In 2017, Advocates Must Work to Build on Success of 114th Congress

By Michael Petruzzelli, National Council for Behavioral Health

Bipartisan legislation was passed, key hearings were held, and a new Medicaid demonstration project began. Congress — long deemed a "do-nothing" body — made important strides for the addictions treatment community in 2016. Legislators did not solve all of the problems; some areas they barely touched. But in all, Congress focused more on addictions treatment in 2016 than in the last few decades combined. In the hearings held, bills introduced and compromises made, Congress gave important attention to the issues facing our field and the many potential proposals to make them better. This attention was due in large part to the organized advocacy and education of legislators by providers, professionals, consumers and family members across the nation.

So as we come to the end of the 114th Congress and the end of a presidential administration, what should the addictions and mental health community be looking forward to in 2017? What should we be looking to achieve? Harnessing the bipartisanship of this last year, our community must continue advocating and organizing, building on a message of unity and progress to bring action to Capitol Hill.

Let's take a look back over the last year and see how we, as a community, can continue making strides.

Passing Legislation in the United State Congress

In July, President Obama signed the Comprehensive Addiction and Recovery Act: a momentous occasion for advocates across the country. The signing of CARA was the culmination of years of hard work, grassroots advocacy and organization, and tireless efforts from providers, consumers and family members to inform Congress of policies that will help save lives. Three years after its initial introduction by Senators Rob Portman (R-OH) and Sheldon Whitehouse (D-RI), CARA had become law.

Chief among its many provisions, CARA increases access to medication-assisted treatment by expanding the eligible prescriber pool to include nurse practitioners and physicians' assistants. These professionals are allowed to prescribe medication under the same cap restrictions as other practitioners. In July, the Substance Abuse and Mental Health Services Administration (SAMHSA) finalized an increase to the patient cap to as much as 275 patients per practitioner. Moreover, the law requires a report to Congress exploring the effectiveness of this expansion, ensuring access to and use of these services.

CARA creates grant programs to help communities reach those in need and fight the epidemic with innovative prevention, treatment and recovery programs. These programs establish incentives to achieve outcomes everyone wants to see: fewer people becoming addicted to opioids; more access to a comprehensive range of services and supports, including medication-assisted treatment; and more individuals living in recovery from addiction. CARA incentivizes Prescription Drug Monitoring Programs to help identify illegal activity and intervene for those in need of addiction treatment by tracking opioid prescriptions. CARA brings behavioral health providers, law enforcement officers, criminal justice systems, state agencies and others together as key partners in the collaborative efforts that are needed to stop the opioid crisis.

Yet, CARA does not solve all of the field's problems. CARA — while expansive — does not include the funding necessary to properly carry out its many provisions. In 2017 and beyond, advocates must turn their attention to securing the needed funding to make the promise of CARA come to fruition. They must continue fighting for additional resources, working to repair decades of financial neglect.

Despite this legislative achievement, current funding still supports only a fraction of the total amount of care that is needed in America. With 9 in 10 Americans unable to access lifesaving addiction treatment, professionals, advocates, consumers and families must to continue fighting to build the capacity of the addiction treatment delivery system. The President, Members of Congress, and presidential candidates from both sides of the aisle have called for additional funding for this field. They have all identified the necessity for greater resources in the addictions community. Together, we must recognize that maintaining the progress to date is of great importance, but CARA alone is not enough.

Financing Treatment in Communities Across the Country

As we look ahead to 2017, we see the beginning of a new presidential administration, the start of the 115th Congress and — perhaps most importantly for community addiction providers — the launch of a new provider type in Medicaid known as Certified Community Behavioral Health Clinics (CCBHCs).

What are CCBHCs? For starters, let's look at the statistics: each year, more than one in five Americans experience a mental health condition and more than 22 million struggle with addiction. The growing need for treatment and prevention services is straining the already limited resources of our behavioral health system, and the lack of ready access to addiction and mental health services is having a profound impact across American life.

In 2014, Congress worked to address these issues and passed the Protecting Access to Medicare Act, which included a demonstration program based on the Excellence in Mental Health Act. The Excellence Act — first introduced years before by Senators Debbie Stabenow (D-MI) and Roy Blunt (R-MO) — aimed to increase Americans' access to community addiction and mental health services while improving Medicaid reimbursement for these services.

The Excellence Act provides specific requirements and metrics, answering the question of what it means to deliver comprehensive, high-quality behavioral health care. These certified clinics must provide evidence-based outpatient addiction and mental health services, 24-hour crisis care, primary care screening and monitoring, psychiatric rehabilitation services, and care coordination across health care settings. They will work with law enforcement officers, criminal justice systems, veterans' organizations, child welfare agencies, schools, and others to ensure no one falls through the cracks. Through outcome monitoring and quality bonus payments, clinics are going to be held accountable for patients' progress. CCBHCs will be supported by a sustainable Medicaid payment rate that — unlike current grant funding and dismally low reimbursement rates — supports their anticipated costs of care: expanding evidence-based services, engaging patients outside the four walls of the clinic, and leveraging technology for improved outcomes.

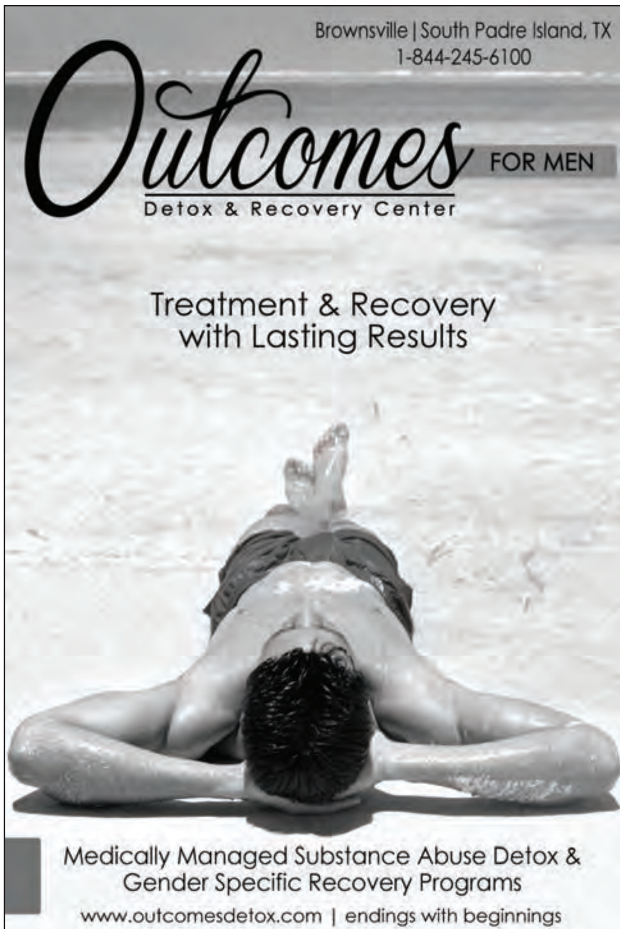
Addictions providers are crucial to the success of CCBHCs. They will work with CCBHCs to provide a robust array of required services, ensuring that when someone is in need of crisis care, the community systems around them are prepared and able to meet their needs. The strong emphasis on these partnerships reflects the fact that in the health care world of the future, policymakers and stakeholders will have little to no patience with siloed systems that cannot work together to demonstrate concrete health outcomes and high-value care. Addiction and mental health providers around the country are already engaging in these partnerships; with the advent of the Excellence Act, they will become part and parcel of the usual scope of care.

But how do we pay for this coordinated care? The Excellence Act answers that question too. Recognizing that current payment models are insufficient to support the kind of comprehensive and coordinated care envisioned by the Excellence Act, the law requires states to establish a payment system based on CCBHCs' anticipated costs — a giant step forward in a health system that until now has drastically underfunded community addiction and mental health services.

Expanding the Excellence Act

The demonstration program passed in 2014 only funded CCBHCs in eight states for two years. In 2015, SAMHSA awarded 24 states planning grant funding to prepare states to apply to participate in the demonstration. As of right now, only one-third of interested states will have an opportunity to participate, and see their hard work come to fruition.

In February of 2016, Senators Blunt and Stabenow introduced legislation to expand the CCBHC demonstration program to all 24 planning grant states. By funding all 24 states, Congress would ensure that every state that is working towards reforming and revitalizing its behavioral health safety net has the opportunity to do so through CCBHCs.



Expanding the Excellence in Mental Health Act is paramount to ensuring communities and providers across the nation have the resources they so desperately need to improve the lives of those living with addiction or mental illness.

Expanding this program did have movement on Capitol Hill during the 114th Congress. In 2017, advocates will continue working to turn this legislation into law, securing the full funding of CCBHC demonstration states across the nation.

Securing Funding for the Future

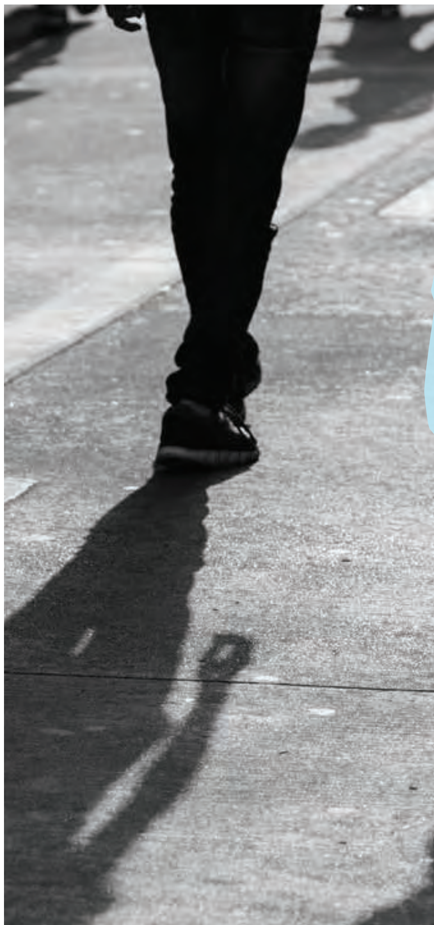
Despite concerted efforts to move appropriations legislation one-by-one through both the House and Senate, neither chamber of Congress was able to approve spending legislation before leaving for a long summer recess. When Congress reconvenes in September, approving a funding plan should be at the top of the priority list to avoid a government shutdown on October 1.

Looking back at previous election cycles, each of the last four presidential election years has ended in Congress approving a spending package that maintains government spending across the board for a specific period of time. This year, we can expect more of the same with Congress likely to approve a spending package level-funding the government through the November elections.

What does this mean for addiction providers? What can they expect for the future? Much will depend on who wins the White House and control of Congress in November and the policy agendas they look to put forth.

Fiscal Year 2017

To start the year, President Obama submitted his budget priorities to Congress, outlining his vision for the country over the next year. Obama requested $1.1 billion in new money to be appropriated to fight the opioid and heroin abuse epidemic. If implemented, this request would expand access to medication-assisted treatment, bolster the addictions and mental health workforce by supporting new providers, and implement state-level prescription drug overdose prevention strategies.



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In July, the House and Senate Appropriations Committees approved funding bills for all health and education programs. Both committees approved funding to combat the opioid and heroin epidemic, including an additional $581 million in the House-approved bill to address use and abuse. $500 million of that appropriation would create the first-ever comprehensive state grant program to curb the growing epidemic nationwide. The Centers for Disease Control and Prevention's budget would also increase by $90 million. The money would expand efforts for prescription drug abuse prevention and treatment services.

Other important line items saw level funding amidst cuts to the overall budget. The Substance Abuse Prevention and Treatment Block Grant would see level funding of $1.8 billion in the House-approved bill. And criminal justice related activities would see level funding, specifically $60 million for drug courts.

Maintaining level funding for these and other programs should be seen as victories for the addictions and mental health community. Overall, Republican leadership has looked to rein in federal spending but has continually supported increases in addictions prevention, treatment and recovery supports. Moving forward in 2017, advocates will look to maintain these increases to make clear the impact this spending is having on communities across the country.

Looking Ahead to 2018, Stopping Sequestration

While many policymakers are focused on Fiscal Year 2017, there is a growing chorus of advocates and legislators turning their eyes toward Fiscal Year 2018 and the dramatic cuts that await. In October of 2015, leaders from both parties came together to pass the Balanced Budget Act. This bipartisan, two-year budget deal provided limited relief from mandated spending cuts that would have taken effect. The deal added $80 billion in discretionary funding over two years and helped avoid a government shutdown. However, when that deal runs out, Congress will be faced with the full weight of these spending cuts yet again.

What is sequestration? Sequestration refers to the automatic, across-the-board spending cuts imposed by the Budget Control Act of 2011. This law required Congress to cut spending below a certain threshold — or else all discretionary spending programs would be slashed by an equal amount to bring the top-line numbers in line with predetermined budget caps. When the deal from 2015 runs out, sequestration will return in full force.

While sequestration was originally designed to ignite bipartisan action on the budget, recent history shows that some appropriators are more comfortable with the cuts remaining in place, allowing them to pursue a strategy of reprioritizing funding from programs of lesser to greater importance. Programs at risk of losing substantial funding under sequestration include: Substance Abuse Prevention and Treatment Block Grant, the Center for Substance Abuse Prevention, and Primary-Behavioral Health Care Integration, among many others.

Beginning now, advocates should be educating their legislators on the disastrous impact of sequestration cuts. In Washington, DC, staff may not yet be focused on the years ahead and the potential budgetary hurdles they will have to maneuver. Instead, they are focused on the here and now and working to make things better for their constituents in the moment. It is the job of advocates nationwide to ensure legislators and staff know what sequestration would mean for their organizations, their consumers and their communities.

The year 2016 was important for the addictions and mental health community. Years of hard work have resulted in many successes and opportunities for continued growth and greater achievement. As we look ahead to 2017 and the possibilities in a new presidential administration, we must be mindful of how far we have come as a field and where we must continue to speak up. Providers, consumers and family members must all continue and enhance their advocacy efforts, speaking up for addictions and mental health. Speaking up for more funding, greater access and more comprehensive services. By building relationships and sharing stories with legislators, we can effect change in Washington.

In his role as a Policy Associate for the National Council for Behavioral Health, Michael Petruzzelli monitors and executes the National Council's public policy and grassroots advocacy initiatives to support the mental health and addiction safety net. He works closely with advocates, empowering them to connect with their elected officials and join the discussion on behavioral health. He also serves as the primary author of the Capitol Connector, the National Council's public policy newsletter and blog. Before joining the National Council, Petruzzelli managed grassroots advocacy campaigns on social and political issues, including the 2012 general election. Petruzzelli earned his Bachelor's of Arts Degree from Rutgers University and his Master's of Public Administration from George Washington University.

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