Mental Health Care & Health Reform Recommendations

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Over the past 15 years, bipartisan policy efforts have helped decrease stigma surrounding mental health and substance use disorders (MH/SUDs) and reduced barriers to access care. Those barriers include patients' lack of coverage, gaps in treatment in primary care, and the fragmented mental health system.

These accomplishments include:

- the establishment of the **President's New Freedom Commission on Mental Health** in 2002,
- passage of the **Mental Health Parity and Addiction Equity Act** (MHPAEA) of 2008,
- expansion of MHPAEA and coverage for MH/SUDs as part of the **ACA** in 2010, and
- passage of the **21st Century Cures Act** in 2016, which includes mental health reforms.

These milestones have led to millions of Americans receiving access to coverage while reducing the financial burden that illnesses such as schizophrenia, bipolar disorder, and major depression, and substance use disorders place on hospitals, employers, and other social systems.

Prior to the passage of the Affordable Care Act, nearly **one in five Americans** receiving health insurance in the individual market **had no coverage for mental health services**,[1] and an estimated 12 million individuals with mental and/or substance use disorders lacked insurance.[2]

Among those with employer sponsored health insurance, **2%** had coverage that entirely excluded mental health benefits and **7%** had coverage that entirely excluded substance use benefits.[3] For those who had insurance, annual and lifetime caps limited benefits and raised the risk of bankruptcy and other financial hardships due to the costs of uncompensated care for mental health issues.

As efforts are made to reform the health system, Americans with MH/SUDs – and their families – need these improvements to be preserved and built upon to improve access to quality treatment. Without fully addressing these issues, we cannot drive down the cost of health care. To that end, the American Psychiatric Association offers the following recommendations:

[1] ASPE Issue Brief, -- Essential Health Benefits: Comparing Benefits in Small Group Products and State and Federal Employee Plans [Internet]. U.S. Department of Health and Human Services. 2011
[2] Garfield RL, Zuvekas SH, Lave JR, Donohue JM, The impact of national health care reform on adults with severe mental disorders. AM J Psychiatry. 2011; 168(5): 486-94. Epub 2011/02/03. doi
[3] Frank, R. G., Beronio, K., & Glied, S. A. (2014). Behavioral Health Parity and the Affordable Care Act. *Journal of Social Work in Disability & Rehabilitation*, *13*(0), 31–43. http://doi.org/10.1080/1536710X.2013.870512

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AMERICAN PSYCHIATRIC ASSOCIATION

Recommendations

1. **Maintain Private Insurance Safeguards** by specifically prohibiting the following:
   - Denying coverage based upon a pre-existing condition;
   - Establishing lifetime and annual dollar limits on essential health benefits;
   - Inequitable health plan medical management protocols that impede access to services and medications; or
   - Other forms of discrimination based upon health status, particularly including a history of mental illness or substance abuse.
2. **Allow Young Adults to Stay Covered Until Age 26** through their parents' insurance.
3. **Support Sufficient Resources for Medicaid** – Any efforts to restructure Medicaid must ensure sufficient funding for the diagnosis and treatment of MH/SUDs and not shift the cost to states in a way that forces them to tighten eligibility requirements, provider reimbursement, or benefits.
4. **Protect Coverage for MH/SUDs** – Maintain the current level of coverage for mental health and substance use disorders in health insurance plans.
5. **Fully Implement the Mental Health Parity and Addiction Equity Act** – Ensure full implementation and enforcement of the bipartisan MHPAEA.
6. **Ensure Transparency for the Complaints and Grievances Process** – Individuals must continue to have the right to receive information about how to submit complaints or grievances about their care to the treating professional's regulatory board and professional association.
7. **Support Innovation and Effective Integrated Care Models** – Incentives and funding should be maintained to support effective models of integrated care – such as for the Collaborative Care Model[4,5] – and the movement towards value-based payments that improve access and quality of care.
8. **Support a Robust Psychiatric Workforce** – A sufficient amount of resources must be devoted to training an adequate supply of psychiatrists to meet the needs of individuals with MH/SUDs. Specifically, programs authorized as part of 21st Century Cures should be fully funded. These include: Mental and Behavioral Training Grants, a demonstration project recruiting psychiatrists and other healthcare professionals into underserved areas, and the Minority Fellowship Program.
9. **Reinforce Quality Care for MH/SUD Patients** – Care for MH/SUDs should be patient and family centered, community based, culturally sensitive, and readily available.

Mental Health Services Improve Outcomes & Lower Costs

- Over 68 million Americans experienced a psychiatric or substance use disorder in the past year.[6]
- Opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.[7]
- Depression alone has an annual negative economic impact of $210.5 billion.[8]
- Mental illness causes more lost workdays and impairment than arthritis, asthma, back pain, or diabetes.[9]
- An estimated $25 to $48 billion could be saved annually through effective integration of mental health and other medical care.[10]

[4] Advancing Integrated Mental Health Solutions (AIMS) Center. "Evidence Base." https://aims.uw.edu/collaborative-care/evidence-base
[5] Unützer J et al. "Long-term Cost Effects of Collaborative Care for Late-life Depression." American Journal of Managed Care. Feb 2008;14(2):95-100.
[6] Reference: Substance Abuse and Mental Health Services Administration. 2014 National Survey on Drug Use and Health. Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf
[7] Reference: Centers for Disease Control and Prevention. Increases in Drug and Opioid Overdose Deas – United States, 2000-2014. Retrieved from https://www.cdc.gov/drugoverdose/data/statedeaths.html
[8] Reference: Greenberg PE, Fournier AA, Sisitsky T, Pike CT, Kessler RC. The Economic Burden of Adults with Major Depressive Disorder in the United States (2005 and 2010). J Clin Psychiatry. 2015 Feb; 76(2):155-62.
[9] Reference: Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D.. Cost of Lost Productive Work Time Among US Workers with Depression. Journal of the American Medical Association (2003) 289(23):3135–44.10.1001/jama.289.23.3135.
[10] Reference: Milliman, Inc. Economic Impact of Integrated Medical-Behavioral Healthcare. Implications for Psychiatry. April 2014.

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