

Key Amendments: Affordable Health Choices Act (HR 3200)

Amendment	Details
Engel, Matsui: Federally Qualified Behavioral Health Centers (pg. 12)	Establishes federal status for CBHOs who volunteer to meet the standards for Federally Qualified Behavioral Health Centers, provides a definition for such an entity that clearly identifies treatment objectives and updates the minimum core services required and establishes clearly-defined national standards for this entity. Interested organizations would seek certification and re-certification (every 5 years) from SAMHSA.
Murphy, Stupack: Preservation of Medicaid Benefits for Youths Upon Release from Public Institutions	Would end current policy to terminate Medicaid benefits for youth in public juvenile justice facilities. Alternatively, this amendment would require the suspension of benefits while incarcerated, thus allowing for the reactivation of Medicaid eligibility upon release.
Baldwin: Therapeutic Foster Care	Clarifies Medicaid reimbursement policy for Therapeutic Foster Care (TFC) by providing a basic definition of TFC services and states that nothing in Medicaid statute prohibits reimbursement for TFC services.
Matsui: Extension of Delay in Managed Care Organization Provider Tax Elimination	Extends to October 1, 2010 a previously-established delay in eliminating a managed care organization provider tax. Otherwise, this policy is set to expire on October 1, 2009.
G. Green, T. Murphy, Baldwin, Bono Mack: Mental and Behavioral Health Training	Establishes a mental and behavioral health training program to provide financial assistance to persons attending accredited programs (also non-profit hospital, public or private non-profit) of psychology, psychiatry, social work, marriage and family therapy, professional mental health and substance abuse counseling or addiction medicine. Authorizes \$60M/year between 2012-2014.
Pallone: Community Living Assistance Services and Supports	Creates a national voluntary insurance program, the CLASS Independence Benefit Plan, for purchasing community assistance services and supports.
Sutton: Insertion of SAMHSA	Inserts SAMHSA as one of the Agencies that the HHS Secretary must consult with in the development of the National Prevention and Wellness Strategy (pg. 934 of HR 3200).
Sutton, Christensen: Grants to Promote Positive Health Behaviors and Outcomes	Establishes a grant program to states, FQHCs and other public or private non-profits that are part of their community for activities to address nutrition and obesity,

	but also includes “tobacco use...alcohol and substance use...untreated mental health problems”. Funded at \$30 million for fiscal years 2010 to 2014. “Community health workers” is broadly defined and seems open to community MH/SUD facilities, but will probably be defined in regulations.
Baldwin: Outreach and Enrollment of Medicaid and CHIP Eligible Individuals (pg. 3)	Targets CHIP and Medicaid enrollment outreach to vulnerable populations, including “individuals with mental health and substance related disorders”.
Doyle, Deal, Engel: Minimum Services to be Covered in the Essential Benefit Package	In regards to services that must be required in the essential benefit package, this amendment changes language from “mental health and substance use disorder services” to “Mental health and substance use disorder services, including behavioral health treatments”.
Eschoo, Rogers: Defining Primary Care Physicians for Accountable Care Organizations Pilot Program (pg. 2)	In regards to the Accountable Care Organization Pilot Program (pg. 443 of HR. 3200), in the section requiring such groups to have “significant numbers of primary care physicians” inserts “(regardless of specialty)”. This may be a potential area in which behavioral health providers can get involved.
Schakowsky, Upton: Nationwide Program for National and State Background Checks on Patient Access Employees of Long-Term Care Facilities and Providers (pg. 3)	Requires the HHS Secretary to establish a nationwide program administered by states to enforce background checks on prospective employees in all long-term care facilities. Long term care providers are defined very broadly and could include state psychiatric hospitals and long stay residential treatment programs.
Gordon: Demonstration Project Regarding Medicaid Reimbursements for Stabilization of Emergency Medical Conditions by Non-Publicly Owned or Operated Institutions of Mental Diseases (pg. 49)	Establishes a \$75M FY2010 Medicaid demonstration grant program to states to enable 3 year grants that allow Medicaid payments to IMD facilities to cover care for those with mental illnesses (does not mention SUD). The state must examine whether this enhances access, diminishes ER visits, increases range of MH services and improves continuity of care. The HHS Secretary must make annual and final reports on this demonstration program, making a recommendation whether these payment changes should be sustained.
G. Green: Including Individuals with Cognitive Impairments in Medical Homes Pilot Program (pg. 5)	Within the Medical Home Pilot Program (pg. 460 of HR 3200), adds language to the definition of a ‘high need beneficiary’ to include “such an individual with cognitive impairments that leads to functional impairments”.
Burgess: State Option to Disregard Certain Income in Providing Continued Medicaid Coverage for Certain Individuals with Extremely High Prescription Costs	Gives states the option to continue Medicaid coverage for individuals with very high prescription drug costs by disregarding some family income.