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The Helping Families in Mental Health Crisis Act (H.R. 2646)

The “Murphy Bill” was introduced in the U.S. House of Representatives in June of 2015 by Rep. Tim Murphy (R-PA) and Rep. Eddie Bernice Johnson (D-TX). It is a modification of a 2013 bill (also sponsored by Rep. Murphy) that stalled in the legislative process.

Provisions of H.R. 2646:

1. New assistant secretary

Creates a new Assistant Secretary for Mental Health and Substance Use Disorders (a Presidential appointment) under the Secretary of Health and Human Services and that will assume all the authorities and responsibilities of SAMHSA. Defines “Certified Peer Specialist” (CPS) for the purpose of reporting on their effectiveness.

2. Grant reform and restructuring

(1) Establishes a National Mental Health Policy Lab; (2) gives out innovation and demonstration grants; (3) provides for early childhood intervention and treatment grants; (4) allocates additional funds for existing and new state Assisted Outpatient Treatment (AOT) programs; (5) maintains a minority fellowship program.

3. New coordinating committee

Establishes a Serious Mental Illness Coordinating Committee that will aid the Assistant Secretary and report to Congress.

4. **HIPAA reforms**

Health Insurance Portability and Accountability Act reforms to allow family members to receive certain information about patients. Disclosure is for information limited to diagnosis, treatment plans, appointment scheduling, medications, and medication-related instructions.

5. **Medicaid and Medicare reforms**

(1) Makes an exception so that Medicaid can cover short-term, acute-care psychiatric hospitalizations; (2) allows for Medicaid coverage of mental health services and primary care services provided on the same day; (3) requires the coverage of prescription drugs used to treat mental health disorders under Medicaid; (4) eliminates the 190-day lifetime limit on coverage of inpatient psychiatric hospital services under Medicare.

6. **Research by NIMH**

Funds (\$40M) the brain initiative at the National Institute of Mental Health for the purposes of studies directed at brain research or reducing self harm, suicide, and interpersonal violence.

7. **Behavioral health information technology**

(1) Allows mental health providers to participate in Medicare and Medicaid financial incentive programs for the use of electronic health records; (2) provides grant money for states to pay for telepsychiatry services—an effort to reach rural and other underserved populations.

8. **Advocacy reforms**

(1) Prohibits lobbying and counseling an individual with a serious mental illness on refusing medical treatment or acting against the wishes of the individual's caregiver; (2) protects advocacy activities that focus on safeguarding rights to be free from abuse and neglect.

9. **Reporting**

The Assistant Secretary and relevant Cabinet members will submit to Congress a report detailing the extent of adherence to the Mental Health Parity and Addiction Equity Act of 2008.