

**TALKING POINTS FOR OPPOSING AMENDMENTS
REQUIRING CHANGES (INCLUDING ANY PILOTS) TO
THE BEHAVIORAL HEALTHCHOICES PROGRAM
(BHC)**

- There is talk of a last minute, behind-the-scenes amendment to “carve-in” behavioral health services (Behavioral HealthChoices – BHC) into the physical HealthChoices Program.
- This amendment would disrupt the care of our most vulnerable citizens and begin to erode the very successful BHC model.
- This questionable legislative maneuver would bypass the committee process that was established to insure that very controversial initiatives like this would receive a formal review and vetting before receiving consideration by the full House and Senate.
- Neither bill in the House (HB335) or Senate (SB268) has received any consideration (public hearing, etc.) by those standing committees to-date and there must be a reason why – lack of support for a “carve-in” and overwhelming support for BHC, otherwise known as the “carve-out.”
- No one is calling for a complete carve-in or pilot program to eliminate BHC other than a few of the 253 members of the General Assembly.
- In fact, all of SB268’s cosponsors have dropped off the bill due to their strong support of BHC. HB335 lost 3 cosponsors for the same reason.
- Most importantly, key members of the Department of Human Services’ Executive Staff have been meeting with county and BHC stakeholders from across the state for several months identifying current care integration models they would like to see “scaled up” and replicated statewide.
- Just last week, (Wednesday, May 29th), DHS and these stakeholders identified multiple care integration models and are in the process of scaling up these programs across the state.
- Relevant legislative staff from all four caucuses participated in this meeting and will continue to be part of this stakeholders’ group. In fact, input provided by staff was extremely helpful and they assisted in the decision to implement these programs statewide.
- Secretary of Human Services Teresa D. Miller has stated that her focus is not on the elimination of the carve-out but is instead on enhancing integrated care and value-based strategies that support advancements in those services.
- Certainly before any last-minute amendment at the 11th hour that would replace a program as successful as BHC (including a pilot in a few counties) is considered, lawmakers should insist on seeing the results of the DHS-supported efforts to scale up integration efforts.
- Before there is any effort to dismantle or chip away at BHC, lawmakers should insist on open and fair hearings by both the House Health Committee and the Senate Health and Human Services Committee.
- We should respect the committee process and not allow for any last minute amendment to be considered that would disrupt a program supported by every county in Pennsylvania, the providers of mental health, drug and alcohol services and, most importantly, the consumers and families that receive services as a result of this very successful program.