

Advocacy, education and political action are the core activities of the NAADAC Public Policy Department.

- In Congress we work closely with members and their staffs to advance legislation that promotes access to effective, science-based, clinically appropriate care for all who suffer from addictive disease.

- With the administration and key federal agencies like the Office of National Drug Control Policy (ONDCP), the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) we advocate for the application of public policies that will strengthen our profession and benefit the patients we serve.

- In coalition with other associations and national organizations we educate and inform the public and our leaders on the addiction issues that impact one in four Americans.

Public policy issues discussed on this page include: Privacy and Health Information Systems, S
AMSHA Reauthorization

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Health Care Reform

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[Insurance Parity](#)

,
[Health Information Technology](#)

and

[Veterans' Affairs](#)

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Privacy and Health Information Systems

The [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and the Office of the National Coordinator for Health Information Technology (ONC) announced on June 16, 2010, the release of

[FAQs for Applying the Substance Abuse Confidentiality Regulations to Health Information](#)

Exchanges (HIEs)

- [Cover letter regarding the FAQs](#) by Pamela S. Hyde, the Administrator of SAMHSA, and David Blumenthal, National Coordinator for ONC. The letter describes that the Substance Abuse Confidentiality Regulations under 42 CFR Part 2 were enacted years ago (circa 1975). Due to the age of the regulations SAMHSA and ONC created the FAQs to provide guidance and understanding of the scope of these regulations in the context of today's move toward an electronic health information system.
- [Substance Abuse Confidentiality Regulations FAQs](#) - A Frequently Asked Questions (FAQs) document for applying the Substance Abuse Confidentiality Regulations to Health Information Exchanges (HIEs) was released on 6/16/2010. This document is an educational tool that serves as a resource for practitioners in the field, as they are applying the Substance Abuse Confidentiality Regulations to Health Information Exchange activities, but does not provide legal advice to its user. The FAQs outline the general requirements under 42 CFR Part 2, provide guidance on its application to HIEs, and identify methods for including substance abuse related health information into HIEs that is consistent with the Federal statute.
- As a follow-up to the release of the FAQs, SAMHSA and ONC will convene a meeting of concerned or interested parties from both the Behavioral Health and Information Technology (BH-IT) communities on August 4, 2010. The meeting will be an opportunity for SAMHSA and ONC to receive questions and comments on the FAQs.

SAMHSA Reauthorization

On May 28, 2010, Congressmen Patrick J. Kennedy (D-RI) and Gene Green (D-TX) introduced [H.R.5466 – the SAMHSA Modernization Act of 2010](#), to reauthorize the Substance Abuse and Mental Health Services Administration (SAMHSA).

Health Care Reform

Throughout the healthcare reform legislative process, NAADAC was committed to ensuring that substance use disorder services and the professionals who provide them were fully included in all drafts of the legislation. Now, as we move into the implementation phase of the law, NAADAC will continue to work to ensure that the regulations for health care reform and insurance parity for substance use disorders are fairly and effectively implemented. Please find

more information on health care reform below.

NAADAC is pleased to provide several new resources for addiction professionals concerning the Affordable Care Act (ACA):

1. [What Does the Affordable Care Act Mean for Addiction Treatment](#)
2. [Health Care Reform: Potential Impact](#) (PowerPoint Presentation to NAADAC by John O'Brien SAMHSA)

Health Insurance Exchange Regulations

The federal Center for Medicare & Medicaid Services (CMS) recently released a proposed rule(NPRM) for the health insurance Exchanges created by the new health care reform law. It is very important that the Exchanges address mental health (MH) and substance use disorders (SUD) in the strongest way possible. [Read the NAADAC response](#) .

Health Reform Resources

NAADAC belongs to the [Coalition for Whole Health](#) , where advocates from the mental health and substance use disorder communities are working together on implementation of the Affordable Care Act. [Check out the new website](#) for advocacy resources.

January 2011 Health Reform Implementation Update (From the National Council for Community Behavioral Healthcare)

[New](#)

The implementation of the Affordable Care Act (ACA) continued this month with several changes that went into effect as of January 1, 2011. These changes include:

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Medicaid Health Homes State Option: States may now amend their Medicaid programs to provide chronic disease management, including behavioral health services, to targeted Medicaid beneficiaries through health homes. [Click here](#) for the National Council's synopsis of the program requirements.

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Closing the Donut Hole: Pharmaceutical companies will provide a 50% discount on brand-name drugs for Medicare beneficiaries who reach the donut hole in 2011. [Click here](#) for our fact sheet with more information about closing the donut hole.

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Free Medicare Preventive Benefits: Certain preventive benefits in Medicare, including annual wellness visits, are now available without a co-pay. [Click for more](#)

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Primary Care Payment Increase: A 10% increase in Medicare payments for primary care went into effect Jan. 1. [Click for more](#) .

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Minimum Medical Loss Ratio: Insurance companies must now spend at least 80-85% of consumers' premiums on paying for patient care, rather than administrative costs or profit. [Click for more](#)

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Center for Medicare and Medicaid Innovation: The new Center is tasked with examining delivery system and payment reforms that will save money and improve the quality of care. [Click for more](#)

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Community Living Assistance Services and Supports (CLASS): CLASS is a voluntary, long-term care insurance program for the purchase of home- and community-based services by individuals with functional impairments.

[Click for more](#)

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