



ABHW ■ 2020 YEAR IN REVIEW

# WORKING TO IMPROVE ACCESS TO QUALITY CARE

Raising awareness and reducing stigma so everyone can get the care they need

The Association for Behavioral Health and Wellness (ABHW) advocates on behalf of health plans for improved access, higher quality care, and health equity for mental health and substance use disorder care, reducing racial disparities and ensuring better health outcomes for all individuals and communities.

Founded in 1994, ABHW is dedicated to shifting the paradigm in treatment and policies for mental health and substance use disorders (SUDs) to support access to quality care, improve overall health outcomes, and advance solutions for public health challenges. Our members are health plans that share our commitment to excellence in mental health and SUD treatment.

## 2020 SUCCESS HIGHLIGHTS

- **PASSED** 42 CFR Part 2 into law.
- **PASSED** the 988 National Suicide Prevention Hotline into law.
- **PROVIDED** leadership, resources, and member support during the ongoing COVID-19 crisis.
- **COMMITTED** to new ABHW racial equity statement.
- **LED** two working groups on implementing the Office of National Drug Control Policy (ONDCP) National Treatment Plan.
- **ORGANIZED** a webinar series with the American Psychiatric Nurses Association (APNA), the American Society of Addiction Medicine (ASAM), the American Mental Health Counselors Association (AMHCA), and the National Committee for Quality Assurance (NCQA).
- **HOSTED** the virtual 3rd Annual Payers' Behavioral Health Policy Summit, with more than 770 registrants.
- **FACILITATED** a successful virtual ABHW Hill Day.
- **ADVISED** key agency and administration officials and members of Congress, sharing thought leadership around critical mental health (MH) and SUD issues.
- **ACHIEVED** continued growth for the Stamp Out Stigma public health campaign.
- **ADDED** telehealth services for mental health in Medicare and eliminated the geographic and originating site restrictions.
- **ADVOCATED** for the Centers for Medicare & Medicaid Services (CMS) to issue a more permanent billing code, S0013, so that ABHW members and corporate partners can more effectively and efficiently work together to provide treatment for those in need.

# AT THE FOREFRONT OF THE ISSUES THAT MATTER

## ■ DRIVING INTEGRATION

### 42 CFR Part 2: A Legislative Victory

March 2020 saw passage of ABHW's top legislative priority: **42 CFR Part 2 legislation**. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted to assist with the economic and health impacts of COVID-19 and included the Protecting Jessica Grubb's Legacy Act, S. 3374.

The new legislation allows for use and disclosure of patient records, after initial written consent, to follow Health Insurance Portability and Accountability Act (HIPAA) rules for treatment, payment and health care operations (TPO). It maintains other privacy provisions and a breach notification along with aligning with HIPAA fines and fees for violations. This is a permanent change, not just a temporary fix during the national health emergency declaration.

In July, a final rule revising the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records (Part 2 rule) was published. The revised rule will implement many of the changes to the federal regulations proposed in 2020. The basic principle underlying these changes is to maintain privacy protections for individuals seeking treatment for substance use disorders, while

facilitating better coordination of care in response to the opioid epidemic.

ABHW is now engaging members on what will be needed in the next Part 2 rule and will engage with HHS as the rule is being drafted. The rule should be issued by March 2021, in compliance with the provisions of the CARES Act.

## ■ SUPPORTING PREVENTION

### 988: A New Hotline

In October 2020, another ABHW priority was realized when the **National Suicide Hotline Designation bill was signed into law**, making 988 the universal easy-to-remember telephone number for the national suicide prevention hotline.

The law will also provide vital federal reporting and specialized service training for at-risk populations, including Black youths and the LGBTQ community. The legislation provides states with the authority to levy fees to fund crisis centers and ensure that the infrastructure and call centers that support 988 are adequately funded. The number will be up and running nationwide by July 2022.

## COVID-19 RESPONSE

The social, health, and economic impact of the COVID-19 pandemic has created particular challenges for the delivery of behavioral health care.

In April, ABHW submitted a letter to Congressional leadership making recommendations for future COVID-19 legislation, including:

- Make permanent the use of telehealth for mental health services.
- Waive the Medicaid exclusion for care delivered in inpatient settings known as IMDs, or "institutions for mental disease."
- Strengthen and expand the behavioral health workforce.
- Support suicide prevention efforts.
- Remove barriers to accessing medication-assisted treatment (MAT).

In addition, ABHW created and disseminated resources to assist individuals, members, providers, and communities.

Our **COVID-19 Pandemic Resource** document and two additional documents outlining some of the ways our member companies and corporate partners have responded to the crisis are available on our website.

We've also teamed up with Psych Hub and more than 20 of the nation's leading mental health organizations to collaborate on a free resource hub to help people address their mental health needs during the COVID-19 pandemic. The **COVID-19 Mental Health Resource Hub** can be found at <https://psychhub.com/covid-19/>.



# ABHW STATEMENT AGAINST RACIAL INJUSTICE

*ABHW has enhanced its policy platform to bring attention to the impact of behavioral health on people of color and promote equal access and quality treatment for everyone. On June 6, 2020, we released the following statement, and we continue to take great effort to ensure our actions match our words both internally within our association and externally in our advocacy.*

The Association for Behavioral Health and Wellness is profoundly saddened by the recent tragic and senseless death of George Floyd, along with so many others before him, associated with a long history of undeniable racism in our country. We condemn racism in all forms, as it has no place in America or anywhere in the world, and we stand with the African American community against racial injustice.

Daily injustices faced by African Americans can have a profound impact on all aspects of life, including behavioral health. Although anyone can develop a mental health or addiction problem, African Americans sometimes experience more severe forms of mental health conditions due to unmet needs and barriers. Disparities including exclusion from health, educational, social, and economic resources also can contribute to worse health outcomes.

Over the coming months we will be reviewing our advocacy priorities to ensure that we are inclusive in our position. ABHW will be enhancing its policy platform to bring attention to behavioral health and its impact on people of color and promote equal access and quality treatment for everyone. Now is the time to make sure our actions match our words both internally within our association and externally in our advocacy.

As a country we have a long way to go, and ABHW will continue to work to raise awareness and advocate for change.

## ■ INCREASING ACCESS

### Comprehensive MH Legislation

In March, Representatives Kennedy (D-MA), Tonko (D-NY), Matsui (D-CA), Cardenas (D-CA), and Trone (D-MD) convened stakeholders, including ABHW, to engage in a discussion and provide feedback and input on potential comprehensive mental health legislation.

ABHW would like any comprehensive legislation that moves forward to focus on increasing access to mental health and SUD treatment. We also support eliminating the Drug Enforcement Administration (DEA) waiver and barriers to telehealth. As a follow-up to this meeting, ABHW submitted a comment letter outlining our priorities and we will continue to work with Congress as the potential legislation progresses.

■ **INCREASING ACCESS**

## Medicaid and Medicare

ABHW supports policies that ensure access to medically necessary, evidence-based behavioral treatment for the Medicaid and Medicare populations. In 2020, ABHW influenced Medicaid and Medicare policy through comment letters, meetings, and coalition work:

■ **Medicaid**

We advocated for coordinating care from out-of-state providers for medically-eligible children with medically complex conditions. Our recommendations to CMS included granting health plans access to prescription drug monitoring programs, increasing the size of the SUD service workforce and treatment and recovery infrastructure, supporting efforts to reduce stigma, and utilizing telehealth to coordinate treatment for MH and SUDs. We also pointed out that disparities in quality of care, issues with accepting Medicaid rates over state lines, and the burden on providers may be barriers to coordinating care.

In response to a Request for Information regarding maternal and infant health care in rural communities, we focused on aligning Part 2 with HIPAA and addressing issues with fraud and abuse that exist in SUD facilities. We again recommended appropriate use of telehealth to coordinate MH and SUD treatment as well as bolstering the addiction service workforce and treatment and recovery infrastructure. We look forward to remaining engaged on these important issues.

■ **Medicare**

ABHW has worked with Mental Health America, the Depression and Bipolar Support Alliance (DBSA), and the National Association of State Mental Health Program Directors (NASMHPD), among other groups, to develop legislation allowing Medicare to cover peer support specialists. In 2020, Representatives Chu (D-CA) and Smith (R-NE) introduced the Promoting Effective and

## CORPORATE PARTNER PROGRAM

ABHW's Corporate Partner Program focuses on crucial behavioral health issues. Ranging from telepsychiatry to pharmacy, and from digital therapeutics to diagnostics, our corporate partners have the opportunity to focus on areas of common interest and engage with behavioral health executives to ensure access to quality care and improve overall health outcomes. The Corporate Partner Program provides partners opportunities to engage health plans about their public policy and legislative interests.

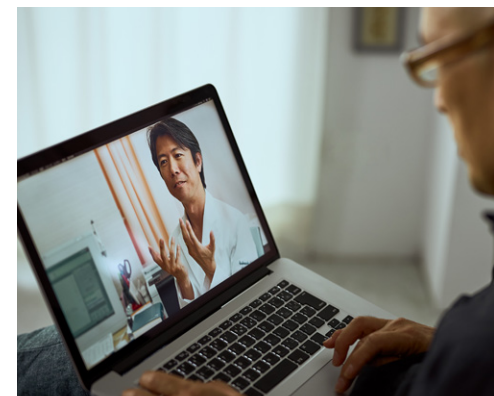
### OUR CORPORATE PARTNERS

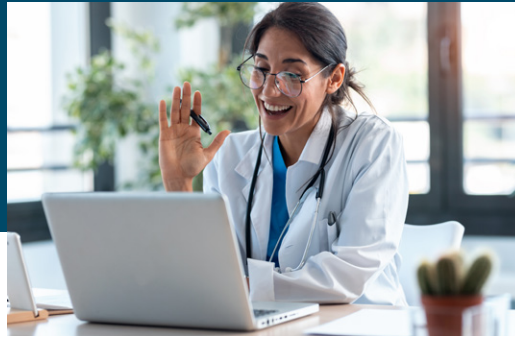
<b>Alkermes</b> —	<b>Johnson &amp; Johnson Health Care Systems, Inc.</b> —	<b>Pear Therapeutics</b> (New 2020) —
<b>Genomind</b> —	<b>Myriad</b> —	<b>PsychHub</b> —
<b>Indivior</b> —	<b>Palo Alto Health Sciences</b> (New 2020)	<b>Sage Therapeutics</b> —
<b>innovaTel Telepsychiatry</b>		<b>Tridium</b> (New 2020)

Empowering Recovery Services in Medicare (PEERS) Act of 2020 (H.R. 8206).

ABHW commented on the Medicare Part D and Medicare Advantage Rule, urging CMS to consider the timing of the Health Outcomes Survey (HOS) as well as the implementation of provisions regarding D-SNP look-alike plans. CMS has agreed and has delayed distribution of the HOS and implementation of D-SNP by one year.

ABHW worked with groups to advance the Mental Health Access Improvement Act of 2019 (H.R. 945, S. 286), a bill that would allow coverage of marriage and family therapists and mental health counselors under Medicare. We look forward to working with the new Congress on this legislation.





## ■ **ADVOCATING FOR PARITY**

### Championing Fairness

In 2020, ABHW and its members continued to work on the implementation, interpretation, and enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA):

- We met with the U.S. House of Representatives' Committee on Education and Labor staff to discuss the Employee Benefits Security Administration's (EBSA's) efforts to address federal parity compliance and other upcoming legislative activity.
- In mid-July, we informed the public and regulators about how member companies implement MHPAEA at a Department of Labor (DOL) listening session that focused on EBSA's interpretive guidance and enforcement program. We also submitted comments on how proposed updates to DOL's parity self-compliance tool are likely to create or perpetuate misunderstandings of federal parity requirements. ABHW also met with DOL, HHS, Department of the Treasury, and the Internal Revenue Service, and will continue to work with regulators on this crucial issue.
- ABHW provided comments to the National Association of Insurance Commissioners (NAIC), Mental Health Parity and Addiction Equity Act (B) Working Group related to their Quantitative Treatment Limitation/Financial Requirement Draft Template. Moving forward, ABHW will continue to consult with NAIC on parity issues.

- ABHW participated in a URAC-hosted webinar, Compliance Matters: How Mental Health Parity Plays a Role in Your Organization, focusing on parity compliance and URAC's MH/SUD Parity Program.

## ■ **INCREASING ACCESS**

### Enrollment Improvement

ABHW strongly opposed CMS' Notice of Benefits and Payment Parameters proposed rule's drastic changes to enrollment for individuals who rely on advanced premium tax credits (APTC), jeopardizing access to care. CMS finalized the rule without the provisions around APTC.

## ■ **RAISING AWARENESS**

### Virtual Hill Day

On June 24, in collaboration with the National Council for Behavioral Health and other associations, ABHW facilitated a virtual Hill Day. Members met with Dr. Elinore McCance Katz, Assistant Secretary, Substance Abuse and Mental Health Services Administration; Jim Carroll, Director, Office of National Drug Control Policy; and staff advisors to Deputy Secretary Hargan, Department of Health and Human Services; the Senate Finance Committee (Minority Staff); and Representative Kennedy's office.

## TALK ABOUT IT.

STAMP  
OUT  
STIGMA

### REDUCING STIGMA

An initiative spearheaded by ABHW to reduce the stigma surrounding mental illness and SUDs, Stamp Out Stigma aims to transform the dialogue on mental health and substance use disorders from a whisper to a conversation.

**Mental Health Awareness Month (May)**  
Throughout the month, ABHW and Stamp Out Stigma highlighted the importance of speaking openly about

mental health. Stamp Out Stigma hosted weekly Twitter chats, covering suicide prevention, LGBTQ mental health, eating disorders, and general mental health.

#### **Recovery Month (September)**

Stamp Out Stigma partnered with Optum Behavioral Health for Recovery Month to highlight and celebrate those living in recovery. The theme: "Everyday Recovery/Recovery Every Day."

We launched a cobranded external communications campaign to reduce

stigma around mental illness and substance use disorders, share stories of hope and lessons learned from individuals living in recovery, and help people recognize when there's a problem so they can seek appropriate support. The campaign utilized digital, social, and earned media to share facts about behavioral health conditions and personal stories from individuals in recovery.

Learn more at <https://www.stampoutstigma.com/recovery/>

## OUR MEMBERS

ABHW members include top national and regional health plans that provide coverage to more than 200 million people in both the public and private sectors.

Our member companies bring substantial knowledge and experience in mental health and substance use disorders, integration, and patient-centered treatment and recovery, and lead the industry in preventative and collaborative models of care.

Aetna  
Behavioral Health

Centene  
Corporation

Magellan Health

AmeriHealth Caritas

Cigna

New Directions  
Behavioral Health

Anthem/Beacon  
Health Options

Kaiser Permanente

Optum



## ABHW ■ WHAT WE DO



### EDUCATE

federal policy makers, associations, accreditation organizations, and the media on the value and effectiveness of behavioral health services provided by health plans.



### ADVOCATE

for policies that ensure health plans can continue to effectively increase quality, manage costs, and improve health care outcomes.



### PROMOTE

quality health care delivery that strives to achieve recovery, wellness, and a productive workforce.



### COLLABORATE

within the industry and with key stakeholders to exchange ideas and offer creative solutions to ongoing and emerging challenges.

“The events of 2020 impacted the world in a multitude of different ways, including triggering an increase in mental health and substance use disorders. I am proud of the immediate actions taken by our member companies and our corporate partners to ensure continued access to mental health and substance use disorder services, and the advocacy of our staff that quickly brought attention to critical behavioral health policy issues. As we look toward 2021, I am excited and honored to continue collaborating with our members and partners to reduce racial disparities, ensure better health outcomes for all individuals and communities, and Stamp out Stigma.”

— PAMELA GREENBERG, MPP  
PRESIDENT AND CEO