



## ***NAATP Public Policy Update***

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by Mark Dunn, NAATP Policy Representative, Washington, DC

A great deal has happened since NAATP began its public policy work many years ago. NAATP has, from our beginning in 1978, valued the impact that policy advocacy can have on our industry. Yet, while our activity has been continuous, our communication to and engagement of NAATP members regarding that activity has been spotty as leadership changes occurred. As NAATP Policy Representative, I am pleased with the new and invigorated leadership of Marvin Ventrell, our Executive Director and his commitment to policy advocacy in tandem with our membership.

While there have been many twists and turns along the way, the one issue that has dominated NAATP's public policy time and effort has been centered around Parity. We were involved with our sister organizations in passage of the original Parity Act. Following that milestone, we were involved in making certain Parity was contained in the Affordable Care Act. We've been involved in making certain treatment for addiction was included in the 10 Essential Benefits provided for by the Affordable Care Act. We were also instrumental in making certain residential treatment was included in the continuum of care.

The 6-3 ruling this Spring by the United States Supreme Court upholding a basic tenant of the Affordable Care Act means that the ACA and all of the benefits for those in need of addiction treatment will remain in place. This was a critical challenge and the resulting decision should mean that the ACA remains the law of the land for the foreseeable future.

In the past few years we've worked with organizations like the Whole Health Coalition, Legal Action and Parity Implementation Coalition to push for final Parity rules as well as the most recently published Parity rules for Medicaid.

Our Parity journey is far from over. While the law is solidly in place and after many struggles, the rules are final; there is still much work to be done regarding enforcement. In Washington there seems to be the belief that once the Congress and Agencies have completed their process, the issue is resolved. As we know from practical experience, that is far from the truth.

As many of you well know, Parity Law is disregarded, ignored and broken on a daily basis. When I inform Washington bureaucrats of that fact, they seem mystified. To fully implement Parity in the United States,

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we must now devote our attention to enforcement. Since this is being done at the State level, even though the federal government has the final responsibility, it makes our job even more difficult.

We are pushing our federal partners for “guidance to the States.” What we’ve discovered is that many of those responsible at the state level had no idea what the Parity law contained, let alone that they were responsible for implementing it. We’ve had help from several Governors to help educate the country, notably Governor Jack Markell from Delaware.

We will continue to push with our sister organizations until those responsible understand that Parity is something requiring their attention and must be enforced.

While Parity has taken much of our time, there are many other issues we’ve focused on. The IMD 16 bed exclusion is another important issue of concern. We are working with like-minded groups, ONDCP and federal partners to attempt to find an acceptable resolution.

Recently HHS released proposed Medicaid Parity Rules. In that proposal, for the first time, they made proposed changes in the IMS Exclusion. While we appreciate progress, the proposal does not adequately change the exclusion and is still, we believe, a violation of the Parity law. Like many of our issues, there are not always easy answers.

On October 4<sup>th</sup> there will be a rally in Washington DC. “Unite to Fight Addiction” promises to be a lively event designed to focus on the issues regarding the disease. We anticipate this to be the largest number of citizens ever to converge on Washington DC to focus on addiction. I hope you check it out and if possible, can attend and participate.

Should you have suggestions or comments on these or any issues impacting your organization, please let us know. Some of the most valuable conversations I’ve had have been with members of NAATP. It is my distinct honor to work on behalf of the members of NAATP with the goal of helping those still suffering.

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