Webinar Agenda

- 12:00 Welcome/Introduction of Presenters/Goals
  Gerry Schmidt, Chair, NAADAC Public Policy Committee
- 12:10 Presentation
  Charles Ingoglia, Vice President Public Policy, The National Council for Community Behavioral Healthcare
  Sarah Hansen, Executive Director, Kansas Association of Addiction Professionals
  Chris Campbell, Director of Government Relations
- 1:10 Question & Answer Session
- 1:30 Teleconference Concludes
Presenters

Chris Campbell, Director of Government Relations, NAADAC (ccampbell@naadac.org) • 800.548.0497 x129

Sarah Hansen, Executive Director, Kansas Association of Addiction Professionals (sarah@ksaap.org)

Charles Ingoglia, Vice President Public Policy, National Council for Community Behavioral Healthcare (chucki@thenationalcouncil.org)

Gerry Schmidt, Chair, NAADAC Public Policy Committee (gschmidt@valleyhealthcare.org)
The goals of this Webinar are to:

- Update you on Health Care Reform implementation, and what you can do in your state
- Show the importance and benefits of state-level legislative advocacy, including:
  - How to develop a legislative agenda,
  - How to conduct a state advocacy day/Hill Day,
  - How to work with your state legislature to gain licensure
- How NAADAC Can Support Your Affiliate
- Questions and Answers
Healthcare Reform and Impact on Individuals with Substance Use Disorders

Chuck Ingoglia
National Council for Community Behavioral Healthcare
End Result of Reform

- More individuals with SUDs will have coverage under Medicaid and private insurance
- States will need to expand capacity considerably to meet demand
- For IP and basic OP, individuals might choose to go outside public system
  - How to coordinate when they need additional services may become an issue
Expected Sources of Coverage Under Healthcare Reform Legislation

- Health insurance exchange -- with subsidies or tax credits (adults) - 29%
- Health insurance exchange -- employer or individual responsibility (adults) - 26%
- Medicaid expansion (adults) - 33%
- Children - 12%

National Council analysis: $15 to $23 billion more spending for MH/SUDs from insurance expansion

Source: RUPRI Health Reform Simulation Model
<table>
<thead>
<tr>
<th>Medicaid Expansions</th>
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<tr>
<td><strong>Expanded Eligibility for Children and Parents</strong></td>
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<td>• 133% Federal Poverty Level</td>
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<td>• April 1, 2010 State Plan Option</td>
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<td><strong>Expanded Eligibility for Childless Adults</strong></td>
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<td>• April 1, 2010 State Plan Option</td>
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<td><strong>Benchmark Coverage for Newly Eligible Childless Adults</strong></td>
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<td>• Based upon Deficit Reduction Act benchmark coverage</td>
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<td>• Limited array of services available</td>
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<td><strong>Increased Federal Share and PCP Payments</strong></td>
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<td>• FMAP = 100–90% in years 2014–2020+</td>
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<td>• 100% of Medicare Reimbursement</td>
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<td>• Eligibility standards must be maintained until Exchanges are fully operational.</td>
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<td>• Compliance tied to receipt of federal matching funds.</td>
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<td>• Does not prevent states from expanding coverage.</td>
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<td><strong>Maintenance of Eligibility</strong></td>
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<td>• States may extend coverage, including EPSDT, to former foster children until age 26</td>
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<td><strong>Coverage for Former Foster Care Children</strong></td>
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State Health Insurance Exchanges

- For small employer and individual insurance
- Pools risk across more individuals
- Parity for SUDs/MH applies
- Primary Functions:
  ◦ Provides insurance plan info in easy-to-understand format
  ◦ Monitors insurance plan marketing and competition
  ◦ Standardizes plan benefits and cost-sharing
  ◦ Some responsibility to control premium growth
  ◦ Administration of tax credits for individuals between 134%-400% of FPL
- Similar to the Massachusetts Connector or Federal Employees Health Benefit Program (FEHBP)
# Health Insurance Exchanges

## Current World Order:
- **Employer offers insurance** ⇒ you select from a few plan choices (or maybe just one).
- **Employer doesn’t offer insurance** ⇒ you can get non-group insurance or remain uninsured
- **You’re unemployed and meet Medicaid disability/income requirements** ⇒ you **may** get Medicaid
- **You’re unemployed and don’t meet Medicaid requirements** ⇒ you can get non-group insurance or remain uninsured

## If the ideal is met:
- **Employer offers insurance** ⇒ Same, but potential savings by employer selecting plans through the exchange
- **Employer doesn’t offer insurance** ⇒ you can enter the exchange and purchase insurance or remain uninsured (and pay penalty)
- **You’re unemployed and have an income up to 133% of FPL** ⇒ you can access Medicaid (inc. childless adults, non-disabled)
- **You’re unemployed and don’t meet Medicaid requirements** ⇒ you can get non-group insurance through the exchange or remain uninsured (and pay penalty)
### Exhibit 1. Exchange Implementation Timeline

- **No preexisting-condition exclusions for children**
- **Prohibitions against lifetime benefit caps and rescissions**
- **Phased-in ban on annual limits**
- **Annual review of premium increases**
- **Public reporting by insurers on the share of premiums spent on nonmedical costs**
- **Federal regulations on exchanges (expected)**

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<td>States adopt exchange legislation and begin implementing exchanges</td>
<td>Phased-in ban on annual limits</td>
<td>Insurers must spend at least 85% of premiums (large group) or 80% (small group/individual) on medical costs or provide rebates to enrollees</td>
<td>HHS must determine if states will have operational exchanges by 2014; if not, HHS will operate them</td>
<td>State insurance exchanges</td>
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<td>Insurance-market reforms, including no rating on health</td>
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<td>Essential benefit standard</td>
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<td>Premium and cost-sharing credits for exchange plans</td>
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<td>Premium increases as criteria for carrier participation in exchanges</td>
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<td>Requirement for individuals to have insurance</td>
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<td>Penalties related to employer-shared responsibility</td>
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<td>Penalty phases in (2014–2016) on requirement for individuals to have insurance</td>
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<td>Option for state waiver to design alternative coverage programs (2017)</td>
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Source: The Patient Protection and Affordable Care Act (Public Law 111-148 and 111-152).
Health Homes for Individuals with SUDs

Picture a world where everyone has...

- An Ongoing Relationship with a PCP
- A Care Team who collectively takes responsibility for ongoing care
- And Provides all Healthcare or makes Appropriate Referrals
- Helping ensure that Care is Coordinated and/or Integrated

And where...

- Quality and Safety are hallmarks
- Enhanced Access to care is available (evenings & weekends)
- And Payment appropriately recognizes the Added Value

Joint Principles of the Patient–Centered Medical Home: www.pcpcc.net
Medicaid Health Home Requirements

- “(B) SERVICES DESCRIBED.—The services described in this subparagraph are—
  -“(i) comprehensive care management;
  -“(ii) care coordination and health promotion;
  -“(iii) comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;
  -“(iv) patient and family support (including authorized representatives);
  -“(v) referral to community and social support services, if relevant; and
  -“(vi) use of health information technology to link services, as feasible and appropriate.
Your Opinion Matters!

Blog
with us at

www.mentalhealthcarereform.org

Mental health and addictions services are at the core of healthcare reform

Join us on our blog to

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>>> Keep up with the latest
>>> Understand the implications
>>> See what’s coming
>>> Download PowerPoints, timelines, maps, and more
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Find material to share on your social media sites and subscribe to our email and RSS feeds for live updates.

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE
Chuck Ingoglia
Vice President, Public Policy
ChuckI@thenationalcouncil.org
Next: The Importance of Advocacy
Presenter: Gerry Schmidt, Chair, NAADAC Public Policy Committee
What is Advocacy?

- From Latin for “voice”
- Working definition: Advocacy is the **process of influencing** the **public’s attitude** toward a specific issue or group
Why do advocacy?

- The American system demands it--
  - Legislators cannot be experts in everything, but they want to understand their constituents
- You have expert power...no one else can give policymakers the front-line information you have!
  - Addiction professionals are experts in what works and what doesn’t in addiction policy
- No one else will do this for us!
Benefits of Affiliate Advocacy

- Higher profile for the affiliate and its leaders
  - Among members
  - Among perspective members
  - Among policymakers in your state
- Helps develop better policy for your state
  - Better for professionals, people seeking treatment, etc.
- Fills a void in your state’s policymaking system
  - No one else will speak for addiction professionals in your state if you don’t. Policy will still be made, but your perspective and insight won’t be taken into account
Benefits of Affiliate Advocacy

- Opportunity for leadership development of members
  - Opportunity for active participation, networking and team-building among affiliate members
- Lays the groundwork for future advocacy
  - Builds relationships with policymakers and other advocates
- Reinforces the affiliate’s other activities (trainings, conferences, peer-support, etc.)
Challenges to Affiliate Advocacy

- Limited time
- Limited money
- Limited staffing
- Aversion to new ideas and difficulty in building momentum
Challenges to Affiliate Advocacy

- Fortunately …

- It’s easy to start small and build
Where Do You Start?

1. Make a formal commitment at the leadership level
   • If it’s not possible to make any kind of commitment now, plan for one in the near future

2. Decide on an organizational structure
   • For larger or more established affiliates, consider creating a public policy committee.
   • For smaller or less established affiliates, perhaps you will have to work through the board
Where Do You Start?

3. Decide on a public policy chair/leader who will be accountable to the board.
   - Enthusiasm and ability to put time and energy into the affiliate’s advocacy efforts are the key qualifications

4. Form a Public Policy Committee
   - 3–5 people may be plenty
   - Get at least a few board members invested
   - E-mail request for members, post information on website, announce at conference, post in newsletter, etc.
Where Do You Start?

5. Make a Strategic Inventory and Strategic Plan
   • Strategic Inventory: looking at what’s been done, current resources, current policy landscape
   • Strategic Plan: realistic short- and long-term projections targeted to your affiliate’s specific situation
   • (More later on creating a legislative strategic plan)
   • Formally approve the strategic plan

6. Publicize successes and offer opportunities for members to get involved
Next: Working with Your State Legislature
Presenter: Sarah Hansen, Executive Director,
Kansas Association of Addiction Professionals
How to Develop a Legislative Strategic Plan

- Whether advocating for a single issue or a full array of issues, it is critical to your success to create a legislative strategic plan.

- The following are the steps that should be taken in establishing a viable plan:

1. Identify Key Issues
   - Focus resources on the issue or issues that are most important to your members.

2. Gather information
   - Survey your members (What are their pressing issues?) Also, find out the legislative history of the issue; is it worth pursuing?
How to Develop a Legislative Strategic Plan

3. Prioritize Issues
   • After gathering information, decide which two or three issues have the most impact upon affiliate members

4. Develop a strategic plan
   • Once the priority issues are determined, a strategic plan can be developed for each issue or for multiple issues. The plan should consist of the following:
     • An overall goal that clearly states what the affiliate wants to achieve;
     • Specific strategies for achieving the goal;
     • Multiple objectives for each strategy that further delineates it; and
     • Action steps explaining how the objectives will be achieved
How to Develop a Legislative Strategic Plan

5. “Sell” the plan to affiliate members to get them involved
   - A critical step in the process is to inform your members about the strategic plan and to get them excited about participating in the implementation. This can be done through publications, during meetings and on your web site.
How to Conduct a State Advocacy Day/Hill Day

- Why have a legislative day?
  - To build relationships
  - To foster member leadership
  - To communicate issues

- Preparation is key to a successful advocacy day
  - Date: Pick a day during session
  - Materials: Have your legislative agenda finalized, develop a leave behind, provide copies to members, have a list of legislators offices for members
State Legislative Day: Preparation

- Rally: Prepare your members, build their confidence in the message
- Luncheon/Breakfast:
  - Schedule a room in the capitol or an adjoining building,
  - Cater in a hot lunch (not boxed),
  - Encourage members to invite legislators to a lunch, opportunity to “break bread”
How to Work with Your State Legislature to Gain Licensure

- This is a process which requires commitment and a dedication of years
- Internal buy in…
  - Why do you need/want licensure?
  - Who will this effect and how?
  - Who are your proponents and opponents?
  - What are the cost implications?
  - What are the existing statutes/laws around credentialing/certification?
Licensure: Stakeholder feedback

- External buy-in: Bring people in prior to the creation of a product
  - Conversations with the SSA
  - Conversations with other trade groups
  - Talk to everyone on your list of proponents and opponents
  - This is not your “sell” of an idea but collection of information. What are their needs, concerns, desires
Licensure: Collecting models

- Talk to other states—what did they do well/do poorly
- Collect model legislation for ideas (NAADAC has a model state licensure bill available on its web site)
- Work with your stakeholders to create concepts
- Work with the regulatory agency to identify possible problems and plan within your concept paper
How to Work with Your State Legislature to Gain Licensure

- Identify who will sponsor your legislation
  - what committee(s)
  - who is the chair
  - will they support the concept
  - be prepared to discuss the need, the cost, who will support and who will oppose

- After buy in is secured, ask for the CHAIR to approve the drafting of legislation

- Identify other legislative members of the committee

- Have constituents contact legislator to show support
Licensure Advocacy

- For successful passage you must develop a plan for advocacy
  - Communication with members
  - Communication with legislators
  - Communication with stakeholders
Next: How Can NAADAC Support You?
Presenter: Chris Campbell, Director of Government Relations, NAADAC
How Can NAADAC Support You?

- Provide resources
  - NAADAC’s Public Policy Website: www.naadac.org/advocacy
Advocacy

UPDATE – ARE YOU INTERESTED IN SERVING ON NAADAC’S PUBLIC POLICY COMMITTEE? APPLY BY OCT. 19!

Click here for more information.

Oct. 8 – UPDATE – WHAT WOULD HEALTH CARE REFORM MEAN FOR ADDICTION SERVICES?
Please click here to learn more.

Public Policy
Learn more about current public policy issues like parity, health care reform, and workforce development.

E-Advocacy Center
Receive legislative alerts, policy updates and much more. It’s free and open to everyone! Sign up or learn more.

Advocacy in Action Conference
NAADAC’s annual advocacy conference took place March 8-10, 2008 in Washington, D.C. Presentations, follow-up forms and ideas for additional advocacy activities are currently posted online. More information

Public Policy Committee
The Public Policy Committee provides guidance on public policy issues from NAADAC members from around the country. Read More.

Advocacy Blog
Hosted by Addiction Professional magazine. Check here for up-to-date information and analysis on
Capwiz – NAADAC’s E-Advocacy Center

- The e-Advocacy Center is a valuable resource—take a look! It can help you:
  - Find elected officials, including the president, members of Congress, governors, state legislators, local officials, and more
  - [http://capwiz.com/naadac](http://capwiz.com/naadac)
Additional Resources

- Track current addiction policy debates at the federal, state, and/or local levels.
  - Resources:
    - [www.naadac.org/advocacy](http://www.naadac.org/advocacy)
    - [www.addictionpro.com](http://www.addictionpro.com) (public policy blog)
    - State/local news
    - Google Alerts
    - Join Together
  - Write updates for your members about the status of information that will affect them (newsletters, e-mails, website, etc.)
Additional Resources

How-To Series:

Licensing of Substance Use Disorder Professionals in States

August 2010

NAADAC, the Association for Addiction Professionals
1001 N. Fairfax Street, Suite 201
Alexandria, VA 22314
703.741.7686 • 800.548.0697
fax: 703.741.7698 • 800.377.1136
e-mail: naadac@naadac.org
web: www.naadac.org
Additional Resources

Guide to State-level Advocacy for NAADAC Affiliates

A Federation of NAADAC, the Association for Addiction Professionals
Department of Government Relations
1605 N. Fairfax Street, Suite 201
Arlington, VA 22201
P 888.548.0097 / 703.741.886
F 800.377.1130 / 703.741-8888

Guide to State-level Advocacy for NAADAC Affiliates
January 2011
How Can NAADAC Support You?

- Strategic Inventory/Planning Guidance
- Articles for affiliate newsletters
- Data
- Best practices
- Letters of support
- Use of our e-Advocacy Center
  - Sends targeted e-mails that enable people to take action
How Can NAADAC Support You?

- Boilerplate proclamations, talking points, etc.
- Advocacy brochures (plus general NAADAC brochures, magazines, etc.)
- Fully revised advocacy workbook in production
How Can NAADAC Support You?

- Technical assistance is always just a call or e-mail away!
  - ccampbell@naadac.org; 800.548.0497 x129
Questions & Discussion