HRSA's Center for Integrated Health Solutions (CIHS), together with the National Council for Behavioral Health and the Agency for Healthcare Research and Quality (AHRQ) at HHS. The first half of the webinar focused on AHRQ's Academy for Integrating Behavioral Health and Primary Care, with Project Director Garret Moran discussing the progress that the Academy has made since being funded in 2010. The purpose of the Academy is to provide a national resource for research. The Academy also serves as an outlet to connect with others in the same field: from policymakers and researchers to providers and consumers. The Academy's key projects include the National Integration Academy Council (NIAC), a web portal with various resources and a literature repository. Dr. Benjamin Miller, Principal Investigator of the Academy, spoke next about the development of the Lexicon for Behavioral Health and Primary Care Integration, which provides researchers and other stakeholders the ability to have consensus on definitions and conceptual clarity. Workforce Competencies were discussed by Vasudha Narayan, Senior Study Director at Westat, citing the importance of observation teams "on the ground" to understand the practice culture and workflow. There was also a comprehensive survey designed for smaller and solo practices. The results of the survey will be released in September. The lexicon became the basis for much of the other work of the Academy, such as the development of the Atlas of Integrated Behavioral Health Quality Measures. The Atlas provides those implementing integrated care models a framework to follow or use as guidance, aimed at practices and health systems, as well as researchers.

The final speaker was Laura Galbreath, Project Director at the CIHS. Ms. Galbreath talked about CIHS's purpose, which is to serve as a national training and technical assistance center for integration of primary and behavioral healthcare that is focused on workforce development. The services have broad scope, from training and technical assistance to prevention and health promotion/wellness, targeting SAMHSA Primary and Behavioral Health Care Integration (PBHCI) grantees, HRSA funded safety-net providers, and behavioral health and primary care practitioners. She noted that 78 percent of PBHCI grantees have been partnering with Federally Qualified Health Centers (FQHCs) and have been able to service over 32,000 adults with serious mental illnesses (SMI) and/or co-occurring substance use disorders. Ms. Galbreath also discussed integration models and strategies being implemented and lessons learned from integration sites nationally, including the recognition of the frequency of mental health issues co-

occurring with substance use conditions in a publication “Behavioral Health Homes for People with Mental Health & Substance Use Conditions.”

Please click on the name of the topic for more information: [AHRQ](#), [the National Integration Academy Council](#), [the Atlas of Integrated Behavioral Health Quality Measures](#).

For the Lexicon for Behavioral Health and Primary Care Integration [click here](#).

For more information on integration models, please [click here](#), or [link](#) to CIHS publication on “Behavioral Health Homes for People with Mental Health & Substance Use Conditions”

For more information on any of the speakers, please click on their names: [Dr. Garrett Moran](#), [Dr. Benjamin Miller](#), [Vasudha Narayanan](#), [Laura Galbreath](#)

For presentation slides, please [click here](#). For the recording, please [click here](#).

Faces & Voices of Recovery Hosts Webinar on Housing

On Thursday, August 1st, Public Policy Associate Andrew Whitacre participated in the first part of a two part housing webinar hosted by Faces & Voices of Recovery (FAVOR): [Why Living in Safe, Sober, and Peer Supportive Environments Matters in Recovery](#). FAVOR Executive Director Pat Taylor discussed research-based messaging around recovery housing, which indicates that 67 percent of those in recovery believe there is stigma from the general population towards them. She mentioned the goals of FAVOR, which include expanding opportunities for recovery and breaking down barriers, ending discrimination, broadening understanding, and building a national advocacy movement for those in and seeking recovery. Jason Howell from the National Alliance for Recovery Residences talked about problematic language that is used when referring to recovery housing, including transient, temporary, transitional, and half-way home. He noted that all of these terms describe a temporary, destabilizing, or transitional housing option, which is not what recovery housing offers. At a minimum, recovery housing offers recovery support through a family of peers, in addition to provide safe and affordable housing. He emphasized that recovery housing works by helping to keep its residents sober, hold down a job or get a promotion, stay out of jail, emergency rooms, or detoxification facilities, learn to value volunteering, and gain peer support and repair family relationships.

Dr. Leonard Jason from Depaul University discussed the role of recovery residences in promoting long-term addiction recovery. He discussed the National Institute for Alcohol Abuse and Alcoholism (NIAAA) funded study that he was a part of which compared the outcomes of those randomly placed in Oxford House or a traditional care setting. Two years after completing treatment, the study found that 69 percent of those assigned to Oxford House compared to 35 percent in traditional care were abstinent from alcohol and other drugs, 3 percent compared to 9 percent in traditional care were incarcerated, and those assigned to Oxford House earned \$989 per month compared to \$440 per month in traditional care. Tom Hill, Director of Programs at FAVOR, discussed the opportunities that are aligning in the health field to potentially support recovery efforts including Recovery-Oriented Systems of Care (ROSC), Medicaid expansion, the recovery movement, the growth of Peer Recovery Support Services, and efforts in criminal justice and drug reform across the country.

A recording of the webinar will be available at a later date at the [Faces & Voices of Recovery website](#)

IRETA Holds Webinar on SBIRT for Adolescents

On Wednesday, August 14th, Public Policy Intern Amber Jabeen attended the Institute for Research, Education & Training in Addictions (IRETA) webinar on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for adolescents. The presenter for the webinar was Dr. Sharon Levy, who is an Associate Professor of Pediatrics at Harvard, as well as the Medical Director of Substance Abuse Programs with the clinical arm of the Center for Adolescent Substance Abuse Research (CeASAR). The first part of the presentation focused on the effects of marijuana use on the brain of a young person, and how alcohol and marijuana use have long-term effects such as a lower IQ and short/long term memory loss to a greater degree than those who start in adulthood. This is because the prefrontal cortex, the part of the brain that regulates impulse control, develops later than the nucleus accumbens, the part that feels pleasure, which leads to younger people being much more susceptible to addiction than adults.

The second part of the webinar was focused on how to implement different components of SBIRT. Screening is the first step for intervention in adolescent substance abuse, and Dr. Levy presented a few different screens, such as the CRAFFT screen and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) 4-Step Guide. The next step is a brief intervention, where clinicians or social workers are advised to implement techniques like positive reinforcement, risk awareness, and brief advice, among others. An assessment is also key to the SBIRT process because it gives the clinician a better idea of the scope of the substance abuse issue with an adolescent. Referral to treatment is the last component of the process and requires a comprehensive approach, oftentimes involving parents in the process.

To view the webinar, please [click here](#).

To view the PowerPoint slides for this webinar, please [click here](#).

For more information and resources on SBIRT, please [click here](#).

For more information on the NIAAA Alcohol Screening and Brief Intervention for Youth Practitioner's Guide and Pocket Guide, please [click here](#).

Alliance on Health Reform Holds Briefing on Health Insurance Marketplaces

On Friday, August 9th, the Alliance for Health Reform held a briefing on the progress and challenges of the implementation of Health Insurance Marketplaces across the country. The panel was moderated by Ed Howard, executive vice-president at the Alliance. There were six panelists: Sarah Collins, vice-president for Affordable Health Insurance at the Commonwealth Fund; Chiquita Brooks LaSure, Deputy Director for Policy and Regulation at the Center for Consumer Information and Insurance Oversight (CCIIO) at the Centers for Medicare and Medicaid (CMS); Sarah Dash, member of the research faculty at the Health Policy Institute at the Center on Health Insurance Reforms at Georgetown University; Rebecca Pearce, Executive Director of the Maryland Health Benefit Exchange; Dr. Joseph Thompson, Arkansas State

Surgeon General; and Karen Ignagni, President and CEO of America's Health Insurance Plans (AHIP).

Sarah Collins began by discussing the recent release of premium rate projections for 11 states, noting that the rates for the Silver Plan for individuals came in 10-18 percent lower than what the Congressional Budget Office (CBO) had projected, while the small business Silver Plans came in at 18 percent lower than expected. In addition, these rates are before the subsidies are applied, so the rates for individuals may be even lower, although the rates are still subject to approval by the Department of Health and Human Services (HHS). Sarah Dash presented a brief overview of the process states have gone through to select qualified plans and the various levels of difficulty for certification. Rebecca Pearce provided an overview of Maryland's experience with establishing a State-Based Marketplace, highlighting the fact that they project to have half of their uninsured and 75 percent of their eligible population, approximately 471,019, insured by 2020. Surgeon General Thompson discussed the alternative to the Medicaid expansion Arkansas has employed, which is a "private option" for low-income individuals called the Health Care Independence Program. Arkansas also recruited new Navigators, who were sent to local community colleges to train for new outreach positions to prepare for the open enrollment of the Health Insurance Marketplaces on October 1st, 2013.

To view a webcast of this briefing, please [click here](#).

For the PowerPoint Presentations of the presenters, please click on the name of the presenter: [Sarah Collins](#), [Sarah Dash](#), [Rebecca Pearce](#), [Dr. Joseph Thompson](#), [Karen Ignagni](#).

For other briefing materials, please [click here](#).

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