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BEHAVIORAL HEALTH UPDATE

A Monthly Report for Members
of the **American Hospital Association** and the
National Association for Behavioral Healthcare

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Updates:

1. ***CMS Proposes 1.7 Percent Increase in Payment Rates for Inpatient Psychiatric Facilities in 2020***
2. ***Federal Government Lost \$26 Billion in Tax Revenue from Opioid Crisis Between 2000-2016***
3. ***China Bans All Types of Fentanyl, Likely Cutting U.S. Supply***
4. ***Tonko Expected to Introduce Bill to Deregulate Buprenorphine Prescribing***
5. ***SUPPORT Act Expands Access to Medication Assisted Treatment***
6. ***Bipartisan Bills to Align 42 CFR Part 2 With HIPAA Introduced in the House and Senate***
7. ***ONC Issues Proposed Rule to Revise Conditions of Participation***
8. ***GAO Finds Nearly 40 Million American Adults Have Untreated SUD or Mental Health Conditions***
9. ***DOJ Reverses Course on Funding for Drug Courts that Reject MAT***
10. ***Health Systems Commit to Transforming Behavioral Health in 100 Communities Nationwide***
11. ***Joint Commission Releases Advisory on Drug Diversion and Impaired Healthcare Workers***
12. ***Shatterproof Releases Summary of Collaboration with NQF on SUD Treatment Programs***
13. ***OTPs to Follow Standard Care Recommendations for People with Suicide Risk***
14. ***Emergency Medicine News Releases Special Report on Psychiatric Patient Boarding***
15. ***CDC Finds Kratom Has Caused Nearly 100 Overdose Deaths in the United States***
16. ***Report Finds Older Americans Dying Suicide by in Long-Term Care Settings***
17. ***CMS Introduces Hospital Provider Burden Tool***
18. ***Report Shows Psychiatrists Have a High Willingness and High Usage Rate for Telehealth***

19. ***FDA Announces Reports of Seizures from Vaping***
20. ***May is Mental Health Month***
21. ***HRSA Accepting Applications for 2019 Graduate Psychology Education and Nurse Corps Programs***

Stories:

1. CMS Proposes 1.7 Percent Increase in Payment Rates for Inpatient Psychiatric Facilities in 2020

The Centers for Medicare & Medicaid Services (CMS) late last month [proposed](#) a 1.7-percent payment increase for inpatient psychiatric facilities (IPF) in 2020, which the agency estimates will increase total IPF payments by about \$75 million.

Also in 2020, CMS has proposed rebasing and revising the IPF market basket for 2020 to reflect a 2016 base year from a 2012 base year. Payments have been rebased and revised since the IPF prospective payment system was established.

In addition, CMS proposed adopting one new claims-based measure starting with the fiscal year 2021 payment determination and continuing in subsequent years. The measure-Medication Continuing Following Inpatient Psychiatric Discharge (National Quality Forum #3205)-assesses whether patients admitted to IPFs with diagnoses of Major Depressive Disorder, schizophrenia, or bipolar disorder filled at least one evidence-based medication within two days before discharge or during the 30-day, post-discharge period.

2. Federal Government Lost \$26 Billion in Tax Revenue from Opioid Crisis Between 2000-2016

The federal government lost \$26 billion in income tax revenue due to opioid misuse between 2000 and 2016, according to a new [study](#) in the journal Medical Care.

Meanwhile, researchers found that opioid misuse cost state governments \$11.8 billion, including \$1.7 billion in lost sales tax revenue and \$10.1 billion in lost income tax revenue. "By omitting lost tax revenue due to labor force exits, prior studies have missed an important component of opioid-related costs borne by state and federal governments," the study's authors wrote. The authors concluded that as more states and the federal government consider litigation for opioid-related damages, lost tax revenue reflects an important cost that could be recouped and allocated to opioid prevention and treatment programs.

3. China Bans All Types of Fentanyl, Likely Cutting U.S. Supply

China last month announced it would ban all types of the opioid fentanyl, a decision that could reduce the supply of the deadly drug to the United States.

The decision fulfills a pledge that Chinese leader Xi Jinping made to President Trump in December. House Energy and Commerce Republicans hailed the move in a blog post, noting that fentanyl analogues-synthetic opioids that are 50 times more potent than heroin and 100 times more potent than morphine-are the leading cause of opioid overdose deaths in the United States.

4. Rep. Tonko Expected to Introduce Bill to Deregulate Buprenorphine Prescribing

Rep. Paul Tonko (D-N.Y.) is expected to introduce legislation early this month that would allow physicians to prescribe the addiction-treatment drug buprenorphine without restrictions.

Life sciences and medical news outlet STAT reports that about 5 percent of U.S. physicians have undergone the eight-hour training required to prescribe buprenorphine (commonly marked as

Suboxone).

The Tonko bill would follow the U.S. Department of Justice recently filed suit against buprenorphine's best-known manufacturer, Indivior, the British firm accused of marketing Suboxone fraudulently as safer than generic alternatives.

5. SUPPORT Act Expands Access to Medication Assisted Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced last month that several sections of last year's *SUPPORT Act* made changes to the *Controlled Substance Act* that affords practitioners with greater flexibility in providing medication assisted treatment (MAT) to patients.

Signed into law in October 2018, the *SUPPORT Act* allows qualified physicians who are board-certified in addiction medicine or addiction psychiatry, or practitioners who provide MAT in a qualified practice setting, to receive a waiver to begin treating up to 100 patients in the first year of MAT practice.

According to [SAMHSA](#), current practitioners with an approved waiver from the agency that authorizes them to treat a maximum of 30 patients at one time are permitted to increase that number to 100 patients if they provide SAMHSA with a notification of intent.

6. Bipartisan House and Senate Bills Introduced to Align 42 CFR Part 2 With HIPAA

Identical, bipartisan bills were introduced in the House and Senate last month to align 42 CFR Part 2, commonly referred to as Part 2, with the *Health Insurance Portability and Accountability Act* (HIPAA) for treatment, payment, and healthcare operations, while also strengthening protections against the use of addiction records in criminal, civil, or administrative proceedings.

Reps. Earl Blumenauer (D-Ore.) and Markwayne Mullin (R-Okla.) introduced H.R. 2062, the *Overdose Prevention and Patient Safety Act*, while Sens. Joe Manchin (R-W.Va) and Shelley Moore Capito (R-W.V.) introduced S. 1012, the *Protecting Jessica Grubb's Legacy Act*.

7. ONC Issues Proposed Rule to Revise Conditions of Participation

HHS' Office of the National Coordinator for Health Information Technology (ONC) issued a proposed [rule](#) that would revise the conditions of participation for psychiatric hospitals and require facilities that have electronic health record (EHR) systems "to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to another health care facility or to another community provider."

The proposal would limit this requirement to only those Medicare- and Medicaid-participating hospitals with EHR systems with the technical capacity to generate information for electronic patient event notifications. For more information see [AHA's Regulatory Advisory](#).

8. GAO Finds Nearly 40 Million American Adults Have Untreated Substance Use Disorders or Mental Health Conditions

A recent Government Accountability Office (GAO) [report](#) found that nearly 40 million American adults have untreated substance use disorders or mental health conditions, such as depression.

According to the national survey, many of these Americans don't think they need treatment, while others say it's hard to get care.

The GAO noted that the studies it reviewed were limited to specific conditions or locations, and most found higher health care costs for adults who did not receive behavioral health care treatment. There is no generally accepted estimate of the overall costs, the report said.

9. DOJ Reverses Course on Earlier Announcement Regarding Funding for Drug Courts that Reject MAT

The U.S. Department of Justice (DOJ) has reversed course on its grant announcement earlier this year that rolled back an Obama administration policy that cut funding to courts denying entry to the drug court program to people receiving medication-assisted treatment (MAT).

A [clarification](#) from DOJ last month said it will continue following the 2015 funding requirement after the department received a series of inquiries about the policy.

10. Health Systems Commit to Transforming Behavioral Health in 100 Communities Nationwide

Twenty-eight health systems met last month to kick off a new effort to transform behavioral health care resources, especially in underserved communities.

The collective effort is part of the Medicaid Transformation Project, a national initiative announced last year that is intended to transform health care and related social needs for the nearly 75 million Americans with Medicaid. The announcement came from AVIA, a network of health systems.

Citing statistics from SAMHSA, the National Institute of Mental Health, and the Kaiser Family Foundation, AVIA noted that 44.7 million American adults—including 10 million adults covered by Medicaid—experienced a mental illness as of 2016, a number that is likely underestimated due to stigma. AVIA also noted that about 35 percent of adults with a serious mental illness are not receiving mental health treatment.

"As jarring as the national behavioral health statistics are, they only serve as the tip of the iceberg for the long-term consequences that we risk if we don't take wide-reaching, decisive action to address this crisis today," Andy Slavitt, chair for the Medicaid Transformation Project and former acting administrator at the Centers for Medicare & Medicaid Services, said in a news release. "Twenty-eight health care organizations have stepped up to proclaim with a singular, unmistakable voice that enough is enough," Slavitt continued. "Within the next year, I expect dozens of new positive initiatives to launch. Within five to seven years, we could spark the transformation the country needs."

11. Joint Commission Releases Advisory on Drug Diversion and Impaired Healthcare Workers

In an [advisory](#) released last month, The Joint Commission identified more than 20 patterns and trends that indicate drug diversion, the transfer of a legally prescribed controlled substance from the individual for whom it was prescribed to another person for illicit use.

The advisory cited estimates from the SAMHSA and the American Nurses Association (ANA) that about 10 percent of U.S. healthcare workers are misusing prescription drugs. Patterns and trends in this area include: controlled substances are removed with no doctor's orders, for patients not assigned to the nurse, or for recently discharged or transferred patients; product containers are compromised; and a verbal order for controlled substances is created but not verified by a prescriber.

"Experts believe that only a fraction of those who are diverting drugs are ever caught, despite clear signals - such as abnormal behaviors, altered physical appearance, and poor job performance," the advisory noted. "Direct observation is vital to detecting diversion and may be the only way to identify an impaired colleague."

12. Shatterproof Releases Summary of Collaboration with NQF on SUD Treatment Programs

National not-for-profit organization Shatterproof has released [NQF Quality Innovation: Measuring Quality of Care in Substance Use Disorder \(SUD\) Treatment Programs](#), a detailed report of its collaboration with the National Quality Forum (NQF).

The summary highlights the process of developing performance and outcomes measures that addiction treatment programs will use for public reporting.

Specifically, the 73-page report describes how the NQF convened an expert panel to "pressure test" Shatterproof's proposed measure set by gathering multi-stakeholder expert input on the measures, additional measure concepts, and guidance on Shatterproof's proposed implementation of the measure set in its provider rating system pilot and future national expansion.

Shatterproof also released a measure [set](#) that will undergo feasibility testing beginning in August in several states before the measures finalized. The testing will begin this August.

13. OTPs to Follow Standard Care Recommendations for People with Suicide Risk

Opioid treatment programs will begin following the National Action Alliance (Action Alliance) for Suicide Prevention's recommended guidelines to care for people at risk for suicide in June, *Stateline* reported last month.

The story cited statistics from the Centers for Disease Control and Prevention (CDC) that found people with an opioid addiction are at much higher risk for suicide than the general population, and that opioid use was a contributing factor in more than 40 percent of all suicide and unintentional overdose deaths in 2017.

[Guidelines](#) from the Action Alliance will become facilities' minimum standard of care for patients in both inpatient and outpatient addiction-treatment settings, said Michael Johnson, managing director for the Commission on Accreditation of Rehabilitation Facilities, which accredits opioid treatment programs.

"Right now, there's no real standards for suicide prevention in addiction treatment programs," Johnson told *Stateline*. "We want to change that." The Action Alliance is a public-private partnership that works to advance the National Strategy for Suicide Prevention and reduce the nation's suicide rate by 20 percent by 2025.

14. Emergency Medicine News Releases Special Report on Psychiatric Patient Boarding

The decline in the number of available inpatient psychiatric beds could be the most significant factor in the increase in Emergency Department (ED) wait times for psychiatric patients, according to a special report published in [Emergency Medicine News](#).

"[The number of inpatient psychiatric beds] dropped 35 percent between 1998 and 2013," the report noted, citing *JAMA*, "And the drop wasn't just confined to the late 1990s and early aughts; a June 2016 report from the Treatment Advocacy Center, a national nonprofit focused on making treatment available for severe mental illness, found that the United States had 37,679 state psychiatric beds in 2016, down about 13 percent from 2010," the report continued. "That comes out to an average of 11.7 psychiatric beds for every 100,00 people, a number far below the 40-60 beds per 100,000 people the center recommends."

15. CDC Finds Kratom Has Caused Nearly 100 Overdose Deaths in the United States

The CDC has [reported](#) the herbal supplement kratom has caused 91 overdose deaths in 27 states between July 2016 and December 2017.

Kratom, a plant native to Southeast Asia, contains the alkaloid mitragynine, which the CDC reports can produce stimulant effects in low doses and some opioid-like effects at higher doses.

"As of April 2019, kratom was not scheduled as a controlled substance," the CDC report noted. "However, since 2012, the Food and Drug Administration has taken a number of actions related to

kratom, and in November 2017 issued a public health advisory; in addition, the Drug Enforcement Administration has identified kratom as a drug of concern," it added. "During 2011-2017, the national poison center reporting database documented 1,807 calls concerning reported exposure to kratom."

16. Report Finds Older Americans Dying by Suicide in Long-Term Care Settings

A six-month investigation from Kaiser Health News (KHN) and the PBS NewsHour has found older Americans are dying by suicide in the nation's nursing homes, assisted living centers, and adult care homes.

KHN analysis of new data from the University of Michigan suggests that hundreds of suicides by older adults each year, or nearly one per day, are "related to long-term care." Meanwhile, thousands more people may be at risk in those settings, where up to a third of residents report suicidal reports, the research found.

"Each suicide results from a unique blend of factors, of course," the article noted. "But the fact that frail older Americans are managing to kill themselves in what are supposed to be safe, supervised havens raises questions about whether these facilities pay enough attention to risk factors like mental health, physical decline, and disconnectedness-and events such as losing a spouse or leaving one's home," it continued. "More controversial is whether older adults in those settings should be able to take their lives through what some fiercely defend as 'rational suicide.'"

17. CMS Introduces Hospital Provider Burden Tool in April Newsletter

The Centers for Medicare and Medicaid Services (CMS) last month introduced its Complexity and Burden of Hospital Reporting Ecosystem map to provide a visual representation of essential reporting interactions between hospital staff and external regulatory agencies, payers, and accrediting organizations.

Featured in the April edition of the agency's [Patients Over Paperwork](#) newsletter, the new map represents more than 2,000 observations gleaned from a 2018 CMS meeting with 200 hospital leadership, management, and clinical staff.

CMS narrowed those observations to 130 themes and 16 insights, including the following: hospital staff feel they spend too much time resolving misaligned requirements and interpreting conflicting guidance," and "hospitals are required to send the same information to different places in slightly different formats. This means hospitals have to hire staff and consultants to manage this complexity."

18. Report Shows Psychiatrists Have a High Willingness and High Usage Rate for Telehealth

Psychiatry is the only physician specialty that has both a high willingness and high usage rate for telehealth, according to a new report from American Well, a privately held telemedicine company based in Boston.

The report, [Telehealth Index: 2019 Physician Survey](#), found that more than three-fourths of U.S. hospitals are currently using or implementing a telehealth program. And, as telehealth becomes a more common practice nationwide, physicians are more willing to use the technology. The findings showed that a total of 69 percent of physicians said they would be willing to use telehealth, up from 57 percent in 2015.

19. FDA Announces Reports of Seizures from Vaping

The U.S. Food and Drug Administration (FDA) has announced that it has learned some people who use e-cigarettes have experienced seizures, with most reports involving youth or young adult users.

"Seizures or convulsions are known potential side effects of nicotine toxicity and have been reported in the scientific literature in relation to intentional or accidental swallowing of e-liquid," the

announcement said. "However, a recent uptick in voluntary reports of adverse experiences with tobacco products that mentioned seizures occurring with e-cigarette use (e.g., vaping) signal a potential emerging safety issue."

The FDA said it continues to monitor all adverse experiences reported to the agency about the use of e-cigarettes and urges the public to report any cases of individuals who use e-cigarettes and have had seizures to the online Safety Reporting [Portal](#).

20. May is Mental Health Month

2019 marks the 70th anniversary of Mental Health Month, which Mental Health America and its affiliates have observed each May since 1949.

This year, Mental Health America will build on its 2018 theme-#4Mind4Body-as it explores the topics of animal companionship (including both pets and support animals), spirituality, humor, work-life balance, recreation, and social connections as ways to boost mental health and general wellness.

See Mental Health America's Mental Health Month [toolkit](#) for information and resources.

21. HRSA Applications for 2019 Graduate Psychology Education & Nurse Corps Programs

The Health Resources and Services Administration (HRSA) is accepting applications for its Graduate Psychology Education (GPE) program and its Nurse Corps Scholarship Program (NCSP) in May.

HRSA's GPE program trains doctoral health psychology students, interns, and post-doctoral residents to provide integrated, interdisciplinary, behavioral health and substance use prevention and treatment services in high-need and high-demand areas. The program also supports faculty development of health service psychology. According to HRSA, there is about \$18 million in funding for 40 awards, and it will accept [applications](#) through May 7.

The NCSP awards funds to students enrolled in a diploma, associate, baccalaureate, or graduate degree nursing programs. NCSP accepts applications for this program if those students commit to serving in high-need, underserved communities. Scholarship support covers tuition, required fees, other reasonable educational costs, and a monthly living stipend. HRSA will accept [applications](#) through May 21.

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