

## ***Medical Home Update***

NAPNAP has been working closely with other nurse practitioner groups – *the American Academy of Nurse Practitioners, the American College of Nurse Practitioners and the National Organization of Nurse Practitioner Faculties* – on Medicare legislation being considered in the Senate that would primarily remove a 10 percent reduction in Part B payments to physicians and other healthcare providers. The legislation includes an expansion of a medical home demonstration, originally created in 2006. The legislation was voted down last week on a procedural vote, but a bill is expected to be negotiated in advance of July 1.

We wholeheartedly appreciate the grassroots advocacy of NAPNAP members on the medical home issue. Thousands of emails were received in Senate offices as a result and our message was heard! Despite wide support in Congress for NPs and a June 2008 Medicare Payment Advisory Committee (MedPAC) report that promotes the value of nurse practitioners in medical home demonstrations, the expansion of the Medicare demonstration as written, fails to include nurse practitioners.

Our advocacy has continued to support the need for NPs to be included in these models in order to help meet the unmet health care needs of this country though it does not appear that we will be successful this year. We believe the exclusion of nurse practitioners from these Medicare demonstrations will fail to examine critical components of the existing care network, especially in rural and underserved areas, and at a time when primary care providers are so greatly needed, the exclusion of nurse practitioners is counterintuitive to the need for more qualified primary care providers.

## **Mental Health Parity**

Senate and House negotiators have reached a historic agreement on the terms for a final full mental health parity bill. The compromise is expected to move quickly through both chambers. From the time that the House passed its version of the parity bill, H.R. 1424, in early March (the Senate passed its version, S. 558, last September), the two chambers have been engaged in intense negotiations to reconcile differences between the two bills.

The final gap between the Senate and House bills was closed as negotiations led to agreement over three key outstanding issues—

- *Preemption.* The House accepted the stronger Senate language, which defers to the current HIPAA standard. This standard is extremely protective of state law, ensuring that stronger state parity and other consumer laws will remain in place.
- *Out-of-Network Services.* The Senate accepted the stronger House language that makes clear that out-of-network mental and substance use disorder services will be provided at parity when a plan provides out-of-network physical health services.

- *Covered Services.* The House agreed to drop mandated coverage for all DSM diagnoses but ensured that all mental health conditions and substance use disorders would be covered by mirroring the standard for mental health under the current federal parity law.

When enacted the new federal parity law will—

- Completely end insurance discrimination against mental health and substance use disorder benefits for over 113 million Americans, requiring full parity coverage with physical health benefits.
- Extend to all aspects of plan coverage, including day/visit limits, dollar limits, coinsurance, co-payments, deductibles and out-of-pocket maximums.
- Preserve strong state parity and consumer protection laws while extending parity protection to 82 million more people who cannot be protected by state laws.
- Ensure parity coverage for both in-network and out-of-network services.