



Michigan Association of **COMMUNITY MENTAL HEALTH** Boards

May 5, 2017

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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A REMINDER TO VOTING DELEGATES, EXECUTIVE BOARD MEMBERS, AND CMH AND PIHP BOARD CHAIRPERSONS: NEW SCHEDULE FOR ASSOCIATION MEETINGS AT SPRING CONFERENCE

Starting with this spring's Association conference, **the association's Member Assembly, Board Chairpersons Roundtable, and Executive Board meetings are being held at different times and dates than in the past** . These meetings, at this year's Spring Association Conference, and at every spring and fall Association conference in the future, will be held at this new day (the day before each conference in the spring and fall) and new times.

The times and dates, for these meetings at this year's Spring Conference, are listed below:

Monday, May 15, 2017

2:00pm – 6:15pm	Earlybird Registration for MACMHB Spring Conference (so that those participating in the Board Chairperson’s Roundtable, Executive Board and Member Assembly can register prior to those meetings, if they find this helpful)
3:00pm – 3:45pm	Board Chairperson Roundtable & Networking
4:00pm – 5:30pm	Executive Board Meeting
5:30pm – 6:15pm	Member Assembly Meeting & Election of Officers

WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Jackson County passes mental health millage

Below is an excerpt from a recent announcement, from Lifeways, of the successful mental health millage vote in Jackson County. Congratulations to Lifeways and all of the Jackson County stakeholders, leaders, and voters who made this possible.

We are excited to announce that the Mental Health Millage passed in Jackson County last night with 57.93% voting in support of this measure. A new release is provided below.

SPECIAL THANKS TO JACKSON COUNTY FOR APPROVING MENTAL HEALTH MILLAGE

Tuesday, May 2, 2017, Jackson County residents took a stand for their neighbors, family, and friends who experience mental illnesses and do not have the means or insurance to cover the cost of the supports to help them get well and live the best life they can. For that, LifeWays would like to say a big thank you to each one of you! THANK YOU!

LifeWays would also like to thank the grass-roots group, Citizens for Mental Health, for its tireless work educating the community on the opportunity before them. LifeWays sends its appreciation to the Jackson Board of County Commissions for allowing the residents to make this decision about their community.

“This simply could not have happened without the commitment of those individuals who gave their time and consideration for such a cause” said Maribeth Leonard, Chief Executive Officer of LifeWays.

It is quite fitting that such an incredible statement was made during May, which is National Mental Health Awareness Month. This month is, in part, about stopping stigma. More than half of those with a mental illness do not get treatment. Often because of the fear of being judged, shunned, or labeled “crazy” for seeking help. “Today, residents can have confidence that their community supports them and is rooting for them to live the best life they can!” reflects Leonard. “That is our goal every day, with every individual we have the opportunity to serve.”

The LifeWays team is excited to get started to accomplish the goals and objectives of the millage dollars. Millage funding will be used to provide community-based mental health safety net services not funded by Medicaid or State General Fund. Some of these services include:

- Access to Mental Health Treatment for Uninsured/Underinsured

- Social Support/Enrichment Services for People with an Intellectual/Developmental Disability
- Supports to Jails
- Supports to School Systems
- Supports to First Responders
- Guardianship Services

Monthly reporting on the use of millage dollars will be made to the Jackson Board of County Commissioners.

Ms. Leonard reinforced that “treatment works and recovery is possible for every individual –our job is to make that happen!”

Saginaw CMH cited as leader in faith based system of care work

Saginaw CMH was recently highlighted in a SAMHSA News article. The full article can be found at:

https://newsletter.samhsa.gov/2017/04/17/samhsa-grantees-tap-faith-communities-help-young-people/?utm_source=govdelivery&utm_medium=email-sn&utm_campaign=samhsanews-fy17&utm_content=systems-of-care

Excerpts of the article, which outline an innovative approach to reaching and supporting children, youth, and families, appear below:

Systems of Care Grantees Tap Faith-Based Community Organizations to Help Young People

Young people face challenges as they approach adulthood and independence, but those who have mental health issues and economic hardship encounter additional obstacles. To support these youth and their families, SAMHSA developed Systems of Care grants, under the Children’s Mental Health Initiative, which use a wraparound approach to develop community-based interventions to work in tandem with treatment services. This approach includes other supportive people – such as family members, caregivers, teachers, mentors, and coaches – as part of the care team.

The services they provide may include case management, vocational training, evidence-based therapeutic services, respite services, crisis intervention, family and peer support, and life skill development (including tutoring, or financial planning). Coordination of a wide array of services has been shown to enhance recovery outcomes.

Building on the wraparound approach, System of Care grantees are incorporating a model called The Open Table. This model taps into the resources of faith-based community organizations to address the barriers that keep people from achieving employment, a livable wage, and life stability – issues that many young adults and families, including those supported by the [Systems of Care](#) grant program, often face.

SAMHSA embraced The Open Table model in an effort to expand public-private partnerships and engage faith-based community organizations in delivering services to the larger community. This team approach provides mentorship, support, and friendship, while providing coordinated care – similar to the wraparound approach in Systems of Care.

To date, the System of Care grantees that have integrated this model include the [Chatauqua Tapestry Expansion Initiative](#), [Saginaw Max System of Care](#), [Wraparound Orange](#), [Bringing Systems of Care to Scale](#), and [HELPing BC-SCORES](#). Project directors for these programs have reported life-changing experiences for all participants because of the relationships and natural supports that develop over time.

“Having service come through faith-based community organizations, as a coordinated network, is incredibly helpful. The volunteers care deeply about helping,” says Gary Blau, Chief, Child, Adolescent and Family Branch at SAMHSA’s Center for Mental Health Services. “Systems of Care grantees immediately saw this model as a natural extension of their work and as a powerful tool to provide continued support.”

The Open Table model began in 2006 when founder Jon Katov realized that people living in poverty needed more than clothing or food to change their situation – they needed relationships. Over the course of a year, volunteers meet on a weekly basis to work with a person (called a “brother” or “sister”) seeking support to change. The program educates and trains the volunteers, who can be anyone in a faith- or community-based organization. The group of volunteers then forms a “Table,” guided by a “life plan” that outlines goals specific to a brother or sister.

Opioid abuse and heroin overdose solutions summit is announced

Below is a recent announcement of an upcoming summit, sponsored by the Greater Detroit Area Health Council [GDAHC] in partnership with the Detroit Wayne Mental Health Authority (DWMHA).

2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit: Moving Forward to Affect Change

Thursday, May 11, 2017
7:30 a.m. - 4:00 p.m.

Burton Manor
27777 Schoolcraft Road
Livonia, MI 48150

The opioid abuse and heroin overdose epidemic is a national crisis. 78 Americans die every day from an opioid-related overdose. It is a life-threatening and community-damaging crisis that crosses all demographics, affecting families, resulting in job loss, increasing the cost of health care, and vastly impacting law enforcement. On May 11, we will increase our knowledge of new policies, programs, and institutions that have been developed to change how we address this widespread disease. We will be presented with current data, explore our progress and collaborate to implement new strategies and action plans to further our fight with this crisis.. Please visit www.GDAHC.org for more information.

Attendees will receive 5.5 MCBAP-approved specific education hours awarded by DWMHA.

To register go to: www.gdahc.org/opioidsummit

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan celebrates Children’s Mental Health Awareness Day

Below is a press release describing the recent celebration, at the Capitol, of Children’s Mental Health Day.

Child mental health needs recognized at awareness event at State Capitol

Wearing green ribbons to raise awareness, advocates on Thursday gathered inside the State Capitol to emphasize the importance of providing services and support to children who have mental health needs. One in five children in Michigan experiences a mental health concern and many of those affected do not get the assistance they need.

“Intervention to help Michiganders dealing with mental health needs, including our children, is critically important,” said Lt. Gov. Brian Calley, who spoke at the event. “Events like this will shine a light on mental health issues that affect our children so that we can address their needs early on and they can realize their great potential.”

Michigan today is observing National Children’s Mental Health Awareness Day, as proclaimed by Gov. Rick Snyder.

Today's event was called "May the 4th Be With You: Celebrating Youth/Family Strength and Voice, Raising Awareness, Reducing Stigma and Building Partnerships." Michigan's statewide, family-run, nonprofit advocacy organization the Association for Children's Mental Health sponsored the event with assistance from the Michigan Department of Health and Human Services.

"Children's mental health challenges are real and treatable. Mental health is as important as physical health to the overall health and well-being of our children, youth, families and communities," said Terri Henrizi, education coordinator for the Association for Children's Mental Health.

"Today's event provides us with an opportunity to increase awareness about the real issues and needs of youth and families, highlight the importance of family voice and choice and join together to move closer to our vision: That all Michigan children and youth with mental health challenges and their families live in safe, welcoming communities with access to needed services and supports."

The creation of MDHHS in 2015 prioritized children's mental health services in many ways – including by moving the Division of Mental Health Services to Children and Families into the department's Children's Services Agency.

"Making sure that Michigan youth are healthy, protected and supported in their path to adulthood is a key to the future success of our state," said MDHHS Director Nick Lyon. "We must continue working together to provide the support and care needed by our children facing mental health challenges."

A parent and youth who have experienced child mental health challenges also spoke at the Capitol Rotunda.

For more information about the Association for Children's Mental Health, visit www.acmh-mi.org. Go to www.michigan.gov/bhdda for information about MDHHS mental health services and to www.michigan.gov/fosteringmentalhealth to find out about the department's efforts to assist children in foster care who have mental health issues.

Importance of minority health discussed by CMS administrator on CMS blog site

Below is a recent blog post by Seema Verma, the newly confirmed Administrator for the federal Centers for Medicare & Medicaid Services (CMS)

CMS' Ongoing Commitment to Minority Health

As many of you know, April is National Minority Health Month, and it's a privilege to be Administrator at the Centers for Medicare & Medicaid Services (CMS) and take part in the observance. This year's theme is "Bridging Health Equity Across Communities". At CMS we have an extraordinary opportunity to improve health outcomes for the over 100 million people that we serve every day. Our primary mission is to make healthcare accessible and affordable for all Americans.

During this important month, we continue our efforts to raise awareness about disparities, and provide tools and resources to support actions to address them. In addition to our ongoing work to address these disparities through efforts like the CMS Equity Plan for Improving Quality in Medicare, the CMS Office of Minority Health released new Medicare Advantage (MA) data on racial and ethnic disparities in care. The data helps us understand the connections between a person's race, ethnicity, and gender and the healthcare that they receive.

Two new reports focus on the treatment and patient care experiences for a variety of conditions. The [first report \(https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Gender-Disparities-National-Report.pdf\)](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Gender-Disparities-National-Report.pdf) looks at racial and ethnic disparities by gender and examines differences between black, Hispanic, Asian and Pacific Islander and white MA beneficiaries in rates of colorectal cancer

screening, treatment for chronic lung disease and other conditions as well as their ability to access needed care.

The [second report \(https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Racial-and-Ethnic-Disparities-by-Gender-National-Report.pdf\)](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Racial-and-Ethnic-Disparities-by-Gender-National-Report.pdf) looks at racial and ethnic minorities, people with disabilities, members of the lesbian, gay, bisexual, and transgender community, and rural populations in quality of treatment for certain conditions among MA beneficiaries. It shows that women receive better treatment for chronic lung disease and rheumatoid arthritis and are more likely than men to receive proper follow-up care after being hospitalized for a mental health disorder.

This tremendous research can only point out the problems. We need healthcare professionals, stakeholder organizations, researchers, and community groups to use these CMS reports, along with our other tools and [resources \(https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/index.html\)](https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/index.html), to develop interventions for racially and ethnically diverse Medicare beneficiaries.

Through transparency, flexibility, and innovation, we will use every available tool to improve the Medicare program and promote the availability of high value and efficiently-provided care for all beneficiaries. We do this, by working together with plans, providers and the patients we serve to find ways to reduce the disparities highlighted in these reports and find effective health solutions that work for all communities and all Americans.

Views of the nominee for Assistant Secretary for Mental Health and Substance Use on role of SAMHSA

A blog written, in 2014, by Dr. Elinore F. McCance-Katz, the nominee for the position of Assistant Secretary for Mental Health and Substance Use, has recently made the news. This blog outlined her view of the role of SAMHSA. If confirmed, Dr. McCance-Katz will take the Assistant Secretary role which will take the responsibilities currently carried out by the SAMHSA Administrator. This position was created as part of the federal 21st Century Cures Act that recently became effective. The opening of Dr. McCance-Katz's blog is provide below along with the link to the full blog:

What is SAMHSA's Role in Today's Healthcare System?

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to reduce the impact of substance abuse and mental illness on America's communities. The Affordable Care Act and new parity protections are expanding mental and substance use disorder benefits to over 60 million Americans. This historic expansion of insurance coverage presents a unique moment in history to address the long standing barriers to treatment for people with mental illness.

<https://blog.samhsa.gov/2014/05/29/what-is-samhsas-role-in-todays-healthcare-system/#.WQzLqtjrsdW>

CHCS announces health improvement and cost control webinar

The Center for Health Care Strategies (CHCS) recently announced an upcoming webinar on a range of innovative approaches to improving population health and controlling costs. The details of that webinar are provided below:

Medicaid-Public Health Partnership to Improve Health and Control Costs: Early Lessons from the CDC's 6|18 Initiative

Date: May 25, 2017, 1:00 – 2:30 pm ET

As the US health care industry moves toward value-based payment systems, the impetus for public health officials and health care payers to work together to improve population health and lower health care costs has never been clearer. The CDC's *6|18 Initiative* creates a platform to support public health and Medicaid partnerships in implementing evidence-based interventions that offer short-term health improvements while controlling costs.

This webinar will provide an overview of the CDC's *6/18 Initiative* and explore successful state strategies for implementing interventions via Medicaid and public health partnerships. Participants will hear from *6/18* representatives in South Carolina and Rhode Island about their experiences making the case for enhanced Medicaid prevention benefits related to tobacco cessation and asthma control. In addition, CMS and CDC officials will highlight *6/18's* relationship to broader state and national initiatives.

State Medicaid and public health officials, policymakers, and other interested stakeholders are invited to join this 90-minute webinar, sponsored by the Robert Wood Johnson Foundation, to gain a better understanding of how cross-agency partnerships can support the implementation of evidence-based prevention interventions to improve health and control costs.

Register at: http://www.chcs.org/resource/medicaid-public-health-partnership-to-improve-health-and-control-costs-early-lessons-from-the-cdcs-618-initiative/?utm_source=CHCS+Email+Updates&utm_campaign=c006306b39-6%7C18+Webinar++05-03-17&utm_medium=email&utm_term=0_bbc451bf-c006306b39-152144421

Don't Forget About the 2017 PAC Campaign

Earlier this year we announced our 2017 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2017 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Boards should forward the results of their campaign and donations to the Board Association offices by May 5 (if available). The results of the campaign will be on-site at the Spring Conference in Dearborn. Final donations should be sent to MACMHB no later than June 30, 2017 in order to be in the drawing for the Detroit Tiger tickets if eligible. This year's Tiger game is Saturday, July 15 at 6:10pm vs. Toronto Blue Jays.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Bob or Alan with any questions.

LEGISLATIVE UPDATE

Senate and House Pass FY18 DHHS Budgets

This week both chambers passed their FY18 DHHS budget recommendations – the House passed their budget (HB 4323) on Tuesday and the Senate passed their budget (SB 135) on Wednesday.

Both budgets did have similar amendments added on the floor (they are **BOLD** in the language below). The Senate language, offered by Sen. Zorn, called for a neutral third party to evaluate the results of the pilots upon completion. The House language, offered by Rep. Garcia, called for a state research university to evaluate the successes and weaknesses of potential changes to the system.

The next steps in the budget process will be: next week both chambers will reject the other chambers budget recommendations, which will send them to conference committee. May 17 is the scheduled date for the revenue estimating conference, where the state lays out their financial forecast and lays out how much money they have to spend in FY18 in order to produce a balanced budget. Shortly after the revenue estimating conference, budget committee chairs will be given budget targets (how much money they have to spend in their budget area). Budget chairs will work on a compromise budget where both sides try to reach agreement, this process will probably be completed by the end of May / early June. I anticipate the House and Senate will vote on the final FY18 budget sometime in early-mid June.

Below is the Senate and House 298/234 language as the budgets passed both chambers this week (**BOLD** = floor amendments, UNDERLINED = committee amendments):

FY18 Senate

Section 234: The department shall advance pilots and demonstration models that integrate the Medicaid behavioral and physical health benefit. In fulfilling the directive described in this section, the department shall periodically consult with stakeholder groups, the medical care advisory committee, and the house and senate appropriations subcommittees on the department budget. For the duration of the integration pilot or demonstration model, the managing Medicaid health plan shall capture all behavioral health efficiency savings and reinvest those savings back into services for the Medicaid behavioral health population covered by the pilot or demonstration model. **Upon completion of any pilots or demonstration models advanced under this section the results of the pilot or demonstration model must be evaluated by a neutral, independent, third party.** The managing Medicaid health plan must submit a report to the senate and house appropriations subcommittee on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by April 1 on any efficiencies and savings resulting from the pilot or demonstration model. The demonstration models are based on a goal to achieve total Medicaid benefit and financial integration by September 30, 2020 that will rely on a single contracting model between this state and licensed health plans, regulated by both the department of insurance and financial services to assure financial viability and the department to assure overall programmatic performance.

Section 298: The department shall continue working with stakeholders to improve the coordination of publicly funded physical health and behavioral health services in this state. All efforts made towards improving the coordination of supports and services for persons having or at risk of having intellectual disabilities, developmental disabilities, substance use disorder, or mental health, and physical health needs shall be built upon the published core values agreed upon by the Section 298 Stakeholder Workgroup. These values include, but are not limited to; person-centered planning with the expectation of high quality and consistent care provided statewide. It is the intent of the legislature that the department shall consider outcomes of pilots implemented under this section and the integration pilots recommended under section 234 when assessing and making recommendations regarding the most effective financing and service delivery models for the provision of Medicaid behavioral health services. **Upon completion of any pilots or demonstration models advanced under this section the results of the pilot or demonstration model must be evaluated by a neutral, independent, third party.**

FY18 House

Section 298: For the items described in subsections (2) and (3), the department shall demonstrate both the successes and weaknesses of altering the behavioral health services delivery system. In evaluating the successes and weaknesses, the department shall consider all of the following, including, but not limited to, improvement of the coordination between behavioral health and physical health, improvement of services available to individuals with mental illness, intellectual or developmental disabilities, or substance use disorders, benefits associated with full access to community-based services and supports, **customer health status, customer satisfaction, provider network stability,** and financial efficiencies. Any and all realized benefits and cost savings of altering the behavioral health system shall be reinvested in services and supports for individuals having or at risk of having mental illness, intellectual or developmental disabilities, or substance use disorders. **The evaluation described in this subsection shall be performed by researchers from one of the state's research universities.**

(2) The department shall work with a willing CMHSP in Kent County and willing Medicaid health plans in the county to pilot a full physical and behavioral health integrated service model consistent with the stated core values of the workgroup established in section 298 of article X of 2016 PA 268.

(3) The department shall implement a public statewide behavioral health managed care organization consistent with the core values stated by the workgroup described in subsection (2). The organization shall operate in conjunction with an appointed state commission that shall consist of appropriately identified and diverse members.

(4) In addition to the pilot described in subsection (2), the department shall implement up to 3 pilots to achieve a total Medicaid behavioral health and physical health benefit and financial integration demonstration model. These demonstration models shall use single contracts between the state and each licensed Medicaid health plan that is currently contracted to provide Medicaid services in the geographic area of the pilot. The department shall ensure the pilots described in this subsection are implemented in a manner, including, but not limited to:

- a. That allows the CMHSP in the geographic area of the pilot to be a provider of behavioral health supports and services.
- b. That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilots described in this subsection must only be in effect for the duration of the pilots described in this subsection.**
- c. That is consistent with the stated core values as identified in the final report of the workgroup established in section 298 of article X of 2016 PA 268.
- d. That provides updates to the Medical Care Advisory Council, Behavioral Health Advisory Council, and Developmental Disabilities Council." and renumbering subsections accordingly.

(5) By March 15 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on progress, a time frame for implementation, and any identified barriers to implementation of the items described in subsections (2) and (3). In addition, the report shall also include information on policy changes and any other efforts made to improve the coordination of supports and services for individuals having or at risk of having mental illness, intellectual or developmental disabilities, or substance use disorders, or physical health needs.

NATIONAL UPDATE

Cast Your Vote Now for Ed Woods – 2017 National Council Board Elections

Please take time to vote for Ed Woods, Lifeways Community Mental Health board member and past president of MACMHB, to retain his position on the National Council Board of Directors. Michigan has been represented on the National Council Board for several years, it is important that we keep that seat for Region 5, which represents Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

There are 3 candidates running for two spots – voting is easy, just click on the link below and follow the directions.

Candidates have submitted their applications for the 2017-2018 National Council Board Elections and this is your chance to read their stories, vision, and achievements to help you make a meaningful decision on who you would like to advocate for you in the critical days and year ahead.

Voting for the National Council's 2017 Board of Directors opened on May 1. Elections are being held to fill 7 Regional seats (Regions 1, 2, 3, 5, 6, 8, and 9) this year. Voting will close at 11:59 PM PST on June 1, 2017.

[To vote, click on your region on this page](#), select your candidate, and submit your ballot. Note: One (1) vote per member organization and you may only vote for a candidate in your region.

- Region 1: CT-MA-NH-ME-VT-RI
- Region 2: NJ-NY-PR-VI
- Region 3: DC-DE-MD-PA-VA-WV
- Region 5: IL-IN-MI-MN-OH-WI
- Region 6: AL-LA-NM-OK-TX
- Region 8: AZ-CO-MT-ND-SD-UT-WY
- Region 9: CA-HI-NV

[The National Council Board of Directors is strongly committed to encouraging diversity in all facets of its work](#), reflecting broad representation across our industry and the inclusion of all stakeholders.

Please don't hesitate to contact me with any questions you might have, or you can contact Liane Kluge, Senior Director, Membership for the National Council, LianeK@TheNationalCouncil.org, 202-748-8793.

Register for Hill Day 2017

The time to protect our nation's most vulnerable populations is now, and we know that our voices are louder together.

Join us at Hill Day 2017, October 2-3, the nation's largest behavioral advocacy event, to stand up and be heard on mental health and addictions.

[Register today.](#)

Fired up and ready to go now? Start honing your advocacy skills by taking action today on our [Unite4BH page](#).

House Narrowly Approves AHCA

The U.S. House of Representatives on Thursday narrowly approved the American Health Care Act (AHCA) by a vote of 217-213 on Thursday.

The Republican-sponsored legislation crafted to replace many policies put into place by the Affordable Care Act of 2010 now heads to the Senate, where plenty of work remains for the GOP, according to Julius Hobson, the former head of Congressional relations for the American Medical Association.

"The reality is the bill that passed the House has no chance of becoming law because the Senate has made it clear it will not pass that bill as is," says Hobson, who now serves as a healthcare lobbyist and attorney with the Polsinelli law firm. "They will make substantial changes. Any changes they make will be to the left of what the House did."

As for the version of the AHCA that passed through the House on Thursday, Hobson tells Behavioral Healthcare Executive that although a Congressional Budget Office cost estimate of the bill has not been released, he expects fewer individuals with pre-existing conditions to be covered.

"The concept of a high-risk pool to cover those kinds of people [with pre-existing conditions] is extremely expensive," says Hobson. "The one thing the Affordable Care Act did was it dumped everybody into the insurance pool, individuals as well as groups. That spread the risk. It slowed down the increases in health insurance. That would change if this became law."

Linda Rosenberg, president and CEO of the National Council for Behavioral Health, said in a statement that the AHCA could be particularly harmful for those on Medicaid.

"The National Council for Behavioral Health is outraged that the House passed the American Health Care Act, which puts the lives of those who rely on Medicaid for lifesaving addiction and mental healthcare in jeopardy," Rosenberg said. "The final amendments did nothing to mitigate its disastrous effects. We urge the Senate to do what the House of Representatives did not—stand up for what is right and ensure that the millions of Americans facing mental illnesses and addictions who currently get care under the Affordable Care Act are not left out in the cold."

Sylvia M. Burwell, former Secretary of the U.S. Department of Health and Human Services, called the House vote "a setback for our nation's health system" in a statement, noting that an estimated 24 million Americans could stand to

lose health insurance coverage. Describing the bill as “harmful” and “partisan,” she called on the Senate to instead focus its attention on “constructive, bipartisan improvements to our health system.”

“Premiums and out-of-pocket costs would increase, especially for low-income, older, and rural Americans,” Burwell said of the AHCA in her statement. “Millions of Americans would be segregated into high-risk pools and charged more for the misfortune of being sick. This bill does not protect people with pre-existing conditions, and it would block women from accessing basic preventive care. And it does not improve the quality of care. In fact, it takes us backwards on making prescription drugs affordable and addressing the opioid epidemic.”

The Kaiser Family Foundation released a tool to compare the recently passed American Health Care Act (AHCA) to the Affordable Care Act (ACA). This tool can be accessed at: http://kff.org/interactive/proposals-to-replace-the-affordable-care-act/?utm_source=AHCA+Post+Vote+Alert+-+May+5+2017&utm_campaign=AHCA+May+5+2017&utm_medium=email

MACMHB committee schedules, membership, minutes, and information go to our website at <https://www.macmhb.org/committees>

Have a Great Weekend!