

NAATP NATIONAL 2021



NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

Quality through Advocacy

Federal Public Policy and the NAATP Alliance for State Advocacy



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Session Objectives

- Understand critical federal issues that impact the NAATP members and the field
- Learn state advocacy efforts that may impact your organization



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PUBLIC POLICY

UPDATES



Landmark Anti-Discrimination Law

Mental Health Parity and Addiction Equity Act of 2008

Plans CANNOT:

1. Charge higher co-payments or other out-of-pocket expenses for behavioral health than for physical health. ("Financial Requirements")
2. Limit more stringently the number of visits or days for behavioral health services than they do for physical health. ("Quantitative Limitations")
3. **Use more restrictive managed care practices for behavioral health than for physical health. ("Non-Quantitative Treatment Limitations" -- NQTLs)**

Fundamentally, the Federal Parity Act requires a comparison between mental health / addiction vs. medical/surgical coverage

Federal Parity Act is a powerful tool to end discriminatory coverage

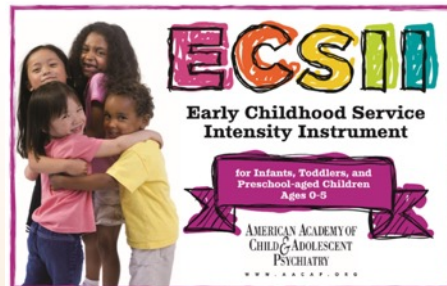
State Parity Reporting Requirements

- 17 States passed parity implementation legislation since 2018 based on model parity reporting legislation
 - Requires insurers to submit compliance analyses to state regulators; mirrors requirements in new federal amendments
 - Includes Medicaid managed care in some states
- States: AZ, **CO**, CT, **DC**, **DE**, **IL**, IN, KY, MD, MT, NJ, **NV**, OK, **OR**, PA, **TN**, TX, WV
 - ***Bold and italicized means applies to both private insurance and Medicaid managed care***

New Federal Parity Amendments

- The Consolidated Appropriations Act, 2021 signed into law on 12/27/2020 amended the Federal Parity Act
 - Requires insurers and health plans to perform detailed parity compliance analyses
 - Compliance analyses must be submitted to state and federal regulators upon request
 - Applies to all private insurers and all group health plans (unfortunately, not to Medicaid MCOs)
- State legislation requiring insurers to submit analysis can simply reference new federal code provisions

Court-Ordered Level of Care Criteria



- In *Wit v. United Behavioral Health*, a federal court ruled that UBH's coverage practices and medical necessity criteria were inconsistent with Generally Accepted Standards of Care.
- All parties case agreed that criteria from ASAM, AACAP, and AACP reflected generally accepted standards of care
- Court ordered UBH to use ASAM Criteria, LOCUS, CALOCUS-CASII, and ECSII
- Prior to injunction, UBH ("Optum") voluntarily switched to these criteria. UBH gave the following three reasons:
 - ✓ ***"Externally validated"***
 - ✓ ***"Common language drives improved care"***
 - ✓ ***"Effective management of behavioral health services"***

Generally Accepted Standards of Care

The Wit Court Identified 8 Standards for Behavioral Health Care:

1. Treat underlying condition, not only current symptoms.
2. Treat co-occurring conditions.
3. Treat at the least intensive level of care that is safe and just as effective as higher level of care (cannot sacrifice effectiveness because a treatment is equally safe).
4. Err on the side of caution by using a higher level of care when there is ambiguity.
5. Include treatment services to maintain function.
6. Determine duration based on the individual's needs, without arbitrary limits.
7. Address unique needs of children/adolescents into account.
8. Use a multidimensional assessment to determine level of care (e.g., LOCUS, ASAM criteria).

Two Large States Are Leading

Strong Rules on Criteria in California and New York



NEW YORK:

- State reviewing all plans' mental health criteria against "Guiding Principles" that reflect Generally Accepted Standards of Care
- Rejected all plans' submissions
- Also new regulations requiring parity compliance programs



CALIFORNIA:

- Senate Bill 855 enacted
- Requires plans to follow Generally Accepted Standards of Care for all mental health and substance use disorders
- Requires use of non-profit professional association criteria

California Senate Bill 855

Important New Law Took Effect January 1st

- Broadened and expanded requirements of existing California Mental Health Parity Act
- Requires coverage of medically necessary treatment for MH/SUD
 - Defined MH/SUD as current version of DSM
 - Put in place medical necessity definition based off of AMA / APA-endorsed definition
 - Requires coverage of medically necessary preventative services
- All utilization review must be consistent with Generally Accepted Standards of Care, which is defined
- **Insurers must use level of care criteria from non-profit professional associations (e.g. ASAM)**
- Must cover all levels of care
- Improves timely access standards to require immediate coverage of out-of-network services when in-network services are not available
- The Ramstad Model Bill based off of SB 855 was enacted in 2021 in Oregon and Illinois.



- The Role of NAATP Alliance for State Advocacy

Advocacy is Needed at the State Level, Especially Now

- State-level initiatives drive the national policy
- Many Federal initiatives are enforced at the state level
- Local Issues vary, and require local input
- Engagement with other stakeholders helps build better solutions and allies for larger policy issues.

Benefits of State Advocacy Forum

- Higher profile for our members and its leaders
 - Among policymakers in your state
 - Within your community
 - Connection within our Membership
 - 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 State Advocacy Forum

- Opportunity for leadership development
 - Chance for active participation, networking and team-building among other NAATP members.
- Lays the groundwork for future advocacy
 - Builds relationships with policymakers and other advocates
 - Reinforces the members other activities (trainings, conference, peer-support, etc.)

Why Join a NAATP State Alliance

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How NAATP Supports State Alliances

- Strategic Advice/Planning Guidance
- Best Practices
- Letters of Support
- Templates and Sample Materials
- Talking Points
- Encouragement and Support

State Level Advocacy

You can make a difference. No effort is too small!

Colorado - [House Bill 19-1009](#)

Substance Use Disorders Recovery

Florida – [House Bill 807](#)

Practices of Substance Abuse Service Providers

California – [Senate Bill 589](#)

AaOD Recovery services: advertising and marketing



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Advocacy Starts With You

NAATP STATE ADVOCACY TOOLKIT

Advocacy campaigns and initiatives encompass multiple detailed steps, the involvement of many people, often over a long span of time. Becoming an effective advocate is a large undertaking, and, with this toolkit, NAATP is striving to offer as many helpful details and resources as possible.



Identify
Your Cause



Build
a Coalition



Develop
a Message



Communicate
Like an Advocate



Organize
a Hill Day

www.naatp.org/advocacy

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Why We Created This Toolkit



State Advocacy Toolkit Overview

Becoming an effective advocate is a large undertaking!

Who the Toolkit is for: Everyone!

Whether you are starting from square one or are experienced in advocacy work, this Toolkit will have useful resources for you.

Ultimate Goals:

- Join the NAATP Alliance for State Advocacy
- Organize a Hill Day in Your State

We carefully sequenced the information in the Toolkit & recommend reading the sections in order

State Advocacy Toolkit Overview

1. Identify Your Cause
 - What is the Problem?
 - Gather Research & Background Information
 - Set Advocacy Goals
 - Know Your State Government
2. Build a Coalition & Join NAATP Alliance for State Advocacy
 - Why You Need a Coalition for Advocacy Work
 - How to Bring Stakeholders Together
 - The Role of the NAATP Alliance for State Advocacy (ASA)
3. Develop a Message
 - Identify the Target Audience
 - Develop Your Message
 - A Note on Using Personal Stories
 - Drafting a One-Pager
4. Communicate Like an Advocate
 - Connect with Your Legislators
 - Meeting Etiquette
 - Continue the Conversation: Maintaining Ongoing Relationships
 - Beyond Direct Communication: Promoting Your Message Online
5. Organize a Recovery Capitol Hill Day
 - First Steps in Organizing a Hill Day
 - Organizing Timeline and Checklist
 - Forms and Materials
 - Appointment Setting
 - Day-of Reminders
 - Post-Event Follow Up and Next Steps

Organize a Recovery Capitol Hill Day in Your State



Where do I Start?

- [Sign up to receive Public Policy Alerts](#)
- Stay up to date with Substance Use Disorder information
- Sign up to be part of your State Alliance
- Gather commitments from fellow NAATP members to be part of your ASA
- Determine how you want to organize your ASA
- Decide what issue(s) to champion and create a Strategic Plan
- Get resources and support from NAATP to help with your efforts!
- Email request for members, share information on social media to gather interest for your ASA, and consider combining efforts with other State Groups. For example, Texas has a well-established [Texas Association of Addiction Professionals](#).

We want to hear from you!

Share with us your Advocacy Efforts and Questions





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Thank you!

VOICE.
VISION.
LEADERSHIP.

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Visit: naatp.org/advocacy/state-advocacy-toolkit