

American Association of Child & Adolescent Psychiatry

Consolidated Appropriations Act for Fiscal Year 2023 and Mental Health Reform

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 – an omnibus bill funding all government agencies and programs and addressing policy reforms, including a number of mental health reforms. The bill includes several of AACAP’s lead policy requests and enables AACAP to build upon these policy changes in the coming years. The bill was signed by President Biden on December 29, 2022.

The following is a short summary of the bill’s provisions addressing AACAP’s core priority focus areas: Access to Care; Mental Health Workforce; and Equity, Diversity, and Inclusion. Most of the programs and policies of interest fall under the purview of the Health Resources and Services Administration (“HRSA”), the Substance Abuse and Mental Health Services Administration (“SAMHSA”), and the Centers for Medicare and Medicaid Services (“CMS”).

I. AACAP Policy Priority: Ensuring Access to Care

Mental Health Parity

- \$10,000,000 for each of the first five years after the bill’s enactment for grants to states to support mental health and substance use disorder parity implementation (Division FF, Subtitle C, Chapter 4, Section 1331(a)(3))
- Eliminates the ability for governmental health plans to opt-out of federal mental health parity requirements for future plan years
- Directs the Employee Benefits Security Administration to fully implement existing requirements that all group health plans under ERISA perform comparative analyses of their benefit and treatment limitations to ensure parity between mental health and substance use disorder benefits and medical/surgical benefits.

Integrated and Collaborative Care Models

- Authorizes the Secretary to award grants and cooperative agreements to eligible entities to support integrated care, including through psychiatric collaborative care models
- Defines the term “psychiatric collaborative care model” as “evidence-based, integrated behavior health service delivery method that includes—
 - (A) care directed by the primary care team;
 - (B) structured care management;
 - (C) regular assessments of clinical status using developmentally appropriate, validated tools; and
 - (D) modification of treatment as appropriate.”
- Includes \$385 million for Certified Behavioral Health Clinics

Telehealth Extension

- Extends COVID-19 telehealth flexibilities through 2024, including:
 - Mental health coverage policies
 - Allows for audio-only telehealth services for certain types of mental health services

- Geographic and originating site requirement
- Expands list of practitioner types that can bill Medicare to include marriage and family therapists and mental health counselors beginning in 2024
- Requires a new study on program integrity for telehealth under Medicare with an interim report submitted to Congress no later than October 1, 2024
- Provides \$7M to expand support for a maternal mental health hotline
- Encourages SAMHSA “to support initiatives to advance opioid use prevention, treatment, and recovery objectives, including by improving access through telehealth”
- Directs the US Drug Enforcement Administration (DEA) to issue final regulations regarding a special registration for telemedicine providers, as required under the Ryan Haight Act

Medicaid Continuous Coverage

- Requires 12-month continuous eligibility for children enrolled in Medicaid and CHIP

Children’s Health Insurance Program (CHIP) Extension

- The bill would extend reauthorization of the CHIP program for an additional two years, through FY 2029

II. AACAP Policy Priority: Expanding the Mental Health Workforce

Medicare Graduate Medical Education for Child and Adolescent Psychiatry

- Distributes 200 additional residency positions with at least 100 positions for psychiatry and psychiatry subspecialty residency.

Pediatric Subspecialty Loan Repayment

- \$10,000,000 for the Pediatric Subspecialty Loan Repayment Program, an increase of \$5,000,000 above fiscal year 2022.

Physician Wellness

- The bill would add new exceptions to the Stark Law to allow for hospitals to provide evidence-based programs for physicians to improve their mental health and increase resiliency, and to prevent suicide among physicians.

Conrad 30 Extension

- Extends the Conrad 30 waiver program through September 30, 2023, allowing J-1 foreign medical graduates to apply for a waiver of the two-year foreign residence requirement.

Specific Mental Health Provisions

Note that the bill includes various provisions from AACAP-supported, Restoring Hope for Mental Health (H.R. 7666) legislation including the following:

- Establishes Behavioral Health Crisis Coordinating Office.
- Creates Interdepartmental Serious Mental Illness Coordinating Committee.

- \$11,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center, an increase of \$2,000,000 above fiscal year 2022

Investments in Medicaid

Includes various Medicaid and CHIP Mental Health initiatives including those related to children as follows:

- Medicaid and CHIP requirements for health screenings, referrals, and case management services for eligible juveniles in public institutions.
- Removal of limitations on Federal matching funds to states for healthcare services for justice-involved youth who are eligible juveniles pending disposition of charges.
- Supporting access to a continuum of crisis response services under Medicaid and CHIP and an HHS publication of best practices for crisis response continuum of care.
- Increase in funding for transition from Medicaid FMAP Increase Requirements.
- A report from Medicaid on spending for children, youth, and adolescents on behavioral health, disaggregated by race and ethnicity and including data on the settings where children receive the services, a breakdown of types of services received, and the use of psychotropic medication.

III. AACAP Policy Priority: Ensuring Equity, Diversity, and Inclusion

Minority Fellowship

- Reauthorizes the SAMHSA Minority Fellowship Program, with an increase of \$12,331,000, from \$12,669,000 to \$25,000,000 for each of fiscal years 2023 through 2027.

IV. Appropriations Amounts

SAMHSA

Funds SAMHSA at \$7.5 billion – an increase of \$970 million above the fiscal year 2022 enacted level.

- Mental Health: \$2.8 billion, an increase of \$707 million over the fiscal year 2022 enacted level, including an \$150 million increase to the Mental Health Block Grant (MHBG), making investments across the behavioral health continuum to support prevention, screening, treatment, and other services; and \$385 million for Certified Community Behavioral Health, a \$70 million increase above the fiscal year 2022 enacted level.
- Mental health resources for children and youth: \$140 million for Project AWARE, an increase of \$20 million above the fiscal year 2022 enacted level; \$94 million for the National Child Traumatic Stress Initiative, an increase of \$12 million above the fiscal year 2022 enacted level; \$52 million for Garrett Lee Smith Youth Suicide Prevention State and Campus grants and \$11 million for the Garrett Lee Smith Suicide Prevention Resource Center, an increase of \$11 million and \$2 million respectively; and \$15 million for Infant and Early Childhood Mental Health an increase of \$5 million above the fiscal year 2022 enacted level.

- Suicide and behavioral health crisis prevention: \$502 million for 988 and Behavioral Health Crisis Services, an increase of \$390 million above the fiscal year 2022 enacted level, to support the new 988 number and services.
- Mental Health Crisis Response Grants: \$20 million, an increase of \$10 million, to help communities create mobile behavioral health crisis response teams.
- Substance use services: \$4.2 billion, an increase of \$203 million above the fiscal year 2022 enacted level, including continued funding for opioid prevention and treatment, recovery, and tribal-focused treatment efforts. This includes \$2 billion, an increase of \$100 million above the fiscal year 2022 enacted level, for the Substance Abuse Prevention and Treatment Block Grant (SABG); \$1.575 billion for State Opioid Response Grants, an increase of \$50 million over the fiscal year 2022 enacted level.
- Substance abuse prevention services: \$237 million, an increase of \$19 million above the fiscal year 2022 enacted level.

HRSA

- \$509 million for Title VII Health Professions Education and Training which includes \$40 million (an increase of \$16 million from the 2022 fiscal year enacted level) for the Substance Use Treatment and Recovery Loans Repayment Program, an increase of \$14 million for other behavior health and workforce education and training programs, and \$34.7 million Mental and Substance Use Disorder Workforce Training (an increase of \$7 thousand from the 2022 fiscal year enacted level) which includes \$25 million for the Addiction Medicine Fellowship Program to support community training of addiction psychiatry physicians in underserved communities. \$13 million for Pediatric Mental Health Access (\$2 million above the 2022 fiscal year enacted level).
- Pediatric Subspecialty Loan Repayment Program: includes \$15,000,000, an increase of \$10,000,000 above the fiscal year 2022 enacted level, for the Pediatric Subspecialty Loan Repayment Program authorized in section 775 of the PHS Act. The bill language recognizes that there are significant shortages of pediatric subspecialists, child psychiatrists, and other child mental health providers in underserved areas. The Committee also understands that high graduate debt load is a significant barrier to providers choosing to complete additional training to enable them to provide specialized care for children with special medical and mental health care needs.

CDC

- Urges CDC to establish a program that leverages existing CDC activities dedicated to adolescent mental health to improve adolescent mental wellbeing and advance equity, with a focus on culturally responsive prevention and early intervention. In collaboration with centers across CDC, HHS, the Department of Education, youth, experts, and advocates, CDC is encouraged to coordinate the development and implementation of national goals and a national strategy to improve adolescent mental wellbeing that align with the objectives outlined in Healthy People 2030. Special consideration should be made for underserved communities to ensure their voices are represented in decision-making and idea generating. In addition, the agreement urges CDC to conduct applied research and evaluation studies to improve the implementation of evidence-

based policies and community-based practices that advance the national strategy and promote adolescent mental health.