June 27, 2016

Improving Access to Mental Health Act of 2015 (S.2173/H.R. 3712)

Since launching our action alert in October, 2015, 1,758 advocates sent 5,811 emails to Congress about the Improving Access to Mental Health Act (S. 2173/H.R. 3712). You can find the alert on our web site.

NASW members are still working on securing GOP support and urge you to reach out to your members of Congress to advocate on how important the Improving Access to Mental Health Act of 2015 (S.2173/H.R. 3712) is to social workers nationwide.

Co-sponsors of the legislation include: (** indicates original sponsor; * indicates original cosponsor)

**Senate**
- Sen. Stabenow, Debbie [D-MI]** 10/08/2015
- Sen. Mikulski, Barbara A. [D-MD]* 10/08/2015
- Sen. Murphy, Christopher S. [D-CT] 02/25/2016

**House of Representatives**
NASW has secured supporters of the legislation, listed below:

- American Geriatrics Society
- Association for Ambulatory Behavioral Healthcare
- Clinical Social Work Association
- Council on Social Work Education
- Justice in Aging
- NAADAC, the Association for Addiction Professionals
- National Association of Anorexia Nervosa and Associated Disorders
- National Coalition for Care Coordination (N3C)
- National League for Nursing
- The National Consumer Voice for Quality Long-Term Care

As part of the NASW National Conference, we are hosting an Advocacy Program on Capitol Hill on June 22, 2016. This Advocacy Program is fully subscribed. We will be sure and share the progress and highlights from that Advocacy Day in the next newsletter.

On July 25, 2016, we will host a webinar for members on the political process and specifically the *Improving Access to Mental Health Act of 2015*. Participants will learn about what NASW is doing to promote the bill and how they can get involved.

**Other Legislative Activity**

*Senate’s Mental Health Reform Act of 2016:* On May 5, 2016, NASW sent an action alert to our Advocacy Listserv to encourage co-sponsorship of S.2680 – the Mental Health Reform Act of 2016. To date, 1,136 advocates sent 2,296 emails to their Senators.

To supplement these efforts, NASW participated in the May 26, 2016 Mental Health Summit on Capitol Hill hosted by Senators Cassidy (R-LA) and Murphy (D-CT). Senators Alexander (R-TN) and Murray (D-WA), sponsors/cosponsors of S.2680, also spoke.

Senate Appropriations for Labor, Health and Human Services and Education: NASW is pleased to highlight that the Senate Committee on Appropriation Labor, Health and Human Services and Education Report for FY 2017 included specific language referencing the importance of social workers. The Committee supports the broadened target populations of people to be served by the Behavioral Health Workforce Education and Training (BHWET) Program to include masters and clinical doctoral level social workers.

In addition, social work is included in the Mental and Behavioral Health Education Training Programs, which provide grants to higher education institutions to recruit and train professionals and faculty.

The committee also encourages the Social Security Administration to allow licensed clinical social workers to assess the effect of an individual’s medically determinable impairment(s) on his or her ability to perform Substantial Gainful Activity for resolving claims for disability insurance.

Appropriations and the Food and Drug Administration: NASW and 52 other organizations signed a letter to the Senate asking they oppose any amendments that would weaken FDA’s authority over tobacco products. In May, the House passed their Agriculture Appropriations Bill out of Committee with two policy riders that would weaken FDA’s authority to regulate tobacco products. One provision seeks to completely exempt certain cigars from FDA regulation. The other exempts e-cigarettes, cigars, and certain other tobacco products now on the market from an important product review requirement, taking away a powerful and efficient tool to protect children from the candy- and fruit-flavored e-cigarettes and cigars that have flooded the market in recent years. The letter expresses strong opposition to both of these provisions in the House version of the bill.

National Council for Behavioral Health’s Hill Day: On June 6 and 7, 2016, NASW partnered with the National Council for Behavioral Health’s Hill Day. Staff attended workshops on June 6 and participated in Capitol Hill visits on June 7. Staff met with Senator Ben Cardin’s (D-MD) office and Representative Chris Van Hollen’s (D-MD-08) office. They discussed the Mental Health First Aid Act (S. 711/ H.R. 1877) and Expand Excellence in Mental Health Act (S. 2525/H.R. 4567). The Senator and Congressman said hello after the meeting with staff.

The Administration

NASW staff were invited to the White House for the Making Health Care Better Series: Mental Health on June 7, 2016. Speakers from the administration, people living with mental illness and advocates presented.
NASW National Conference

On Friday, June 24, 2016 at the NASW National Conference there were two general sessions related to politics. Social worker and member of Congress, Kyrsten Sinema (D-AZ-9) provided a perspective of a social worker on Capitol Hill. Following Congresswoman Sinema, two former members of Congress discussed Decision 2016: An Election Forecast. The Honorable Martin Frost (D-TX) and the Honorable John Shadegg (R-AZ) presented.

Coalition Work

NASW participated in coalition work with:

- ElderCare Workforce Alliance
- Leadership Council of Aging Organizations
- Social Work and Health Care Work Group
- Leadership Conference on Civil and Human Rights
- Coalition on Human Needs
- Behavioral Health Information Technology Coalition

Gun Violence

1. As a member of the Gun Violence Coalition (which includes over 140 organizations with a public health focus), NASW participated in a conference call to help mobilize an effort to convince Congress to lift the ban on the Centers for Disease Control (CDC) to conduct empirical research on the causes and prevention of gun violence. NASW was asked to help organize a Hill visit for coalition members during late June or early July. The lead organization of the coalition is Doctors for America; and

2. In the aftermath of the Orlando shooting, the Gun Violence Coalition members responded with an email discussion as to how the Coalition should respond. We will respond by advocating for support of the several bills introduced to strengthen gun purchase background checks; and to use the Orlando mass shooting to reinforce the need for CDC to conduct research. NASW staff will send out an Action Alert to NASW chapters.

3. NASW issued a statement on the Orlando massacre. The statement called for gun purchase reforms including banning assault weapons and high capacity magazines; lifting the ban on CDC gun violence research, and increasing the nation’s awareness about the relationship between gun violence and hate crimes.

Solitary Confinement

1. In late April, NASW staff made a presentation to the National Board of Directors on the issue of solitary confinement and the role of social work in a setting where such isolation of inmates is
practiced. The key positions that the Board took was that social worker should advocate for “safe alternatives to solitary confinement” , and that NASW calls for elimination of juvenile solitary confinement, unless it is for very rare cases where the safety of staff or other juvenile detainees is in imminent danger.

2. NASW staff completed and posted a social justice brief entitled Solitary Confinement: A Clinical Social Work Perspective. The brief looked at the issue of developing a “safe alternative to solitary confinement” with a focus on the long-term and short-term mental health implication for youth and adults who experience disciplinary or administrative isolation from other inmates.

3. NASW staff is a member of the Solitary Confinement Roundtable organized by Vera Institute for Justice. Staff gave the group an update about NASW’s activities and policy positions as they relate to the topic.

Drug Policy

NASW National health issues and social justice staff have been directly involved with addressing drug policy on several levels including:

- In April of 2016, NASW staff was members of a coalition that responded to the United Nations General Assembly Special Session (UNGASS) on International Drug Policy. The Coalition took the following actions:
  - Met with leadership of the Office of National Drug Control Policy (ONDCP) to discuss the United States’ position on international drug policies
  - Agreed that the coalition would recommend the adoption of principles of a public health approach to drug policy, decriminalization of minor drug possession; and universal acceptance of “harm reduction” approaches to drug treatment;
  - NASW staff attended UNGASS sessions held at the United Nations and “side events” held off-site by non-governmental organizations;

- In June, 2016 NASW disseminated a blog on the UNGASS meeting at the UN

- In June of 2016, NASW staff attended and participated in the White House Office of Public Engagement’s “Big Table” meeting which was a presentation/Q&A by the head of the ONDCP on their response to the opioid epidemic;

- NASW staff participated in numerous activities related to the Comprehensive Addictions and Recovery Act (CARA), including:
  - Attending the inaugural meeting of the Stop Opioid Overdose Coalition of over 100 organizations concerned with the opioid crisis. The Coalition is in support of CARA;
o Attending events and signing onto a letter in support of CARA organized by Addictions Policy Forum. The primary function of the addictions policy forum is to ensure the passage of CARA.

**Criminal Justice**

- Staff has ongoing participation with the Justice Roundtable, a coalition of over 75 national organizations dealing with a wide-range of criminal and juvenile justice issues. NASW is a long-term member of the coalition and participates in several of its working groups. The Justice Roundtable met in June, 2016. There are several major pieces of criminal justice legislation that coalition members are actively supporting. They include:
  - CARA
  - The Sentencing and Corrections Reform Act
  - Reauthorization of the Second Chance Act
  - Reauthorization of Juvenile Justice funding through the Office of Juvenile Justice and Delinquency Prevention.

- NASW staff will participate in a June meeting with the federal Bureau of Prisons (BOP) to discuss solitary confinement in the federal correctional system;

- NASW is working with the American Psychological Association (APA) on organizing a meeting with key stakeholders to discuss mental health services in the criminal justice system, including prisons, jails, and community-based program. The preliminary meeting is tentatively planned for August, with a larger roundtable scheduled in the fall of 2016.

**Voters Rights**

NASW staff continued to participate in the voters’ rights coalition which met in early June. The coalition is working on the passage of the Voters Rights Advancement Act. NASW is asked to inform its membership of state-level advocacy and calls to action.

**Judicial Nominations**

NASW staff attends weekly Judicial Nominations Coalition meetings. The primary activity of the coalition has been advocating for a Senate hearing for Supreme Court nominee Judge Merrick Garland. Staff will disseminate information on the issue of the Senate holding up Judge Garland’s nomination at the NASW national conference.
Mental Health Liaison Group (MHLG) Meeting

1. Office of Civil Rights Staff Presentation on Section 1557 Final Rule of the Patient Protection and Affordable Care Act – Eileen Hanrahan, Senior Civil Rights Analyst with the Office of Civil Rights at the U.S. Department of Health and Human Services

For the first time, sex discrimination is prohibited in health care, to include gender identity and sexual stereotyping. It also covers language access. The Department received 25,000 comments on the rule which covers the nondiscrimination provision of the Affordable Care Act. The rule was finalized on May 18, 2016 and is effective July 18, 2016. The rule applies to marketplaces and insurers.

The definition of a health program or activity includes provision of health related services or insurance if entity is principally engaged in health services or health insurance issuers. It covers all operations and activities.

There are two limitations. It does not apply to employment and there is a religious exemption.

Health care entities are required to provide notification of language access and disability access. There is information in the top 15 languages. Entities have a duty to take reasonable steps to people with limited English proficiency. For disability, covered entities are responsible for effective communication, provision of reasonable modifications, facility access (ADA compliance) and electronic and health information technology must be accessible to persons with disabilities.

Individuals must be treated consistently by their gender identity. Insurance cannot deny coverage of claims. There is a private right of action after exhausting administrative remedies.

2. Jail Decarceration – Ron Manderscheid, Executive Director, National Association of County Behavioral Health Directors (NACBHDD)

Individuals with mental health disorders and substance abuse are often wrongly jailed. The various components of the U.S. Criminal Justice System have different processes and rules. Most individuals enter the criminal justice system through a local trial court or military court.

Many state prisons are moving prisoners from their facilities to county jails. Approximately 1 in 100 people in the U.S. are in a cell; 4 in 100 are involved with the criminal justice system.

The deinstitutionalization movement in the United States was not fully planned for. There was not enough community care developed to meet needs. The result is that many people who should be receiving care have gone to jails as a default.
NACBHDD is working to improve the capacity and functioning of county behavioral health authorities to intercept persons before going to the criminal justice system. One key issue is long-term housing.

Some needed actions include: extending Medicaid payments to persons incarcerated but not adjudicated; providing funding for developing and extending county behavioral health crisis response systems and providing funding for improved coordination between county behavioral health and county jails.

3. Stop Mental Health Stigma in our Communities Act (H.R. 5234) – Ellen Hamilton, Legislative Assistant, Office of Representative Judy Chu (D-CA-27)

Ellen talked about the model minority myth. Asian-American and Pacific Islanders are the least likely to seek mental health help. The legislation directs SAMHSA to conduct an end stigma campaign for Asian Americans and Pacific Islanders.

4. Helping Families in Mental Health Crisis Act (H.R. 2646) – Adrianna Simonelli, Professional Staff Member at the House Committee on Energy and Commerce

There is an expected markup in the full committee of the Representative Tim Murphy’s (R-PA-18) Helping Families in Mental Health Crisis Act. The committee will reach out for written comments on the legislation and there is a quick turnaround.

House leadership is supportive of getting something done. It will help if there is a strong vote out of committee.

Support Letters

NASW has signed onto a number of letters of support. You can find a list of letters of support on our web page. A sample of letters from May to early June is below.

- NASW signs on to letter urging U.S. House members to include health information technology incentives for mental health and substance use providers in mental health legislation (06/02/16)

- NASW signs onto WIC 2016 Funding Request Letter (05/18/16)

- NASW signs onto WIC 2016 Funding Request Letter (05/18/16)

- NASW signs on to letter Opposing Taxpayer-Funded Employment Discrimination (05/10/16)

NASW has also submitted its own comments to the Administration. You can find this list on our web page as well. There were no comments posted to the web site in May.