



NEWS FROM THE APA

Psychiatric Foundation of North Carolina Seeking Nominations for New Research Award until February 1st

The Psychiatric Foundation of North Carolina is seeking nominations nationally for a new research award designed to recognize psychiatrists and other medical professionals for basic research (in the neurosciences, psychology, or pharmacology at a molecular, cellular, or behavioral level) that has made a significant impact on clinical psychiatric care. The deadline for submissions is **Wednesday, Feb. 1, 2012** for *The V. Sagar Sethi, M.D. Mental Health Research Award*. The award includes a financial prize and travel support to present a lecture at the Annual Meeting and Scientific Session of the North Carolina Psychiatric Association on September 28-30, 2012. Self-nominations will not be accepted, although the nominee can assist in providing information to the nominator. Details are posted at www.ncpsychiatry.org/sethi_award.html.

Urgent Action Alert: Influencing the Design of Essential Health Benefits

Dear State Leaders:

Under the Affordable Care Act, the Secretary of Health and Human Services has the authority to determine what benefits will comprise the minimum level of essential health benefits that all plans sold within state insurance exchanges must include. For several months states and policymakers have been awaiting a notice of proposed rulemaking from the Secretary announcing guidelines for the design of essential health benefit packages. On December 16, 2011, HHS Secretary Sebelius issued a Bulletin outlining how essential health benefit packages will be designed. Rather than setting a national standard for the creation of essential health benefit packages, the Secretary chose to devolve the design of essential health benefit packages to the individual states. The information provided below summarizes how essential health benefits will be designed between now and 2016. If you have any questions, please do not hesitate to contact Julie Clements in the APA's Department of Government Relations. The APA encourages its members to follow their states' design of essential health benefits packages. As you'll see below, the creation of essential health benefits packages has great implications for the future provision of mental health and substance use disorder services. We must ensure the essential health benefits states adopt don't erode, or even incentivize the future erosion, of existing state parity mandates or state autism mandates, while also complying with the federal Mental Health Parity and Addiction Equity Act of 2008.

APA Call to Action: Influencing the Design of Essential Health Benefits

The Affordable Care Act Provides the Secretary of HHS with Authority to Define Essential Health Benefits

- Section 1302(b) of the Affordable Care Act directs the Secretary of HHS to define Essential Health Benefits (EHB).
- Beginning in 2014, non-grandfathered plans in the individual and small group markets both in and outside of the state health care exchanges, Medicaid benchmark and benchmark-equivalent, and Basic Health Programs must provide an essential health benefits package that includes items and services within the following 10 benefit categories: 1) ambulatory patient services, 2) emergency services, 3) hospitalization, 4) maternity and newborn care, 5) **mental health and substance use disorder services**, 6) prescription drugs, 7) rehabilitative and habilitative services and devices, 8) laboratory services, 9) preventive and wellness services and chronic disease management, and 10) pediatric services, including oral and vision care.

(Note: Where a plan lacks one of the ten required health care delivery areas set forth in the Affordable Care Act, HHS will require a state to supplement its selected EHB benchmark plan with a plan that includes coverage of the missing required category).

HHS Secretary Devolves EHB Package Design Decision to Individual States

- On December 16, 2011, the Secretary of HHS issued a Bulletin permitting the states to determine what constitutes their essential health benefits package; the Secretary gives states a choice of four plans they can use as benchmark plans for determining what benefits constitute their essential health benefits package plans. Bear in mind the plans must reflect the statutory standards for EHB set forth in the Affordable Care Act (so to include all 10 areas of health care service delivery and extend the application of the Mental Health Parity and Addiction Equity Act of 2008 to the plans sold in the state exchanges)
 - 1) The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market;
 - 2) Any of the three State employee health benefit plans by enrollment;
 - 3) Any of the largest three national FEHBP plan options by enrollment; or
 - 4) The largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State.

(Note: Where a state fails to exercise the option to select a benchmark plan for its EHB benefits, the default plan established by HHS is the largest plan by enrollment in the largest product in the state's small group market).

- The Essential Health Benefit plans adopted by the States will be in effect from January 1, 2014 until 2016. In 2016, the Secretary of HHS intends to assess the benchmark process for 2016 and beyond based on evaluation and feedback.

APA Concerns with HHS's Devolution of the EHB Package to the States:

- 1) If a state selects for its benchmark plan a health plan that is not currently regulated by state insurance law, like for example a FEHBP plan, state insurance mandates would not be included as part of that initial plan, meaning the Affordable Care Act would require these states to cover the cost of any benefits it offers its qualified health plan insurance beneficiaries that are in excess of what's offered in the plan to which they benchmark their EHB benefits. This is a concern in states characterized as having mandated benefits

for parity and/or autism that go beyond what's required by federal law. The APA worries there will be little incentive for states with parity laws, for example, that are stronger than the federal parity law, to retain the enhanced coverage for beneficiaries of the insurance plans sold by a state's health insurance exchange when federal law requires these states to pick up the cost for any benefits they offer in excess of what's included in these states' essential health benefits package. Therefore, the APA would encourage states that have stronger parity laws and more state insurance mandates to adopt as their benchmark plan for EHB an above plan that is regulated by state law.

- 2) HHS's Bulletin on EHB would allow for "substitution" of benefits both "within" and "across" the ten required EHB health service categories. HHS has not defined "substitution." In its comments to HHS regarding the recently released EHB Bulletin, the APA is asking HHS to provide a definition of "substitution" and examples of how it would be applied within health plans sold by the state health insurance exchanges. The APA wants to guarantee substitution of benefits won't result in an erosion of covered mental health services in an EHB plan and/or a challenge to a state's EHB plan achieving mental health parity which is compliant with all provisions of the federal Mental Health Parity and Addiction Equity Act of 2008.
- 3) Among the 10 categories of health care services that must be included in an essential health benefits plan is "habilitative" services. Currently, there is no universal definition within the insurance market of what constitutes "habilitative" services. The APA urges HHS to issue national guidelines as to what constitutes the category of "habilitative" services. The National Association of Insurance Commissioners has proposed a definition of "habilitation" in materials transmitted to HHS and Medicaid has adopted a definition. These definitions include the concept of "keeping" or "maintaining" function, but this concept is virtually unknown in commercial insurance. Private insurance and Medicare have been known to use different definitions.
- 4) As states select a benchmark plan for their EHB packages, they must offer services in their EHB that fulfill the 10 required health service categories set forth in the Affordable Care Act, comply with the Mental Health Parity and Addiction Equity Act of 2008, and offer benefits which are "substantially equal" to those currently offered in their selected benchmark plan. (See the four choices of benchmark plans cited above).

How APA Members Can Influence State EHB Design

- **Most EHB package decisions will likely be made in the coming months by state legislatures.** The APA encourages its members to be proactive in reaching out to their state legislatures and the committees in the state legislatures that have subject matter jurisdiction over insurance to advocate for inclusion of a breadth of mental health services, as well as the application of the Mental Health Parity and Addiction Equity Act of 2008, within the benchmark plan individual states adopt when determining what benefits will comprise their EHB package.
- **The APA has convened an Essential Health Benefits Working Group comprised of psychiatrists from the Council on Advocacy & Government Relations and the Council on Healthcare Systems and Financing which is responding formally to HHS's EHB Bulletin.** This group has been closely following developments on the design of essential health benefits package and is currently drafting comments on behalf of the APA in response to the EHB Bulletin issued

on December 16, 2011 by HHS. The APA's comments will be submitted by the January 31, 2012 deadline and published under the "Regulatory Comments" Advocacy section of the APA website.

- **State district branches are encouraged to submit comments and concerns regarding the design of state essential health benefit packages to HHS;** comments are due January 31, 2011. Contact APA's Deputy Director of Regulatory Affairs, Julie A. Clements, J.D., at jclements@psych.org or by telephone at (703)-907-7842 if you're interested in submitting comments and/or have further questions about how the proposed EHB package design will affect the delivery of mental health and substance use disorder services in your state.

Innovation in Public Service Psychiatry

SAVE THE DATE. The American Psychiatric Association's (APA) Office of Minority and National Affairs, the American Association of Community Psychiatrists (AACP) and a number of local sponsors will present *Innovation in Public Service Psychiatry: How Recovery, Integration and Population Health Are Transforming Our Work* on Friday and Saturday March 2-3, 2012 at the Buttes Hotel (Marriott) in Phoenix, Arizona.

Innovation in Public Service Psychiatry will be a unique conference focusing on the energy and opportunities for transformation now sweeping community psychiatry. Among numerous cutting-edge presentations will be the unveiling of the APA/AACP Recovery to Practice Curriculum for Psychiatrists. Other areas that will be addressed include the role of peer supports, updates on primary care/behavioral health integration, and further developments in health and public policy.

For more information, contact Ken Thompson MD, Conference Organizing Committee, at visiblehands@mac.com.

New! Winter Issue of "In Session with Allied World" Newsletter Now Available Online

Published in support of the [American Professional Agency, Inc.'s](#) psychiatrist insurance program, exclusively for members of the American Psychiatric Association, "[In Session](#)" is a quarterly newsletter designed to address legal and risk related issues that are important to psychiatrists. As the APA-endorsed medical malpractice insurance provider, American Professional Agency, Inc. is committed to delivering a comprehensive risk management program for APA members. This issue contains timely articles on:

- The Anatomy of Civil Litigation;
- Claims Perspective: First Steps if You are Sued for Malpractice;
- Safety and Security Issues with the Use of Social Media;
- Culture Corner: Puerto Rican; and
- An introduction from Cynthia Tunney, Assistant Vice President of Public Relations, and Charlene Glock, Vice President of Marketing of APA, Inc.

Medical Student Senior Elective in HIV Psychiatry

The American Psychiatric Association established this program in 2004 in order to provide an opportunity for 4th year minority medical students to participate in a one-month clinical or research elective in HIV psychiatry.

With improvements in HIV drug therapy, there is a demand to treat the mental health needs of those living longer with the disease. People with HIV have a higher incidence of mental health problems than the general population and, conversely, people with serious mental illness are more at risk for contracting HIV. HIV attacks the brain, causing inflammation and tissue deterioration. Infection of the brain also can lead to clinical depression, mild or moderate thinking problems, and trouble with memory and focus. Unfortunately, the mental health needs of people living with HIV/AIDS are too often overlooked.

Undoubtedly, future physicians need to develop a working knowledge of HIV-related psychiatric and neuropsychiatric issues. The purpose of the *Medical Student Elective in HIV Psychiatry* is to foster the participation of medical students (particularly from racial and ethnic minorities) in HIV-related care and research and provide them with a means of obtaining essential HIV-related mental health training through an integrated approach to patient care.

Description of the Project

The *Senior Elective in HIV Psychiatry* begins with an intensive, two-day training curriculum in Washington, DC. Topics range from neuropsychiatric complications of HIV, somatic complaints, and mood disorders to special patient populations including people with substance use disorders and/or those suffering from severe mental illnesses. Training modalities include a combination of lectures, role playing, case vignettes, and first-person accounts through interviews with HIV positive people. Students then travel to training sites for their clinical or research experience for the month of September.

To date, fifty-seven students have completed the full month-long elective. Prior sites have included: Cambridge Health Alliance/Zinberg Clinic; The New York Presbyterian Hospital at Columbia University; The New York-Presbyterian Hospital Cornell University Center for Special Studies (CSS); Emory University/Grady Infectious Disease Program; Howard University; University of Pittsburgh Medical Center; University of Cincinnati; University of Miami, Stanford University, Beth Israel, and the University of South Florida (for a research elective in HIV Neuroimmunology in Psychiatry.)

The application deadline is March 31, 2012 with selections to be announced in late April.

Applications are posted online at:

<http://www.psych.org/Resources/OfficeofHIVPsychiatry/HIVRelatedprofessionaleducation/MinorityMedicalStudentElectiveinHIVPsychiatry.aspx>

Additional information can be obtained from Diane Pennessi by phone at (703) 907-8668 or e-mail to dpennessi@psych.org.

Psychiatrists Donate Time to Support Military, Veterans, and Families

APA is an active partner of [Give an Hour](#), a national network of mental health professionals who volunteer their services to better support military personnel and their families. Doctors can donate an hour of their time each week to provide direct services in person, by phone, or in consultation with schools and local organizations that [help the military community](#). [Give an Hour](#) and its partners are working to grow this volunteer network over the next three years to enhance treatment for [post-traumatic stress disorder](#) (PTSD), [traumatic brain injury](#) (TBI), [drug abuse](#), anxiety, and depression.