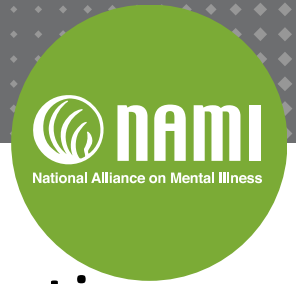


*Hope starts
with you.*

NAMI's Federal Legislative Agenda
Andrew Sperling
Director of Legislative Advocacy
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Opportunities in 2016?



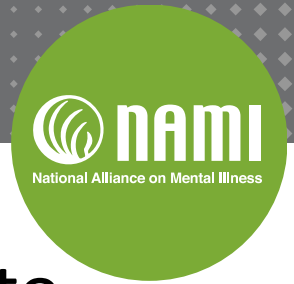
- Final 7 months of the Obama Administration
- Two-year budget agreement now in place
 - Major fiscal fights put off until 2017
- Looming presidential campaign
 - Role for mental health in the debate?
- Control of the Senate in 2016?
- House agenda under Speaker Ryan?

Accomplishments in 2015



- Debt ceiling is lifted through March 2017
- BCA spending caps lifted by \$80 billion for FY 2016 & FY 2017
 - Threat of sequestration eliminated for two years
 - \$50 billion for FY 2016, equally divided between defense and NDD, plus \$16 billion from OCO
 - \$2 billion boost expected for NIH, including as much as \$78 million for NIMH
- SSDI “reallocation” – extends solvency for the SSDI Trust Fund through 2022 and implements new “program integrity” measures and expands work incentive demonstrations

Two-Year Budget Agreement



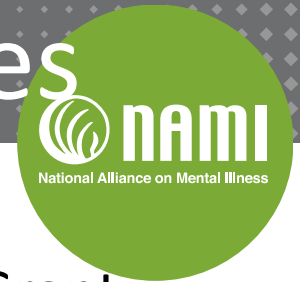
- Does this agreement eliminate all threats to Medicare, Medicaid, SSDI and discretionary programs through 2017?
- Ongoing NAMI priorities:
 - Cuts to Medicaid
 - Medicare Part D non-interference protection
 - MEDPAC recommendation for higher LIS and dual eligible cost sharing
 - Imposition of rebates for dual eligibles in Part D
 - Avoiding further cuts to NDD beyond 2017

FY 2017 Funding Bills - Research



- NIMH – President’s request - \$1.519 billion, which is \$29 million **below** the current FY 2016 level of \$1.548 billion
- Congress increased the NIMH budget by \$85 million in FY 2016
- President’s budget does seek an addition \$45 million for the BRAIN Initiative, \$85 million increase (Brain Research through Application of Innovative Neurotechnologies)
- NAMI is urging \$34.5 billion for the overall NIH budget for FY 2017, a \$2.4 billion increase over current funding

FY 2017 Funding Bills - Services



SAMHSA – Overall \$3.8 billion request

- \$532.6 million request for the Mental Health Block Grant program – Early intervention in psychosis set aside was increased from 5% to 10%-- with particular emphasis on replicating the NIMH RAISE study
- \$15 million requested for the Assisted Outpatient Treatment (AOT) pilot
- Most other SAMHSA programs level funded at FY 2016 levels: PATH (\$64.6 million), Childrens MH (\$117 million), PAIMI (\$36.1 million), Primary-Behavioral Health Care Integration (\$26 million, a \$23.8 million proposed reduction), Garrett Lee Smith Suicide Prevention (\$54.9 million), Mental Health First Aid (\$15 million)

FY 2017 Funding Bills - Housing



Supportive Housing programs at HUD

- \$1.6 billion increase proposed for HUD, but no resources for development of new permanent supportive housing (PSH) units
- Section 811 -- \$154 million for renewal of existing PRAC subsidies (no funding for new units)
- McKinney-Vento -- \$2.33 billion, \$80 million increase, with \$1.91.8 billion for Continuum of Care competition, \$250 million for Emergency Solutions Grants; President's request

FY 2017 Funding Bills - Veterans



Veterans Programs

- VA Medical Care NOT subject to discretionary spending caps or sequestration
- Funding allocated on a 2-year budget cycle
- \$2.369 billion in additional forward funding for VA Medical Care for FY 2017
- VA Mental Health -- \$7.455 billion for FY 2016 and \$7.715 billion in forward funding for FY 2017 v. \$7.2 billion for FY 2015 – in effect, a \$255 million increase for the current fiscal year -- \$7.83 billion expected for FY 2018
- \$630.7 billion for Medical and Prosthetics Research at the VA, a \$41.8 million increase over current levels

21st Century Cures & Medical Innovation



- HR 6 passed the House on July 10, 344-77
- Major provisions:
 - \$9.3 billion NIH Innovation Fund, \$1.75 billion in mandatory funding each year through 2020,
 - Promoting patient-focused drug development,
 - Streamlining clinical trials and accelerate development of new treatments,
 - Codifying a structured framework at FDA for submission, review, and qualification of biomarkers and other drug development tools,
 - Utilizing evidence from real world clinical settings, and
 - Facilitating responsible communication of scientific developments related to off-label prescribing
- Senate HELP Committee has passed more than a dozen medical innovation bills, including S 2125 – Senate action in May?
 - FDA and NIH workforce
 - Precision Medicine
 - NIH Strategic Planning

Comprehensive Mental Health Reform



- HR 2646 – Helping Families in Mental Health Crisis Act
 - Introduced on June 4 by Representatives Tim Murphy (R-PA) & Eddie Bernice Johnson (D-TX), 187 bipartisan cosponsors
 - Reported by the House Energy & Commerce Health Subcommittee 18-12 November 4
- S 2680 – Mental Health Reform Act
 - Unanimously reported by the Senate Health Education, Labor and Pensions (HELP) Committee on March 16
 - Contains major provisions from S 1945, bipartisan bill developed by Senators Bill Cassidy (R-LA) and Chris Murphy (D-CT)

Common Provisions in Both HR 2646 & S 2680



- New Office of Assistant Secretary for Mental Health & Substance Abuse
- Same day billing in Medicaid for mental and physical healthcare services
- Mental Health Policy Laboratory within HHS to fund innovation grants that identify new and effective models of care and demonstration grants to bring effective models to scale for adults and children
- Grants for states to facilitate more effective integration of physical and mental health services
- Interagency Coordinating Committee on SMI
- Reform of Medicaid Institutions for Mental Disease (IMD) Exclusion for acute inpatient care
- MHPAEA compliance – GAO report and new transparency requirements on federal enforcement in S 1945

Differences Between S 2680 & HR 2646



- Reforms to the SAMHSA Mental Health Block Grant program – 2% bonus allocation for Assisted Outpatient Treatment (AOT) implementation in HR 2646, new requirements for “outreach & engagement” to special populations in S 1945
- HIPAA & FERPA reforms – Statutory exceptions allowing disclosure in HR 2646, clarification of existing disclosure to family members and provider education in S 1945.
 - Language from HR 2690 was added to “Managers Amendment” codifying OCR guidance and establishing a model training program for providers.
 - Improvements to 42 CFR Part 2 added to HR 2646
- Provisions only in HR 2646:
 - Reforms at SAMHSA – advisory councils and peer review
 - Reforms to the PAIMI Protection & Advocacy program

What Has Fallen Out of S 2680 & HR 2646?



- Elimination of 190-day lifetime limit on inpatient care in Medicare Part A (CBO - \$3 billion over 10 years)
- Curbs on the ability of Part D plans to limit access to psychotropic medication (CBO - \$700 million over 10 years)
- Expansion of the “Excellence in Mental Health Act” Section 223 State Demonstration (\$1.7 billion over 10 years)
- Behavioral Health IT improvements
- Reforms to the Medicaid IMD Exclusion – For facilities with average length of stay less than 20 days – CBO “score” is pending



More information available at

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Please join us:

June 6 & 7 in Washington, DC for the
joint NAMI-National Council “Hill Day”

July 7-9 2016 NAMI Convention in Denver