

A MONUMENTAL YEAR OF PROGRESS

For Mental Health and Substance Use Disorder Care

| Association for Behavioral Health and Wellness



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LETTER FROM THE PRESIDENT AND CEO

Dear Friends,

The Association for Behavioral Health and Wellness (ABHW) is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to over 200 million people in both the public and private sectors to treat mental health, substance use disorders, and other behaviors that impact health and wellness.

Since our founding in 1994, we have been staunch advocates for federal legislative and regulatory policies that help provide high-quality mental health and substance use disorder (SUD) care. Over the decades, we worked diligently with the support of our member companies to push for policies and regulations that increase the quality of care, manage behavioral health care costs, and promote wellness. In addition to our policy efforts, we have an initiative called Stamp Out Stigma that helps reduce the stigma surrounding mental illnesses and substance use disorders.

I am especially proud of the critical achievements ABHW staff and member companies made in 2022.

Our success on our policy priorities was a direct result of our relentless, long-term efforts to ensure access and better health outcomes for individuals and communities. The X-Waiver, which had previously been a barrier to people seeking treatment for opioid use disorder, was removed.

Mental health counselors and marriage and family therapists got covered under Medicare, leading to greater access to care for older adults. Long-awaited regulations were issued that partially align the use and disclosure of substance use disorder records with general health records, helping curb the SUD epidemic and allowing for better-integrated substance use disorder care. Telehealth flexibilities were extended and in some cases, made permanent, post-pandemic.

While we have much to celebrate, our work is not done. We have seen a marked improvement in people's attitudes about behavioral health; however, stigma still exists. As the number of people with mental health and substance use disorders increases, so does the need for treatment. We will continue to press forward on policies that remove barriers to care and ensure that everyone who needs it has access to high-quality, affordable mental health and SUD care.

Sincerely yours,

Pamela Greenberg

— PAMELA GREENBERG, MPP
PRESIDENT AND CEO,
ASSOCIATION FOR BEHAVIORAL
HEALTH AND WELLNESS





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

Founded in 1994, ABHW is dedicated to advancing federal policy and raising awareness on mental health and substance use disorders. By advocating on behalf of health plans for improved access, higher quality care, and health equity, we are focused on reducing disparities and ensuring better health outcomes for all individuals and communities.

Together, we work to reduce stigma and advance federal policy on mental health and substance use disorder care.

OUR GUIDING PRINCIPLES



Integration of behavioral and physical health care



Extension of access to high-quality care



Provision of evidence-based behavioral health care



Reduction of stigma



Expansion of the behavioral health workforce



Realization of positive health outcomes



Recognition of the value of prevention



BUILDING & PASSING LEGISLATION AND REGULATIONS

2022 was a transformative year for the mental health and substance use disorder field. ABHW leveraged its expertise, advocacy, earned media coverage, scores of comment letters submitted to regulators and legislators, and numerous Hill visits to achieve significant policy changes.

MONUMENTAL POLICY ACHIEVEMENTS

■ Paved the Way for Passage of the Mainstreaming Addiction Treatment (MAT) Act

For over half a dozen years, ABHW has advocated for medications like buprenorphine to be more readily accessible to people seeking opioid use disorder (OUD) treatment and has been a steadfast supporter of the Mainstreaming Addiction Treatment (MAT) Act. The MAT Act, included in the Consolidated Appropriations Act, 2023 (CAA) and signed by President Joe Biden on December 29, 2022, removes the X-Waiver, a special certification required for providers to prescribe buprenorphine for OUDs.

Removing the X-Waiver is a historic step forward in treating people with opioid use disorder.

ABHW and the MAT Act Coalition, an ABHW co-led group of diverse partners, worked diligently with the legislation's cosponsors to advance this bill. ABHW had **over 100 Hill visits** in 2022 with House and Senate leadership, committee staff, and members of Congress. Other advocacy efforts included meetings with leaders of the White House Domestic Policy Council and Office of National Drug Control Policy (ONDCP); **multiple sign-on letters; op-eds; and social media activities** that helped get this bill over the finish line. ABHW also helped spearhead a week of action where **over 400 organizations** and their members engaged in calls, emails, and a social media campaign to urge Congress to pass the MAT Act.



“We applaud Congress for passing critical behavioral health policies in the omnibus spending package. The funding and new policies addressing behavioral health workforce issues, advancing integrated care, extending access to services through telehealth, and passage of the MAT Act show Congress’ and the Biden Administration’s focus on helping to improve the state of behavioral health in the United States. We look forward to continuing to advance this goal in the upcoming Congress.”

—**Pamela Greenberg, MPP**, President and CEO of ABHW

■ **Inclusion of Health Counselors and Marriage and Family Therapists as Covered Medicare Providers**

In addition to the MAT Act, the Mental Health Access Improvement Act was included in the CAA that was signed into law by President Biden. The Mental Health Access Improvement Act improves access to mental health and substance use disorder care for older adults by providing coverage for marriage and family therapists and mental health counselors under Medicare. For over a decade, ABHW has been an active member of the Medicare Mental Health Workforce Coalition that advanced this bill. ABHW organized dozens of Hill meetings in 2022, participated in monthly social media calls to action, actively engaged in coalition strategy meetings, and advocated with committee staff for this bill's passage.

■ **Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)**

The Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2), known as "Part 2," is the federal regulation that sets requirements on the use and disclosure of a patient's substance use disorder records. While the law aims to protect the privacy of individuals seeking SUD treatment, it imposes specific legal requirements different from the Health Insurance Portability and Accountability Act (HIPAA) and other privacy regulations that make integrating substance use disorder treatment services with primary care challenging. As a result, the law is a barrier to communication between healthcare providers serving persons with SUDs and has created silos of healthcare delivery.

“This proposed rule is a step toward modernizing privacy regulations for persons with substance use disorders and ensuring patients receive improved coordinated care.”

—Maeghan Gilmore, ABHW Vice President of Government Affairs & Chairperson of the Partnership to Amend 42 CFR Part 2



On December 2, 2022, the U.S. Department of Health and Human Services, through the Office for Civil Rights and the Substance Abuse and Mental Health Services Administration (SAMHSA), published proposed changes to Part 2. **The partial alignment with HIPAA will help curb the SUD epidemic and allow for the appropriate sharing of SUD records while simultaneously strengthening patient privacy.**

For the past two decades, ABHW advocated for updating Part 2 to help ensure that individuals with SUDs receive safe, effective, whole-person care. ABHW founded the *Partnership to Amend 42 CFR Part 2* (Partnership), a coalition of 50 organizations representing stakeholders from across the healthcare spectrum. In 2020, the Partnership succeeded in getting legislation passed that more closely aligned Part 2 with HIPAA.

In 2022, under ABHW's leadership, the Partnership successfully advocated to the Office of Information and Regulatory Affairs, Office of Civil Rights, SAMHSA, Domestic Policy Council, and Office of National Drug Control Policy (ONDCP) for the release of the Part 2 proposed rule. ABHW also led a social media day and co-hosted a Twitter chat on International Overdose Day (August 31) with Netsmart, The Kennedy Forum, and the American Society of Addiction Medicine to discuss the urgency of issuing the 42 CFR Part 2 proposed rule.

■ Expanding the Uptake of the Collaborative Care Model

As one of its policy priorities to improve access to care, ABHW actively advocated for expanding the uptake of the collaborative care model through Hill meetings and letters to House and Senate leadership. The CAA provided grants to increase the uptake of the collaborative care model.

■ Extending Medicare Telehealth Flexibilities

ABHW has been involved in a number of efforts to advocate for the extension of Medicare telehealth flexibilities. ABHW worked closely with the Mental Health Liaison Group telehealth working group, signed multiple letters of support, raised awareness on social media, and participated in several meetings asking for this extension. When the CAA was signed into law by President Biden, ABHW was pleased to see the inclusion of a two-year extension of the Medicare telehealth flexibilities and a delay of the Medicare six-month in-person visit requirement included in the CAA.

■ Increasing Psychiatry Residency Slots

Through several letters to Congressional leadership, ABHW supported increasing the number of psychiatry residency slots to help address the workforce shortage in behavioral health. At least 100 residency slots have been added for psychiatry or psychiatry subspecialties.



■ **Notice of Benefit and Payment Parameters**

ABHW successfully advocated for changes that were published in the final Notice of Benefit and Payment Parameters for 2023 and the CY23 Physician Fee Schedule. In the first final rule, the U.S. Department of Health and Human Services delayed the implementation of using appointment wait times as a measure of network adequacy. In the Physician Fee Schedule rule, a new audio-only modifier code was approved, and a modification was made to allow licensed professional counselors and marriage and family therapists to practice under general (rather than direct) supervision.

ABHW supports MHPAEA and continues to proactively engage with regulators as well as Congress to ensure health plans have the information they need to comply with the law.



CONTINUING THE DRUMBEAT

■ Mental Health Parity and Addiction Equity Act (MHPAEA)

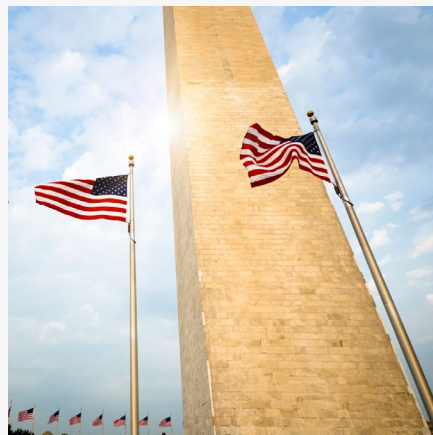
The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) generally requires group health plans and health insurance issuers to cover mental health (MH) and SUD benefits the same way they cover medical and surgical benefits. **ABHW supports MHPAEA and continues to proactively engage with regulators as well as Congress to ensure health plans have the information they need to comply with the law.**

On January 25, 2022, the U.S. Department of Labor (DOL), U.S. Department of Health and Human Services (HHS), and U.S. Department of Treasury (collectively “Tri-Departments”) issued their [2022 MHPAEA Report to Congress](#). In response, ABHW released a [press statement](#) and submitted a letter advocating for guidance regarding the threshold for compliance, clearly defining protocols and priorities for investigation, developing an appeals process, establishing safe harbors, and promulgating guidance for states to ensure alignment with federal practices. ABHW followed up on their letter with a meeting with almost two dozen staff from the Tri-Departments. Additionally, ABHW President and CEO Pamela Greenberg participated in an hour-long [American Public Media’s Call to Mind interview](#) on mental health parity alongside former Congressman Patrick Kennedy.

ABHW continuously advocated for additional guidance by actively participating and representing ABHW’s position in a health plan/employer parity coalition, at a small invitation-only meeting with U.S. DOL Secretary Marty Walsh and HHS Secretary Xavier Becerra, a DOL-led MHPAEA Roundtable, and a meeting with Lisa Gomez, the new Assistant Secretary of the Employee Benefits Security Administration.

■ Engaging Policymakers and Taking Action

Throughout the year, including during a virtual Hill Day held in conjunction with the National Council for Mental Wellbeing for *Hill Day at Home*, ABHW staff and members met with senior officials from the Administration, key federal agencies (including the Department of Health and Human Services, the Office of National Drug Control Policy, the Health Resources and Services Administration, and the National Institute on Drug Abuse), and Congress. Topics of discussion were ABHW policy priority areas such as increasing access to MAT for opioid use disorders, the behavioral health workforce shortage, integrated care, crisis services, youth mental health, telehealth and cross-state licensure, promoting health equity, and options for SUD treatment.



SHAPING THE NARRATIVE AND REDUCING STIGMA

Mental health issues have increasingly made their way into the national spotlight in recent years, particularly during the COVID-19 pandemic, which exacerbated existing and sparked new mental health conditions among many people throughout the country—and the world. As awareness has increased, ABHW has made sure that addressing the mental health crisis as well as changing perceptions and reducing the stigma of mental illness and substance use disorders continues to be part of this ongoing national conversation.

In 2022, ABHW maintained an active thought-leadership presence. ABHW staff spoke at large, national conferences like AHIP's *National Conference on Health Policy and Government Health Programs*, in addition to small, invitation-only roundtable discussions like the Substance Abuse and Mental Health Services Administration's conversation on crisis services, where ABHW co-chaired the sustainability roundtable.

In previous years, ABHW advocated for the establishment of 988: the national Suicide & Crisis Lifeline that is available 24/7 via

call, text, and chat. In July 2022, ABHW was pleased to see our advocacy turned into reality with the launch of 988. ABHW worked to raise awareness about the launch and availability of 988 through social media campaigns.

ABHW also hosted and co-sponsored educational webinars with external partners, such as the American Psychiatric Association and the American Psychological Association. Topics ranged from collaborative care to Current Procedural Terminology (CPT) coding and billing changes.





■ Policy Summit

In collaboration with the Validation Institute, ABHW hosted its 5th Annual Policy Summit. The event spotlighted how the collaborative contributions of health systems, health plans, treatment providers, employers, advocates, and policymakers move the needle in creating affordable and accessible services for behavioral health. The Summit provided a venue for thought-provoking conversations on how legislation and regulation can help address issues such as suicide prevention and crisis services, the behavioral health workforce shortage, telehealth after the Public Health Emergency (PHE), and the overdose epidemic. The [2023 Policy Summit](#) will be held in Washington, DC on December 5-6, 2023.

TALK ABOUT IT.



■ Stamp Out Stigma

Mental health and substance use disorder diagnoses are more prevalent than heart disease, diabetes, arthritis, migraines, osteoporosis, and asthma, yet misconception and misinformation have left many people with mental illnesses and substance use disorders afraid to talk about their experiences or seek help. It is the goal of Stamp Out Stigma (SOS) to change perceptions and reduce the stigma of mental illnesses and substance use disorders by encouraging people to talk about them.

Highlights of 2022 SOS activities include hosting weekly Twitter Chats for Mental Health Awareness Month in May on teen mental health, veteran mental health, and storytelling and mental health; amplifying the work of Black, Indigenous, and People of Color (BIPOC) mental health professionals and resources for BIPOC Mental Health Month in July; participating in the American Foundation for Suicide Prevention's *Out of the Darkness* walk to call attention to suicide prevention; and joining Shatterproof's walk to shed light on substance use disorders and recovery.

Learn more at www.stampoutstigma.com.

NONSTOP MEDIA COVERAGE

ABHW continuously pushes mental health and substance use disorder issues to the forefront of the national dialogue and advocates for ways to reduce stigma and increase access to behavioral health care. ABHW was highlighted in a number of articles in 2022 by [The Washington Post](#), Mental Health Weekly, Yahoo, [Insurance News Net](#), [Axios](#), [SC Magazine](#), Inside Health Policy, [Healthpayer Intelligence](#), and multiple times in [Behavioral Health Business](#). ABHW was also quoted on the websites of [U.S. Senator Shelley Moore Capito](#), [U.S. Senator Joe Manchin \(D-W.V.\)](#), and [PursueCare](#).



“Behavioral health care services are an essential component of whole-person, wraparound care for which Medicare Advantage is known. With a beneficiary population that is more likely to report a behavioral health condition than fee-for-service Medicare, Medicare Advantage has a unique responsibility in this area... Medicare Advantage plans are indeed stepping up with solutions that identify unmet behavioral health needs and connect beneficiaries to the right care and support.”

HEALTHPAYER INTELLIGENCE

ABHW President and CEO **Pamela Greenberg** was quoted in an article entitled “Medicare Advantage Offers Better Access to Behavioral Healthcare Than FFS.”

The Washington Post

ABHW President and CEO **Pamela Greenberg** was quoted by *The Washington Post* about how the pandemic, in addition to exacerbating mental health conditions, cast a light on the behavioral health workforce shortage.

AXIOS

ABHW Vice President of Government Affairs **Maeghan Gilmore** was highlighted in Axios, which addressed the 42 CFR Part 2 proposed rule to overhaul privacy rules for substance use disorder patients to prevent instances in which providers unknowingly prescribe opioids as treatment for someone with a history of substance use disorder.



Behavioral Health Business

ABHW President and CEO **Pamela Greenberg** advocated for the elimination of the X-Waiver, a barrier to people seeking treatment for opioid use disorder.

“Aligning the law with HIPAA doesn’t mean providers will just open up and share records with the world. It’s really about how can health care providers and health care teams provide the best care for individuals and not treat substance use disorder differently than mental health or other medical issues.”

BY THE NUMBERS
IN THE U.S.

NEARLY 1 IN 5 ADULTS

**have a diagnosable mental health condition
in any given year.**

53%

OF BLACK ADULTS

with moderate or severe anxiety and/or depression did not receive mental health treatment in 2019, compared to 36% of white adults.

46.3

MILLION PEOPLE

aged 12 or older (16.5% of the population) met the applicable DSM-5 criteria for having a substance use disorder.

30%

OF TEEN GIRLS IN 2021

—nearly one in three—seriously considered attempting suicide, up nearly 60% from a decade ago.

160 MILLION AMERICANS

**live in areas with mental health professional shortages,
with over 8,000 more professionals needed to ensure
an adequate supply.**

**MORE THAN HALF
(52%) OF LGBTQ+
STUDENTS**

had recently experienced poor mental health and, concerningly, more than 1 in 5 (22%) attempted suicide in 2022.

**THE 2ND LEADING CAUSE OF DEATH
IS SUICIDE**

among people aged 10-14.

OVER HALF (54.7%) OF U.S. ADULTS

with a mental illness do not receive treatment, totaling over 28 million individuals.

OUR CORPORATE PARTNERS

Corporate Partners have the opportunity to advise health plans about their public policy agenda, focus on areas of common interest, and engage with key behavioral health executives. Corporate Partners participated with ABHW and its members in webinars, roundtable discussions, co-authoring a [blog](#), dinners, and discussing behavioral health policy.



THANK YOU TO OUR 2022 CORPORATE PARTNERS:

- Akili
- Alkermes
- CHES Health
- COMPASS Pathways
- Embark Behavioral Health
- Indivior
- Johnson & Johnson Health Care Systems, Inc.
- Meru Health
- Myriad
- Pear Therapeutics
- PsychHub

OUR MEMBERS

ABHW members include top national and regional health plans that care for more than 200 million people in both the public and private sectors. Our member companies bring substantial knowledge and experience with mental health and substance use disorders, integration, patient-centered treatment, and recovery, and lead the industry in preventative and collaborative models of care.

- Aetna Behavioral Health
- AmeriHealth Caritas/
PerformCare
- Centene Corporation
- Elevance Health
- Evernorth
- Kaiser Permanente
- Lucet
- Magellan Health
- Molina Healthcare
- Optum

■ **BECOME A MEMBER**

Learn more [here](#)

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OUR VISION

A nation in which the stigma associated with mental health and substance use disorders is eliminated, people get the care they need, mental health and substance use disorders have an equal place to physical health in national health care policy, and public health challenges are more easily addressed.

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