

From the office of U.S. Senator Heidi Heitkamp for the North Dakota Committee on Human Services, May 11, 2016

Opioid and Mental Health Legislation in the Senate

Comprehensive Addiction and Recovery Act (S. 524) – With Senator Heitkamp’s support, the Senate passed this bill 94-1 on March 10, 2016. It creates a cross-section of activities at HHS, Department of Education, and DOJ. Specifically, it:

- Directs HHS to convene an Inter-Agency Task Force to develop and disseminate best practices for prescription of pain medication.
- Adds opioid and other substance abuse treatment, prevention, education and rehabilitation activities as eligible for Crime Control and Safe Streets funding.
- Enables HHS to target funding for addiction treatment to geographical areas disproportionately impacted.
- Removes questions related to possession or sale of illegal drugs from FAFSA application forms.
- Creates a Task Force to examine the collateral consequences for individuals with drug convictions who are in recovery programs.
- Requests a report on the impact of the Medicaid IMD exclusion on access to treatment for individuals with a substance use disorder.

Unfortunately, an amendment supported by Senator Heitkamp to appropriate funds to fund these activities was not included in the bill that passed the Senate. The activities authorized in this bill are important but funding them to be carried out is *critical*.

The House has passed three pieces of opioid legislation on Tuesday while others are teed up to move as well. Whatever package is ultimately passed by the House will have to be reconciled with CARA.

Mental Health Awareness and Improvement Act (S. 1893) – Senator Heitkamp is an original cosponsor of this bipartisan legislation, passed by unanimous consent in the Senate on December 18, 2015 and awaits action by the House. It takes a comprehensive approach to address mental health challenges from various approaches. One provision of the bill specifically aims to improve education and awareness of treatments for opioid use disorders. It directs Substance Abuse and Mental Health Services Administration (SAMHSA) to advance, through its current programs, the education and awareness of providers, patients, and other stakeholders regarding FDA-approved products to treat opioid use disorders. It also calls for a report on such activities, including the role of adherence in the treatment of opioid use disorders, and recommendations on priorities and strategies to address co-occurring substance use disorders and mental illness.

Mental Health Reform Act (S. 2368) – This bill was introduced March 15 to combine the Mental Health Awareness and Improvement Act with many of the Senate legislative efforts including key provisions of Senators Cassidy and Murphy’s legislation of the same name. These include:

- Creating a leadership position of a Chief Medical Officer at SAMHSA and develop a strategic plan to create measurable outcomes in a strategic priority plan.
- Modernizes mental health and substance use disorder block grants by increasing flexibility for states.

- Promotes increased access to integrated mental health care, particularly for at-risk populations, through workforce training programs and increased coordination for emergency responders, law enforcement, health care providers and courts.
- Improves mental health and substance abuse treatment disorders for women, children and adolescents.
- Improves mental health parity protections by strengthening enforcement of existing parity requirements and improving federal and state coordination.
- Enhance the national response to the opioid epidemic by requiring FDA review of new opioid drugs, directing NIH to enhance pain research and CDC to issue best practices for prescribing.

The Senate is attempting to pass this legislation by unanimous consent.

The Mental Health Awareness and Improvement Act

The Mental Health Awareness and Improvement Act reauthorizes and improves programs administered by the Department of Health and Human Services related to awareness, prevention, and early identification of mental health conditions, and the promotion of linkages to appropriate services for children and youth.

The bill focuses on suicide prevention, helping children recover from traumatic events, mental health awareness for teachers and other individuals, and assessing barriers to integrating behavioral health and primary care. This bipartisan legislation makes targeted improvements designed to advance Federal efforts to assist states and local communities in addressing the mental health needs of their citizens.

Sec. 2. Garrett Lee Smith Memorial Act Reauthorization

- Codifies the suicide prevention technical assistance center to provide information and training for suicide prevention, surveillance, and intervention strategies for all ages, particularly among groups at high risk for suicide.
- Reauthorizes the Youth Suicide Early Intervention and Prevention Strategies grants to states and tribes and clarifies that states may receive continuation grants after the first grant is awarded.
- Reauthorizes the Mental Health and Substance Use Disorder Services on Campuses grant program and updates the use of funds to allow for the education of students, families, faculty, and staff to increase awareness and training to respond effectively to students with mental health and substance use disorders, to provide outreach to administer voluntary screenings and assessments to students, and to enhance networks with health care providers who treat mental health and substance use disorders. Incorporates consideration of the needs of veterans enrolled as students on campus.

Sec. 3. Mental Health Awareness Training

- Reauthorizes grants to states, political subdivisions of states, Indian tribes, tribal organizations, and nonprofit private entities to train teachers, appropriate school personnel, emergency services personnel, and others, as appropriate, to recognize the signs and symptoms of mental illness, to become familiar with resources in the community for individuals with mental illnesses, and for the purpose of the safe de-escalation of crisis situations involving individuals with mental illness.

Sec. 4. Children's Recovery from Trauma

- Reauthorizes the National Child Traumatic Stress Initiative (NCTSI), which supports a national network of child trauma centers, including university, hospital, and community-based centers and affiliate (formerly funded) members.
- Supports the coordinating center's collection, analysis, and reporting of child outcome and other data to inform evidence-based treatments and services. Also supports the continuum of training initiatives related to such evidence-based treatments, interventions, and practices offered to providers.
- Encourages the collaboration between NCTSI and HHS to disseminate evidence-based and trauma-informed interventions, treatments, and other resources to appropriate stakeholders.

Sec. 5. Assessing Barriers to Behavioral Health Integration

- Requires a GAO report on the federal requirements impacting access to mental health and substance use disorder treatment related to integration with primary care, administrative and regulatory issues, quality measurement and accountability, and data sharing.

Sec. 6. Improving Education and Awareness of Treatments for Opioid Use Disorders

- Directs the Substance Abuse and Mental Health Services Administration (SAMHSA) to advance, through its current programs, the education and awareness of providers, patients, and other stakeholders regarding FDA-approved products to treat opioid use disorders.
- Calls for a report on such activities, including the role of adherence in the treatment of opioid use disorders, and recommendations on priorities and strategies to address co-occurring substance use disorders and mental illness.

Sec. 7. Examining Mental Health Care for Children

- Requires a GAO report on the utilization of mental health services for children, including information about how children access care and referrals; the tools and assessments available for children; and the usage of psychotropic medications.

Sec. 8. Evidence-Based Practices for Older Adults

- Encourages the Secretary to disseminate information and provide technical assistance on evidence-based practices for mental health and substance use disorders in older adults.

Sec. 9. National Violent Death Reporting System

- Encourages the Director of the Centers for Disease Control and Prevention to improve, particularly through the inclusion of other states, the existing National Violent Death Reporting System.
- The reporting system was created in 2002 and currently collects surveillance data from 18 states.

Sec. 10. GAO Study on Virginia Tech Recommendations

- Recommendations were outlined in a report to President Bush in 2007 by the Secretaries of Health and Human Services and Education and the Attorney General of the United States after the Virginia Tech tragedy.
- This provision requires a GAO study on the status of implementation of the recommendations, as well as identification of any barriers to implementation and identification of additional actions the Federal government can take to support states and local communities to ensure the Federal government and laws are not obstacles at the community level.
- The report will only address those recommendations that require participation by the Department of Health and Human Services.

The Mental Health Reform Act of 2016

Strengthens leadership and accountability for federal mental health programs:

- Codifies a Chief Medical Officer at the Substance Abuse and Mental Health Services Administration (SAMHSA) to advise the Administrator and promote evidence-based and promising best practices.
- Requires SAMHSA to develop a strategic plan with measurable outcomes and report on progress toward strategic priorities, including how programs have met the measurable outcomes.
- Establishes an Inter-Departmental Serious Mental Illness Coordinating Committee to coordinate activities across the federal government in order to improve services for individuals with serious mental illness.
- Ensures the Assistant Secretary for Planning and Evaluation (ASPE) has a clear role with respect to evaluating programs and activities for mental health and substance use disorders.

Ensures programs facilitate the development of and incorporate the most up-to-date approaches to treat mental health conditions:

- Codifies the Office of Policy, Planning, and Innovation (OPPI) within SAMHSA to coordinate and improve policies and programs within SAMHSA, and to support new evidence-based and promising practices.
- Modernizes grants for priority mental health needs of regional and national significance.
- Ensures that SAMHSA regularly evaluates and disseminates evidence-based practices and programs.

Supports flexibility for states and communities to improve mental health care:

- Modernizes the mental health and substance use disorder block grants and promotes the use of evidence-based practices within states, including early interventions for individuals with serious mental illness.
- Allows states to submit a joint application for mental health and substance use disorder block grants to reduce redundancies and inefficiencies.

Promotes increased access to mental health care, including for at-risk populations:

- Improves a current grant program to integrate mental health and physical health to drive significant reforms that improve care and health outcomes for patients with mental and physical health conditions.
- Modernizes grants to provide mental health and substance use disorder services for homeless individuals.
- Establishes a new grant program to develop new workforce training programs that promote integration of mental and substance use disorder treatment and physical health treatment in underserved communities.
- Ensures the National Suicide Prevention Lifeline is available 24/7 to individuals seeking help, and ensures military veterans calling the hotline are connected with a veterans' suicide prevention hotline specialist.
- Codifies a hotline and online referral tool to ensure that patients and their families always know where to turn to find care for mental or substance use disorders.
- Establishes a grant program to help communities coordinate emergency responders, health care providers, law enforcement, and courts to provide better coordinated care to patients in emergency situations.
- Promotes public education and provider training programs related to the treatment of eating disorders.

Strengthens Mental Health and Substance Use Disorder Care for Women, Children, and Adolescents:

- Improves access to mental health care for children by providing grants to promote behavioral health integration in pediatric primary care through the development and improvement of statewide child psychiatry access programs.
- Establishes a grant program focused on early interventions for children aged 0 to 12.
- Modernizes the Residential Treatment Programs for Pregnant and Parenting Women, including a pilot program to help states identify and address gaps in services for women.
- Establishes a program to promote screening and treatment of post-partum depression.

Takes important steps to improve patient care, including mental health parity protections:

- Strengthens the enforcement of existing mental health parity protections by issuing new guidance to health plans with respect to how they disclose information to patients including how they establish and apply non-quantitative treatment limitations on mental health and substance use disorder coverage.
- Improves Federal and State coordination of mental health parity enforcement by establishing an enforcement “action plan” informed by key stakeholders.
- Requires federal agencies to report on enforcement actions related to mental health parity law.
- Directs the Secretary to identify and developing model HIPAA training programs to promote sharing of information with patients and their loved ones.

Includes the Mental Health Awareness and Improvement Act:

- Reauthorizes the Garrett Lee Smith suicide prevention program, including allowing the technical assistance center to develop suicide prevention strategies for all ages and clarifying that states may receive continuation grants.
- Reauthorizes mental health awareness training grants for first responders, school personnel, and others.
- Reauthorizes the National Child Traumatic Stress Network, which supports a network of centers focused on developing and providing evidence-based services for children who have suffered traumatic experiences.
- Requires GAO to study barriers to integration of mental and physical health and access to mental health services for children.

Addresses the national opioid epidemic:

- Requires an FDA advisory committee to review applications for new opioid drugs unless otherwise specified by public health exemption.
- Requires GAO to report on state prescription drug monitoring programs and how providers can be incentivized to use them.
- Requires mandatory disclosure of certain prescribing information from VA facilities to prescription drug monitoring programs.
- Directs NIH to enhance basic and applied research on pain to discover therapies, including alternatives to opioids, for effective pain management.
- Directs CDC to issue best practices for prescribing opioids for the treatment of acute pain and to disseminate, in a usable way, guidelines to providers for the treatment of chronic pain.