



National Association of State Mental Health Program Directors

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NASMHPD

June 14, 2018

Seem Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-8010.

Re: CMS-1690-P: Medicare Program; FY 2019 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2018 (FY 2019) – Elimination of Hours of Physical Restraint Use (HBIPS-2) and Hours of Seclusion Use (HBIPS-3) Quality Measures

Dear Administrator Verma:

The National Association of State Mental Health Program Directors (NASMHPD) writes to express our serious concerns about the elimination of quality reporting measures for restraints and seclusion in the above-referenced proposed FY 2019 Medicare Inpatient Psychiatric Facility regulations.

NASMHPD is the organization representing the state executives responsible for the \$41 billion public mental health service delivery systems serving 7.5 million people annually in 50 states, 4 territories, and the District of Columbia.

NASMHPD members appreciate the Administration's efforts to relieve providers of unnecessary administrative compliance burden under the Medicaid and Medicare programs. However, compliance with restraint and seclusion standards remains far from universal even though quality measures reporting is high and despite the Centers for Medicare and Medicaid Services' delegation to the Joint Commission of enforcement of those standards. Just within the last seven months, there have been at least two instances of reports of restraint and seclusion abuses in psychiatric hospitals.

Requiring quality measures reporting on restraints and seclusion serves an admonitory purpose that supplements the threat of Joint Commission enforcement action by affirmatively reminding administrators of psychiatric inpatient facilities of their responsibilities regarding the standards. NASMHPD is pleased that CMS finds that reporting compliance levels for Hours of Physical Restraint Use (HBIPS-2) and Hours of Seclusion Use (HBIPS-3) is very high, but would argue that means the reporting requirements are serving their purpose, not that they should be eliminated. Elimination of the reporting would not only deprive inpatient psychiatric hospital administrators of an important reminder of their responsibilities, but also deprive CMS of a means of monitoring indirectly a significant and continuing threat to patient health and safety.

For these reasons, we urge CMS to not, as proposed, eliminate required reporting by inpatient psychiatric facilities under the Medicare program of the restraints and seclusion quality measures.

Thank you for your consideration of this very important issue for NASMHPD's members. Please feel free to reach out to [me](#) by email or by phone at 703-682-5181 or to NASMHPD's Director of Policy and Communications, [Stuart Yael Gordon](#), by email or by phone at 703-682-7552 with any questions regarding this letter.

Sincerely

Brian Hepburn, M.D.
Executive Director, NASMHPD