

Lujan: NM Mental, behavioral health system needs improvements

Written by Staff Report

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WASHINGTON, D.C. – In the Energy and Commerce Committee’s Health Subcommittee markup earlier this month, Congressman Ben Ray Luján of New Mexico’s Third District discussed the need to improve the mental and behavioral health systems in New Mexico and across the nation.

New Mexico’s behavioral health system is in a state of crisis following the freezing of payments to 15 behavioral health providers and the eventual closure of a number of these organizations, as well as the exit of some of the Arizona providers that came into replace them.

Luján offered an amendment to address this important issue during the markup of the Helping Families in Mental Health Crisis Act. He focused on the need to provide resources to states to improve their behavioral health systems as well as their data collection. The Luján amendment provided an enhanced Federal Medical Assistance Percentage of 90 percent to states that prioritize behavioral health infrastructure, data, and access.

“If we want states to build and maintain strong behavioral health systems then we must provide states with the necessary support,” Lujan said during the markup. “This transition and turmoil caused many New Mexicans to fall through the cracks. As a result, too many families are hurting, too many people are suffering, and too many New Mexicans were unable to access the care they need. This amendment would encourage my home state to make the necessary investments to rebuild this damaged system.”

“During the New Mexico delegation’s many conversations with CMS on this crisis and its impact on New Mexicans, the New Mexico delegation asked CMS to provide us with data it was collecting from New Mexico,” continued Luján. “We hoped that this data could provide us with a better understanding of what was happening on the ground. Unfortunately, after months and

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months of delay, when CMS finally provided the requested analysis, it admitted that the state-provided data had ‘significant limitations.’

This left CMS largely unable to determine which ‘areas and populations may be experiencing decreases in utilization.’ A report from the New Mexico’s Legislative Finance Committee identified similar concerns. The report stated that the amount and quality of utilization data collected by the state had ‘deteriorated leaving the question of whether enrollees are receiving more or less care.’”

“This is simply unacceptable. Without access to meaningful data, it is impossible for the people of New Mexico to hold policymakers and administrators of programs accountable. Without access to meaningful data, how can anyone know if enough is being done to ensure that the most vulnerable are being protected? Without access to meaningful data, how can anyone determine how best to invest to strengthen our behavioral health system?” Luján concluded.”

In a hearing back in July, Luján raised concerns with CMS over the lack of quality data from the State of New Mexico, which made clear the need to focus on data collection in his amendment.

Finally, Luján’s amendment also encouraged states to create a behavioral health ombudsman to collect track, and quantify problems and inquiries encountered by individuals with respect to access; educate individuals on their rights and responsibilities; and assist individuals in accessing behavioral health services by providing information, referral, and assistance. While the amendment was defeated by Republicans on the committee, Luján will raise these issues once again when the legislation is marked up by the full committee.