The background features three overlapping circles in a medium blue color, arranged horizontally. The circles overlap in the center, creating a darker blue area. The entire scene is set against a dark gray background.

# **Legislative and Advocacy Updates**

# Parity Legislation is Front and Center

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- Mental health parity describes the **equal treatment of mental health conditions and substance use disorders in insurance plans**. When a plan has parity, it means that if you are provided unlimited doctor visits for a chronic condition like diabetes then they must offer unlimited visits for a mental health condition such as **depression or schizophrenia**.

# The Mental Health Parity Compliance Act



Introduced by Representative Porter and Representative Bilirakis in the House and by Senator Murphy and Senator Cassidy in the Senate



The legislation fosters transparency and accountability, to ensure that health plans comply with the Federal parity law and that those confronting mental illness have equal access and coverage of needed mental health and behavioral health services

# The Mental Health Parity Compliance Act



Would require health plans and insurers to conduct in-depth analyses to ensure that plans are compliant and would direct the Secretaries of both the Department of Health and Human Services and Labor to request these analyses if there are patient complaints that the plans are not compliant. Under the bill, 50 plans and insurers will be selected at random for an annual compliance investigation, and the report from this investigation will be submitted to Congress.



Based on a best-practice approach that has been enacted in state legislatures in Delaware, District of Columbia, Illinois, New Jersey and Tennessee. It protects patients and ensures that those required to provide health insurance are following a law intended to support access to critical mental health services.

## The Parity Enforcement Act of 2019

Sponsored by Congressman Donald Norcross (D-NJ-01),  
Vice-Chair, Bipartisan Addiction Task Force



### BACKGROUND

In 2008, Congress began requiring mental health parity – which means, under law, insurance plans must provide the same level of coverage for mental health and substance-use disorders that they provide for physical health conditions. The problem is – the law cannot be adequately enforced for the millions of employees that receive health insurance through their employer.

Currently, Department of Labor (DOL) is only able to require employers to reimburse their workers after there are parity violations in their self-funded insurance plans. However, DOL cannot take action against the insurance company that is offering the insurance plan. That leaves DOL with no front-end enforcement mechanism to ensure there's compliance with existing mental health and substance-use parity requirements.

### BILL DETAILS

To amend the Employee Retirement Income Security Act (ERISA) to provide the Department of Labor the authority to investigate and levy monetary penalties against health insurers and plan sponsors that offer health plans to employers that violate the Mental Health Parity and Addiction Equity Act of 2008.

### WHY IT MATTERS

"Every single year we're losing more Americans to the opioid epidemic than we did in all of the Vietnam War and, unfortunately, suicide is also on the rise in nearly every state in our nation," said Congressman Norcross. "While mental health parity is rightfully the law of the land, our enforcement mechanism is severely lacking. Insurance companies can get away with not following parity laws, even though lives are on the line. We can and must do more."

### BROAD SUPPORT

This legislative change has a broad range of bipartisan and nonpartisan support. It was included as a recommendation by President Donald Trump's Commission on Combating Drug Addiction and the Opioid Crisis, and the report from President Barack Obama's Mental Health and Substance Use Disorder Parity Task Force. In 2019, DOL Secretary Alexander Acosta testified before Congress expressing his support for this authority.

The enforcement correction is also supported by a variety of advocacy leaders, including:



AMERICAN PSYCHOLOGICAL ASSOCIATION  
ASAM American Society of Addiction Medicine



### CO-SPONSOR

Please contact [Alexander.Krupnick@mail.house.gov](mailto:Alexander.Krupnick@mail.house.gov) if your boss is interested in signing on.

# Parity Enforcement Act (H.R. 2848)

Sponsored by Congressman Norcross & Representative Fitzpatrick

This bipartisan bill would give USDOL this critical authority and complements other recent parity bills, which would increase transparency on treatment limitations.

# Behavioral Health Coverage Transparency Act of 2019 (S. 1576, H.R. 2874)



Congressman Joe Kennedy III and Senator Elizabeth Warren reintroduced the **Behavioral Health Coverage Transparency Act**.



The legislation will hold **health** insurers accountable for providing adequate mental **health** benefits and increase **transparency** for consumers seeking **coverage** for mental illness and substance use disorders.

# Behavioral Health Coverage Transparency Act of 2019



The Behavioral Health Coverage Transparency Act establishes a Consumer Parity Portal that gives patients a single place to get information about their rights, the information submitted by insurers about how they make parity decisions, and results of audits. Importantly, the Consumer Parity Portal will take consumer parity complaints with the assurance of timely responses, and it will track the complaints and responses received, increasing transparency around the issues consumers face and better informing regulators as they enforce the current laws. This Consumer Parity Portal will ensure that health care consumers receive the protections they are guaranteed by law.



In addition, the Act requires insurance companies to disclose how they are making parity decisions, their denial rates for mental and physical health claims, and the reasons they deny mental health claims compared to physical health claims. The Act also encourages compliance with existing parity laws by ensuring that the Department of Health and Human Services, Department of Labor, and Department of the Treasury perform no fewer than 12 random audits of health plans per year.

As Parity legislation takes front stage nationally, the states are also passing legislation in the promotion and assurance of mental health parity.



The logo for Parity Track is a blue speech bubble shape with a white outline. The text "Parity Track" is written in white, sans-serif font inside the bubble. The bubble is positioned on the left side of the slide, with a smaller blue rectangle above it. The background features decorative curved lines in shades of blue and grey.

# Parity Track

- Parity Track examines the current state of Parity implementation across the country through in-depth analysis of current legislation and regulatory actions by state.
- You can look up your state by:
  - Legislation
  - Regulations
  - Statue
  - Resources
- <https://www.paritytrack.org/parity-reports/state-reports/>

# The Mental Health Services for Students Act HR1109/S1122

- Representatives Napolitano and Katko introduced in the House
- Senator Tina Smith has now reintroduced the Mental Health Services for Students Act (S. 1122) in the Senate



# The Mental Health Services for Students Act will help students by



Providing professional help for the 1 out of 5 youth who suffer from some form of mental illness



Addressing mental health problems when students are young, instead of waiting until they have drifted into drug use, crime, depression, or suicide



Keeping costs low, because mental health costs are very little compared to the costs placed on social services and the prison system when mental health is neglected



Saving lives, by funding school employed or community employed mental health professionals who help prevent suicide by identifying at-risk youth and counseling students before their problems spiral out of control

# U.S. Senator Tina Smith of Minnesota addresses Mental Health Services for Students Act of 2019



2 minutes left



Mental Health Services for Students Act of 2019

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The Family First Act was passed in February of 2018, and mostly takes effect in October 2019.

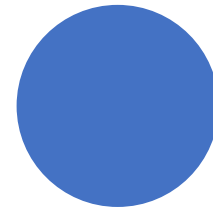
It enables states to use the Title IV-E entitlement – previously reserved for foster care and adoption support – to fund services aimed at working with parents without the need for a family separation.

Those services must be evidence-based and apply to three areas: parenting, substance abuse treatment and mental health interventions.

- <http://familyfirstact.org/about-law>

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# Family First Prevention Services Act



# The Family First Prevention Services Act (H.R. 1892)

**Supports prevention services.** The law gives states and tribes the ability to target their existing federal resources into an array of prevention and early intervention services to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so.

**Provides support for kinship (relative) caregivers.** Provides federal funds for evidence-based Kinship Navigator programs that link relative caregivers to a broad range of services and supports to help children remain safely with them, and requiring states to document how their foster care licensing standards accommodate relative caregivers.

**Establishes requirements for placement in residential treatment programs and improves quality and oversight of services.** Allows federal reimbursement for care in certain residential treatment programs for children with emotional and behavioral disturbance requiring special treatment.

**Improves services for older youth.** Allows states to offer services to youth who have aged out of foster care up to age 23, along with adding flexibility to the Education & Training Voucher (ETV) program.

# Update

- The Children's Bureau, announced a plan on June 6<sup>th</sup> that could make the process for states to take advantage of the front-end funding under the Family First Prevention Services Act easier in the short-term.
- Family First Prevention Services Clearinghouse, is in charge of approving allowable services under the law but has been delayed in producing an initial list of services.
- For a transitional period, states would be able to make a case for inclusion of substance abuse, mental health or in-home parenting services that were not yet officially approved under the Act.



The National De-  
Escalation of  
Violence and  
Community Safety  
Training Act of  
2019 (HR2457)  
Introduced by Rep.  
Gwen Moore



Would establish a program allowing eligible entities such as churches, schools, community colleges, or state and local governments to provide de-escalation training to prevent and reduce violence in our communities.



Would equip communities with the skills and knowledge to de-escalate crisis situations involving individuals living with mental illness or substance use disorders.



Would also reauthorize Mental Health First Aid training grants through 2025.



# RISE from Trauma Legislation (Resilience Investment, Support and Expansion)

Senators Durbin and Capito

The legislation will enhance support for children, families and communities that experience trauma and toxic stress.

The bill has a parity provision included as it links to IDEA Part B/ C and early intervening services.

The RISE from Trauma Act expands upon these efforts with a focus on enhancing community programming and workforce development to broaden the reach of trauma-informed services.

The ***RISE from Trauma Act*** would expand and support the trauma-informed workforce in schools, health care settings, social services, first responders, and the justice system, and increase resources for communities to address the impact of trauma. Specifically, the bill:

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INCREASES FUNDING FOR THE HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM, IN ORDER TO RECRUIT MORE MENTAL HEALTH CLINICIANS;



ENHANCES FEDERAL TRAINING PROGRAMS AT HHS, U.S. DEPARTMENT OF JUSTICE, AND THE U.S. DEPARTMENT OF EDUCATION TO PROVIDE MORE TOOLS FOR EARLY CHILDHOOD CLINICIANS, TEACHERS, SCHOOL LEADERS, FIRST RESPONDERS, AND CERTAIN COMMUNITY LEADERS;



CREATES A NEW HHS GRANT PROGRAM TO SUPPORT HOSPITAL-BASED TRAUMA INTERVENTIONS, SUCH AS FOR PATIENTS THAT SUFFER VIOLENT INJURIES, IN ORDER TO ADDRESS MENTAL HEALTH NEEDS, PREVENT RE-INJURY, AND IMPROVE LONG-TERM OUTCOMES;



CREATES A NEW HHS GRANT PROGRAM TO FUND COMMUNITY-BASED COALITIONS THAT COORDINATE STAKEHOLDERS TO ADDRESS TRAUMA;



CREATES A NEW HHS PROGRAM TO MONITOR AND ENFORCE HEALTH INSURANCE PARITY REQUIREMENTS FOR COVERAGE OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH SERVICES; AND



EXPANDS AND STRENGTHENS THE AMERICORPS PROGRAM AND SEVERAL HRSA HEALTH PROFESSION TRAINING PROGRAMS TO PRIORITIZE RECRUITMENT AND PROGRAMMING IN COMMUNITIES THAT HAVE EXPERIENCED TRAUMA.

# Legislations to Reduce Shortage of Mental Health Professionals

**U.S. Reps. John Katko and Grace Napolitano** reintroduced bipartisan legislation to increase the number of mental healthcare professionals throughout the United States.

- H.R. 2431, The Mental Health Professionals Workforce Shortage Loan Repayment Act of 2019 aims to increase the number of mental healthcare professionals practicing in underserved communities by authorizing a loan repayment program for those who work in an area with a lack of accessible care.
- "This legislation incentivizes mental healthcare professionals to practice in underserved communities, improving access to treatment and improving the quality of care. I am grateful to once again collaborate with my Co-Chair Congresswoman Napolitano in introducing this critical legislation." said Rep. Katko.
- "There is a national shortage of trained mental health professionals, and we must do all we can to address it," stated Rep. Napolitano.

# The Comprehensive Addiction Resources Emergency (CARE) Act (S. 1365/H.R. 2569)

Senator Elizabeth Warren and Rep. Elijah E. Cummings are introducing the Comprehensive Addiction Resources Emergency (CARE) Act to begin treating the opioid crisis like the critical public health emergency it is.

The CARE Act is modeled directly on the Ryan White Act, supporting local decision-making and federal research and programs to prevent drug use while funding evidence-based treatments and recovery support services.

President Trump's Council of Economic Advisers estimated that the opioid crisis cost the nation more than \$500 billion in 2015 alone.

The Comprehensive Addiction Resources Emergency Act State-by-State Funding Estimates are available at [State Estimates for CARE Act](#).



The CARE Act would provide \$100 billion in federal funding over ten years, including:



\$4 billion per year to states, territories, and tribal governments, including \$2 billion to states with the highest levels of overdoses, \$1.6 billion through competitive grants, and \$400 million for tribal grants;



\$2.7 billion per year to the hardest hit counties and cities, including \$1.43 billion to counties and cities with the highest levels of overdoses, \$1 billion through competitive grants, and \$270 million for tribal grants;



Research and improved training for health professionals, including \$1 billion for the National Institutes of Health, \$400 million for the Centers for Disease Control and Prevention and regional tribal epidemiology centers, and \$400 million to train and provide technical assistance to professionals treating SUD;



\$1 billion per year to support expanded and innovative service delivery, including \$500 million for public and nonprofit entities and \$500 million for projects of national significance that provide treatment, recovery, and harm reduction services; and



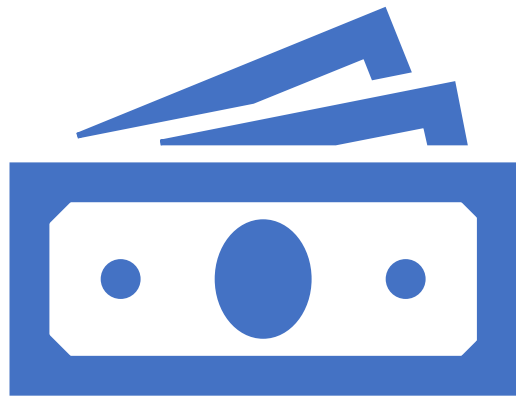
\$500 million per year to expand access to the overdose reversal drug naloxone and provide this life-saving medicine to states to distribute to first responders, public health departments, and the public.

# The 2019 CARE ACT

## Addressing the Opioid Epidemic



# Poverty Line Proposal - Request for Comments



- The Trump administration issued a [request for comments](#) on a proposal to change the way the federal poverty line is adjusted for inflation. The change would have significant and lasting impacts on families who are already struggling to overcome barriers to financial security. Programs use the poverty line to determine eligibility and benefits.
- Over time, this proposal would lower the federal poverty line, which already underestimates the number of struggling families in the United States. It would also limit eligibility for critical programs that support children and families.
- The administration is requesting comments on the proposal until June 21..
- Comments can be submitted directly to the [OMB portal](#)

# 2018 Congressional Scorecard



**2018  
CHAMPIONS AND DEFENDERS  
OF CHILDREN**

**CONGRESSIONAL SCORECARD  
115TH CONGRESS – 2ND SESSION**

Children need Champions and Defenders who are willing to focus on, support, raise their voices, and attach their name to legislation that would improve the lives of our nation's children and actively oppose legislation that would harm kids.

First Focus released their 2018 Scorecard.

Their review of the 115th Congress offers a complete list of the 120 Champions and Defenders of Children. These lawmakers introduced bills to safeguard children's programs, supported beneficial measures and voted against those that would harm children. The Scorecard also list the key votes and bills for children during the 115th Congress.

- [First Focus Scorecard](#)



# Be Proactive - Follow Bills that Effect Children

CAMPAIGN FOR CHILDREN


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★ **BILL TRACKER** ★





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*Our nonpartisan children's policy experts rate the current bills in Congress. Do they help kids or harm kids?*

**VIEW RATINGS**



 **BILL TRACKER - 116th Congress**  
Updated May 14, 2019

SENATE BILLS				
Bill Number	Title	Original Sponsor(s)	Impact on Children (Harms, Helps, Mixed)	Issue Area
<a href="#">S. 150</a>	Raise the Wage Act	Sen. Bernie Sanders (I-VT)	 Helps <a href="#">(learn more)</a>	Poverty & Family Economics
<a href="#">S. 266</a>	Rebuild America's Schools Act	Sen. Jack Reed (D-RI)	 Helps <a href="#">(learn more)</a>	Education
<a href="#">S. 292</a>	Keep Families Together Act of 2019	Sen. Dianne Feinstein (D-CA)	 Helps <a href="#">(learn more)</a>	Immigration
<a href="#">S. 463</a>	FAMILY Act	Sen. Kirsten Gillibrand (D-NY)	 Helps <a href="#">(learn more)</a>	Poverty & Family Economics

# House Appropriators Pass FY 20 Health Spending

- The House Appropriations Committee approved its Labor-HHS budget for Fiscal Year 2020 funding key federal health, education and labor programs for the year ahead. The Substance Abuse and Mental Health Services Administration (SAMHSA) saw increases of \$115 million to its programming which includes level funding for several key programs as well as new funding for the Community Mental Health Services Block Grant and substance use disorder workforce initiatives. It now heads to the full House.
- There was level funding from FY2019 vs FY2020 for:
  - Substance Abuse Prevention and Treatment Block Grants
  - Promoting the Integration of Primary and Behavioral Health Care,
  - PIPBHC Technical Assistance and Training Center,
  - Mental Health First Aid,
  - State Opioid Response Grants
  - Certified Community Behavioral Health Clinic Expansion Grants.
- There was an increase in funding from FY2019 to FY2020 for the following:
  - SAMHSA increase of \$115 million
  - National Institutes of Health increase of \$2 billion
  - Community Mental Health Services Block Grant Increase of \$35 Million
  - Loan Repayment Program for Substance Use Disorder Treatment Professionals New funding of \$25 million.



# Campaign for Youth Justice - Raise the Age

- Weekly legislative roundup, a national snapshot into current legislation being introduced that removes children from the adult system.

<http://www.campaignforyouthjustice.org/state-work/weekly-legislative-roundup>

- Keep up with the latest Federally at <http://www.campaignforyouthjustice.org/federal-work/federal-policy>