



Michigan Association of **COMMUNITY MENTAL HEALTH** Boards

August 4, 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:

- Work and Accomplishments of MACMHB Member Organizations
 - MACMHB Welcomes New Team Member
 - Macomb County Community Mental Health Receives 3 Year Accreditation
- State and National Developments and Resources
 - Michigan Office of Recipient Rights announces restructuring and leadership appointments
 - CMS looks to launch behavioral health pay model
 - SAMHSA announces webinar on Medicaid coverage for MAT services
 - ABLE National Resource Center launches campaign
 - Impact of ACA on healthcare access in Detroit featured in press
 - CHCS announces ACO shared savings information via blog
- 2017 PAC Campaign Update
- An Evening with David Pitonyak
- Cookie Gant Spirit Award
- MDHHS Director's Awards For Recipient Rights
- Save the Date: Annual Recipient Rights Conference!
- Legislative Update
 - House Mental Health CARES Task Force Announces Additional Dates
 - Report Says Tough Days Ahead for State's General Fund
- National Update
 - Senate Health Care Vote Fails, Next Steps Unclear
 - Register for Hill Day 2017
- MACMHB committee schedules, membership, minutes, and information

WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

MACMHB Welcomes New Team Member

The Michigan Association of Community Mental Health Boards welcomes Carly Palmer to MACMHB. Carly joins the MACMHB team as a Training and Meeting Planner. She previously worked for the Michigan Nonprofit Association and the Michigan Association of School Administrators. Carly is an active member of the Society of Government Meeting Professionals. Carly can be reached at cpalmer@macmhb.org or 517-374-6848. Join us in welcoming Carly to the Association.

Macomb County Community Mental Health Receives 3 Year Accreditation

Below are excerpts from a recent announcement, from Macomb County Community Mental Health (MCCMH) regarding its receipt of a full three year accreditation from CARF. Congratulations to Macomb CMH.

Macomb County Community Mental Health (MCCMH) has received accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.

CARF's evaluation included a thorough review of the physical facilities and quality of patient care, which included measurements on case management, performance, access to services, family-based services, and the use of technology, among many other key areas.

"We are extremely pleased to have achieved this designation," said John Kinch, executive director of MCCMH. "It was a rigorous process, but one that we welcome as a continual quality improvement mechanism. Earning CARF accreditation is another measure of our long history of delivering excellent services to the people of Macomb County, and it reflects our commitment to them."

CARF conducted a review of organizational documents and records of patient care in June. In its report, CARF noted "... MCCMH demonstrates substantial conformance to the CARF International standards. Leadership is accountable and embraces the value of quality care. Consumers speak highly of the program, feel the services meet their needs, and are receiving quality care."

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan Office of Recipient Rights announces restructuring and leadership appointments

Below are excerpts from a recent announcement from the Office of Recipient Rights within the Michigan Department of Health and Human Services regarding changes to the Office's organizational structure and two appointments to leadership positions within the Office related to that restructuring.

The Office of Recipient Rights has undertaken a restructuring of the functions provided by its Central Office staff in order to provide more consistent and coordinated services to stakeholders.

The Education, Training, and Compliance Unit (ETCU) will combine the functions of education and compliance. This unit will be tasked with the development and coordination of mandatory education and training for all rights staff in the state of Michigan, CMHSP Directors, and Appeals and Advisory Committees, MDHHS Central Office staff and MDHHS staff in hospitals and centers;... monitoring the quality and effectiveness of the rights protection system In the Community Mental Health Service Programs (CMHSPs) ...

The Hospital/Community Investigations Unit will have the responsibility for all recipient rights functions in MDHHS-operated Hospitals and Centers and will be responsible for directing and supervising all rights staff conducting investigations taking place in state psychiatric hospitals and any special investigations required by this office in the community....

It is with great pleasure that I announce we have two well-seasoned and very knowledgeable veterans to fill these positions. Raymie Postema is our new Director of Hospital/Community Investigations.

Andrew Silver is our new Director of Training, Education, and Compliance. He has served the last 23 years as the Director of ORR's education and training programs.

Both of these individuals bring a wealth of knowledge, skill, and commitment to these positions. Already, innovative approaches are being mapped out to bring more information and assistance to our stakeholders. I am personally very excited about our future, and the path this reorganization will take us.

CMS looks to launch behavioral health pay model

Below are excerpts from a recent article, written by Virgil Dickson in Modern Healthcare (July 20, 2017), on an effort by the federal Centers for Medicare and Medicaid Services to move toward a value-based payment system for the nation's public (Medicare, Medicaid, and CHIP funded) behavioral healthcare services.

The CMS is interested in launching a new pay model that will target behavioral health services and is seeking public comment on what the new effort should look like.

On Thursday, the CMS announced that its Innovation Center would like to design a payment or service delivery model to improve healthcare quality and access for Medicare, Medicaid or Children's Health Insurance Program beneficiaries with behavioral health conditions.

The model may address the needs of beneficiaries battling substance use or mental disorders. It could also target Alzheimer's disease and related dementias.

The Innovation Center will be soliciting ideas at a public meeting on Sept. 8 at CMS headquarters in Baltimore.

The announcement comes at a time when agency officials say they are still committed to value-based care. For months, there have been concerns the CMS would abandon its move toward value-based pay models after Dr. Tom Price became HHS secretary. Price had been critical of the Innovation Center and bundled-pay efforts when he was a member of Congress.

These concerns intensified when the CMS delayed the effective dates for four Obama-era bundled-payment initiatives covering cardiac and orthopedic care and announced it was seeking public comment on the overall future of the models. The agency also announced plans to allow up to 800,000 small and rural providers to be exempt from the new quality reporting system outlined in the Medicare Access and CHIP Reauthorization Act.

Since then, CMS officials have reiterated that clinicians who have invested millions in implementing pay models or the quality reporting system under MACRA don't need to worry about the CMS changing course.

"The horse is out of the barn on this," Dr. Kate Goodrich, chief medical officer at the CMS said at a bundled-pay summit in late June. "We will be continuing this progress towards value-based care under this new administration."

However, the Trump administration's value-based efforts may differ from the prior administration's in terms of how much Medicare spending will be tied to new models of care.

The Obama administration wanted 30% of payments for traditional Medicare benefits to be tied to alternative payment models such as accountable care organizations or bundled-pay models by the end of 2016 and had set a goal of hitting 50% by the end of 2018.

The Obama administration hit the first goal last March, but it's unclear if the Trump administration will shoot for the second one, according to Goodrich.

"We are currently thinking about what we want the next set of goals and targets to be," Goodrich said.

Freezing implementation of various models was merely new leadership's attempt to better understand them and their potential benefits, according to Christina Ritter, director of the patient care models group at the CMS.

"These kinds of delays a very typical for a new administration," Ritter said at last month's summit. "I want to make sure people understand that before there is a whole ton of reading tea leaves."

SAMHSA announces webinar on Medicaid coverage for MAT services

SAMHSA Webinar: Medicaid Coverage and Financing of MAT, Current Status and Promising Practices

August 17, 2017

3:30 – 5:00pm

Presenters: Mitchell Berger, SAMHSA; Peggy O'Brien, IBM Watson Health; Colleen LaBelle, Boston University Medical Center; Mark Stringer, Missouri Department of Mental Health; Molly Carney, Evergreen Treatment Services

Register (for this free webinar) at: https://goto.webcasts.com/starthere.jsp?ei=1155875&tp_key=0fca03eea7

The webinar will cover a forthcoming update to the 2014 SAMHSA report on Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders (which can be ordered at: <https://store.samhsa.gov/product/Medicaid-Coverage-and-Financing-of-Medications-to-Treat-Alcohol-and-Opioid-Use-Disorders/SMA14-4854>) and will review information on state Medicaid payment policies for medication assisted treatment (MAT). Speakers also will present case studies of innovative MAT models. This up-to-date information about Medicaid MAT coverage will be helpful for consumers and family members, providers, health plan and Medicaid staff, policymakers and government officials.

ABLE National Resource Center launches campaign

(Background: ABLE Accounts, which are tax-advantaged savings accounts for individuals with disabilities and their families, were created as a result of the passage of the Stephen Beck Jr., Achieving a Better Life Experience Act of 2014 or better known as the ABLE Act. The beneficiary of the account is the account owner, and income earned by the accounts will not be taxed. Contributions to the account made by any person (the account beneficiary, family and friends) will be made using post-taxed dollars and will not be tax deductible, although some states may allow for state income tax deductions for contribution made to an ABLE account.)

August 2017 is #ABLEtoSave month, a nationwide awareness campaign led by the ABLE National Resource Center (ANRC) to provide information about ABLE accounts. During each of the five weeks in August, ANRC will provide resources, including: Informational videos; Webinars on ABLE-related topics; Personal testimonies from ABLE account owners

Each week will focus on a different theme:

- Week 1 (July 30 – August 5): Basic Overview of ABLE
- Week 2 (August 6-12): Eligibility
- Week 3 (August 13 – 19): Qualified Disability Expenses
- Week 4 (August 20 – 26): Financial Literacy
- Week 5 (August 27 – September 2): Enrollment

The primary goals of #ABLEtoSave are to increase awareness about ABLE accounts and the amount of ABLE accounts opened across the country. The #ABLEtoSave campaign is made possible through the generous support of Fidelity Investments, BNY Mellon and Fifth Third Bank.

To learn more about #ABLEtoSave go to: <http://ablenrc.org/road-map-enrollment>

There is a lot of handy information available at the ABLE National Resource Center's website which you can find here: <http://www.ablenrc.org/>

Impact of ACA on healthcare access in Detroit featured in press

Below are excerpts from a recent Vox article, by Sarah Kliff (July 25, 2017) on the improved access to healthcare and healthcare coverage experienced by Detroit residents as a result of the Affordable Care Act (ACA).

How Obamacare saved Detroit: The city's uninsured rate has fallen from 22 percent to 7.4 over the past three years.

The Community Health and Social Services Center, or CHASS, is a buzzing hub of activity in one of Detroit's poorest neighborhoods. On a hot July morning, its waiting room is full of young children, expectant mothers, and medical staff calling out names for appointments. It is an economic engine delivering health services to the city's most vulnerable populations, boosted by Obamacare.

Much attention has been given to Trump voters in rural, predominantly white areas of the country that benefited greatly from the Affordable Care Act. Less noticed are the effects the health law has had on urban areas, where health coverage among minority populations has soared.

Nowhere is this more true than Detroit. The city's uninsured rate has fallen from 22 percent in 2013 to 7.4 percent in 2016, one of the largest declines for any major urban area in the country

The full article can be found at: <https://www.vox.com/policy-and-politics/2017/7/25/16001508/obamacare-detroit-medicare-repeal>

CHCS announces ACO shared savings information via blog

Below is a recent announcement, from the Center for Health Care Studies, on the design of the shared savings arrangements being designed and implemented by Accountable Care Organizations (ACO) across the country. The Evolution of Shared Savings Payment Methodologies for Medicaid Accountable Care Organizations

Just a few years ago, the accountable care organization (ACO) concept was compared to a mythical unicorn. Now, with burgeoning Medicare and commercial models to build upon, Medicaid ACO programs are relatively well-known phenomena, with programs operating in 10 states and at least 11 others developing their own ACO approaches. Of the 10 states with active Medicaid ACO programs, six have used or currently use a shared savings payment model — Massachusetts, Maine, Minnesota, Rhode Island, New Jersey, and Vermont — and many are looking at ways to refine their shared savings strategies.

This blog post explores how Medicaid ACO programs are beginning to refine their ACO payment methodologies and outlines considerations for developing shared savings approaches. It highlights two new CHCS technical assistance tools, made possible by The Commonwealth Fund — *Medicaid Accountable Care Organization Shared Savings Programs: Options for Maximizing Provider Participation and Program Sustainability* and *Shared Savings for Medicaid Accountable Care Organizations: Design Considerations*. Both of these tools were developed to inform states, health plans, or other stakeholders interested in refining shared savings payment models for Medicaid ACO programs.

The blog can be found at:

https://www.chcs.org/evolution-shared-savings-payment-methodologies-medicare-accountable-care-organizations/?utm_source=CHCS+Email+Updates&utm_campaign=0d58ff3f4a-ACO+Shared+Savings+Blog+%26+Tools+07-28-17&utm_medium=email&utm_term=0_bbc451bf-0d58ff3f4a-152144421

2017 PAC Campaign Update

Earlier this year we announced our 2017 CMH PAC campaign with the goal of increasing member participation. This year's campaign exceeded last year's contribution levels, but participation remained about the same. Last month we held the drawing for the Detroit Tiger box suite tickets donated by Muchmore Harrington Smalley Associates and the winner was... Lapeer CMH.

Congratulations to Lapeer CMH and thank you to all who generously contributed to the CMH PAC.

Just because the Tiger drawing has been completed does not stop the need for CMH PAC support. If you would still like to support our PAC efforts please mail your contribution to our office, below are the details:

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.

DAVID PITONYAK EVENT – AUGUST 10, 2017

Save the Date for an “Evening with David Pitonyak” on August 10, 2017. The MOKA Foundation is hosting dinner and a talk by psychologist Dr. Pitonyak along with co-sponsors Network180 and TBD Solutions to be held at the Pinnacle Center located in Hudsonville, MI just southwest of Grand Rapids.

Association members may remember the David’s inspiring keynote at the Fall Conference of the Association. David has focused his work and speaking on positive approaches to difficult behaviors. He speaks frequently on the importance of relationships and “belonging.” He believes individuals that have difficult behaviors are trying to communicate through their actions, and the people who serve these individuals need to look beyond the behavior to understand the meaning behind the behavior in order to properly support the individual. David has consulted with families and organizations throughout Europe and the United States.

Tickets are \$25 and can be purchased online at www.moka.org/donate. Partial ticket scholarships are available. For more information contact Domenica at ddault@moka.org or (800) 644-2434 ext. 648.

COOKIE GANT SPIRIT AWARD

Cookie Gant was a Michigan-grown, but nationally known, advocate for human rights. She was a disability activist, a performance artist, a diversity specialist in every aspect of life. Cookie fought for human rights in the mental health system every day, never giving up her tough spirit, her love for others, or her sense of humor. She was an unstoppable, irreverent activist, who always maintained loving support and affection for people in “the movement.” Shortly after her death in 2003, the State Recipient Rights Advisory Committee established an award in her honor with the intent that it be presented annually to a person who exhibits the dedication, demonstrates the tenacity, and advocates diligently for persons with mental illness or developmental disabilities - just the way Cookie lived her life. This person may be a consumer of mental health services, a parent, guardian or someone who works in the field of public mental health. If you know of someone who exhibits the dedication, tenacity, and compassion of Cookie Gant and who advocates diligently for persons with mental illness or developmental disabilities, please use the link below to download and complete a nomination form. Nominations will be reviewed by the MDHHS Recipient Rights Committee and the honoree will be revealed during the Recipient Rights Conference in Kalamazoo on September 21st. The deadline for nominations is August 15th. [Cookie Gant Spirit Award Nomination Form](#)

MDHHS DIRECTOR’S AWARDS FOR RECIPIENT RIGHTS

Since 2000, the Director of the Michigan Department of Health and Human Services has recognized the outstanding contributions of Recipient Rights staff, offices, or affiliate organizations on the overall impact on Michigan’s Recipient Rights Protection system. Recognition is awarded in three categories:

Director’s Award for Innovation in Rights Protection

Nominees for the innovation award will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a different way of approaching old problems, creating a new solution for systemic problems, etc. As a result of this innovation, there has been an increased ability to better provide rights services either directly (such as when performing standard rights

activities) or indirectly (such as if the innovation improves or enhances the operation of the rights office.) The nominee will also have shown a demonstrated willingness to share the innovation with others when possible.

Director's Award for Advocacy on Behalf of Mental Health Recipients

Nominees for the Advocacy Award will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services. This may include exceptional effort or initiative by the nominee directly advocating on behalf of an individual consumer or a group of consumers. It may also include extraordinary indirect advocacy, such as a rights office acting as a catalyst for positive change, inspiring other entities or systems within or outside of mental health, to realize their roles in championing the rights or needs of recipients.

Director's Award for Consumer Empowerment

A nominee for the Consumer Empowerment Award will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy. Due to the initiative or effort of the nominee, consumers will now be able to advocate for themselves, to the fullest extent possible, in the protection of their own rights, creating hope, control of their own lives, and a valuable place in society.

Nominees may be either: 1] Individuals, 2] Recipient Rights offices operated by MDHHS, CMHSP, or Licensed Private Hospitals/Units (LPH/U), or 3] Programs/projects contracted with, or associated with those agencies. Use the link below to download the nomination form. Deadline for nominations is August 15th. The honorees will be recognized during the Recipient Rights Conference in Kalamazoo on September 22nd. [MDHHS Director's Award Nomination Form](#)

Save the Date: Annual Recipient Rights Conference!

The 24th Annual Recipient Rights Conference, "United in Rights", will be held from September 19th-22nd at the Radisson Plaza Hotel and Suites in Kalamazoo.

The Pre-Conference session on Tuesday, September 19th will feature Lena Sisco, the author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth," and "Marine Scout Snipers; True Stories From U.S. Marine Corps Snipers". She is a former Department of Defense certified military interrogator and Naval Intelligence Officer. Entities she has trained and currently trains include: Naval Special Warfare, Customs and Border Protection, Drug Enforcement Administration, Department of Homeland Security, Defense Intelligence Agency, United States Marine Corps, United States Navy, United States Coast Guard, local and federal Law Enforcement Agencies, International Association of Arson Investigators, and numerous private sector companies. She trains people to "Be a Detecting Deception Expert, Be a R.E.B.L.E.™." The acronym R.E.B.L.E. stands for her 5-step detecting deception program that will teach you how to enhance your detecting deception skills and your confidence in detecting deception with the most accuracy a human can possess. Registration for the pre-conference session will be available for anyone interested in body language skills, investigations, etc. The content will be appropriate for rights staff, APS and CPS investigators, hospital administrative staff, local and state police, etc.

The Conference's opening keynote speaker will be author and ethics expert Chuck Gallagher. Chuck's practical tested and time proven methods will enhance your personal and professional performance. What Chuck shares in his presentations, are understandings of not only "how to", but also "what motivates behavior"—behavior of individuals that can create personal and professional success. Some of the 26 conference breakout sessions include:

- Creating Inclusive Spaces for LGBTQ+ Community
- Medication, What Every Rights Officer Needs to Know
- Confidentiality and Recipient Rights: The Intersection of Federal and State Laws Impacting Patient Privacy
- AFC Licensing Issues

Details about the conference can be found at: [24th Annual Recipient Rights Conference](#)

LEGISLATIVE UPDATE

House Mental Health CARES Task Force Announces Additional Dates

This week, the House CARES Task Force (Community, Access, Resources, Education, and Safety) co-chaired by Representatives Hank Vaupel & Klint Kesto held their first meeting in Howell. The task force heard testimony from the following; Livingston County Sheriff's Department, Livingston Community Mental Health, Livingston County Courts, Brighton Hospital, Veterans Administration, Woodland Correctional Facility and St. Joseph's Mercy Hospital.

The task force will hold additional public meetings during August and September to receive input from individuals and professionals around the state. Additionally, the task force will tour facilities to gain a better understanding of programs already available. The information gathered will help develop reforms that result in more consistency in mental health services across the state, better support for our veterans, additional attention to substance abuse, improvements to mental health courts, enhanced training for law enforcement, and any other ideas brought forward.

Other members of the task force include Reps. Dr. Edward Canfield (R-Sebewaing), Fred Durhal III (D-Detroit), Vanessa Guerra (D-Bridgeport), Abdullah Hammoud (D-Dearborn), Robert Kosowski (D-Westland), David LaGrand (D-Grand Rapids), Dave Pagel (R-Berrien Springs), Daire Rendon (R-Lake City), Sylvia Santana (D-Detroit), Jason Wentworth (R-Clare), Mary Whiteford (R-Casco Township) and Robert Wittenberg (D-Oak Park).

Upcoming meetings:

- Thursday, August 17, 10:30 a.m. at Hope Network (3075 Orchard Vista Dr. SE, Grand Rapids, 49546)
- Tuesday, August 29, 2:00 p.m. at Oakland Community Health Network (2011 Executive Hills Blvd., Auburn Hills, 48326)

Two final meetings are being scheduled, including one in Lansing the first week of September.

Additionally, a link is now available about the task force which includes an opportunity for interested persons to submit comments electronically.

<https://house.mi.gov/CARES/>

Report Says Tough Days Ahead for State's General Fund

State lawmakers will be forced to deal with the committed diversion of between 20 and 45 percent of the state's General Fund in the not too distant future, according to a new report by the Citizens Research Council (CRC) of Michigan.

"Tax credits and promises by previous legislatures and the governor to fund roads and personal property tax relief are starting to come due to the tune of \$2 billion a year," said CRC Research Director Craig Thiel. "Minimal state revenue growth in future years, combined with the prospect of federal funding reductions in important programs like Medicaid and the Supplemental Nutrition Assistant Program (food stamps program), means that Michigan will have some tough choices ahead balancing future state budgets."

The report, *Challenges Ahead In Balancing The State Budget*, notes that "although Michigan is rebounding from two major recessions to start the millennium, policy actions that affected future revenues and created new spending obligations are pushing the state budget into a new turbulent period."

The report examines tax law changes, along with diversions (personal property tax and road funding), and found that by 2023 diversions could consume between \$2 and \$5 billion of the state's General Fund -- equal to between 20 and 45 percent of the funds the Legislature has discretion over.

What are the diversions? The following are a list (in order of size) of major annual general fund diversions the state is

committed to.

\$600 million a year - 2015 Road Funding Package - saw the Legislature commit the state to raising an additional \$1.2 billion a year for road repair. Of that, \$600 million will come in from increased fuel taxes and registration fees and \$600 million will be diverted from the General Fund through income tax collections to the Michigan Transportation Fund. That \$600 million diversion gets phased in beginning with \$150 million in 2019, rising to \$600 million a year by 2021.

\$500 million a year - Changes related to the personal property tax reform will reduce General Fund revenue by \$350 million in Fiscal Year 2017 and will rise to about \$500 million per year by FY 2025.

\$205.8 million a year - As part of income tax changes made with the road funding package the Legislature sought to provide tax relief by expanding the Homestead Property Tax Credit. That change takes effect in 2018. When the expanded credits are claimed, the Senate Fiscal Agency pegs the starting cost to be \$205.8 million in the first year and slowly rising after it becomes indexed to the rate of inflation.

\$48 million a year - Through the phase-out of the driver responsibility fees that will be fully in place by fiscal year 2017.

The following are non-annual diversions. Dollar figures represent state's total liability.

\$5 billion - Michigan Economic Growth Authority Credits - The Michigan Economic Development Corporation reported that over the remaining life of MEGA tax credit agreements, the state has roughly \$6.4 billion in potential liabilities, and they estimate that roughly \$5 billion of those potential liabilities will be claimed by 2032.

\$210 million - Other Michigan Business Tax (MBT) credits are expected to be worth over \$210 million over the next six years.

The report goes on to point out that should the state let the Health Insurance Claims Assessment expire in 2020, that could add an additional \$465 million in revenue reductions to the state's General Fund.

"State policymakers should know that a recession would likely have significant impact on PIT [Personal Income Tax] collections, and thus overall General Fund revenue. History shows that even a small economic downturn could cause as much as a 5 percent drop in PIT collections, and a more severe contraction could reduce General Fund revenues by billions of dollars," reads the report.

NATIONAL UPDATE

SENATE HEALTH CARE VOTE FAILS, NEXT STEPS UNCLEAR

In the early hours of last Friday morning, the Senate failed to advance its "skinny" Affordable Care Act (ACA) repeal bill. The bill would have served as a substitute to effectively replace the underlying House-passed health care legislation and move the debate to a conference committee with the House. The measure was defeated by a 49-51 vote with three Republicans — Sens. Susan Collins (R-ME), Lisa Murkowski (R-AK), and John McCain (R-AZ) — joining all 48 Democrats in opposing the bill.

"SKINNY" REPEAL FAILS

The stunning defeat of the "skinny" repeal deals a major blow to Congressional efforts to cut Medicaid funding and repeal parts of the Affordable Care Act. The simplified "skinny" repeal measure was intended to reflect a consensus position among Republicans after it became clear that the Senate majority caucus could not reach agreement on a comprehensive "repeal and replace" plan. Last week, the Senate failed to advance respective bills to repeal and replace the ACA (the Better Care Reconciliation Act) and to repeal portions of the ACA after a two-year delay without any replacement (the Obamacare Repeal and Replace Act).

3 GOP SENATORS VOTE NO

While Senators Collins (R-ME) and Murkowski (R-AK) remained steadfast in their opposition these repeal measures, Senator McCain's (R-AZ) "no" vote came as a surprise, as he had been celebrated by party leaders for voting in favor of opening debate on the Senate health reform bill earlier in the week.

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](#).

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

Have a Great Weekend!