

## COALITION FOR WHOLE HEALTH

On behalf of the Coalition for Whole Health, we appreciate the opportunity to share our comments with the Committee on the *Affordable Health Choices Act*. We commend the Committee's commitment to providing universal coverage and access to necessary care, and to utilizing evidence-based strategies to improve public health and reduce costs.

We applaud the Committee for including provisions for mental health and substance use disorder services as a required benefit in the draft legislation. Medical experts agree that substance use disorders and serious mental illness are chronic diseases that can be prevented and treated effectively. Fully and equitably including mental health and substance use disorder prevention, treatment, rehabilitation and recovery support services in healthcare reform will improve the quality of life for millions of Americans and dramatically reduce healthcare costs.

As the *Affordable Health Choices Act* moves forward in the legislative process, to ensure that mental health and substance use disorder services are fully and equitably included in national healthcare reform, we ask that the Committee:

- 1) **Use consistent language and defined terms to include mental health and substance use disorders throughout the legislation.**
- 2) **Ensure that the requirements of the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act* are extended to healthcare plans covered under the *Affordable Health Choices Act*.**
- 3) **Include substance use disorder prevention in the Act's provisions that seek to promote general prevention, wellness, and chronic disease prevention.**
- 4) **Ensure that screening for mental illness and substance use disorders can be reimbursed under the Act.**
- 5) **Specify that substance use disorder professionals are included in the Act's health workforce initiatives.**
- 6) **Include in the legislation references to the lead federal agencies on mental health and substance use disorder policy, the Substance Abuse and Mental Health Services Administration and the Office of National Drug Control Policy, where appropriate.**
- 7) **Amend the draft legislation to ensure that people with mental health and/or substance use disorders can be eligible to receive long-term services and supports authorized by the CLASS Act provisions.**
- 8) **Explicitly state that State laws which provide better coverage, rights, methods of access to treatment and consumer protections from the standpoint of the insured or plan member are not preempted.**

**1) We ask the Committee to use consistent language and defined terms on mental health and substance use disorders throughout the legislation.**

We appreciate the Committee’s work to include both mental health and substance use disorder services and providers in the initiatives proposed in the *Affordable Health Choices Act*. To correspond to the Committee’s intent with clinically appropriate, precise and consistent wording, we recommend using the distinct terms “mental health conditions” and “substance use disorders,” the terminology used throughout *the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act*. The draft bill includes the phrases “mental health and substance abuse services,” “mental and behavioral health,” and “behavioral health care” which are used interchangeably. None of these terms are defined in the legislation; in addition, the definition of “behavioral health services” in the Public Health Services Act does not include substance use disorder services. The term “substance use disorder” is the most clinically appropriate and accurate way to refer to health problems caused by alcohol or other drug use. It is also the term most widely accepted by the medical, psychiatric, mental health and substance use disorder communities. Using the terms “mental health conditions” and “substance use disorders” throughout the legislation will also ensure that the Act is consistent with current law.

Further, we recommend adding the term “substance use disorders” in each portion of the bill where the Committee’s intent is to address both. This recommendation is made because language used at the federal level has a large impact on service planning, delivery and evaluation at the State and local level. The more precise terminology is helpful to States and communities in planning, implementing and evaluating clinically appropriate services.

In addition, we ask that the legislation clearly state that mental health conditions and substance use disorders are chronic diseases. The legislation authorizes several new programs and task forces, many of which include references to “chronic diseases,” particularly in the Community Transformation Grants authorized in Sec. 321. Given that the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA) and National Institute of Mental Health (NIMH) research consistently confirm that severe mental illness and substance use disorders are chronic conditions, we recommend that mental health conditions and substance use disorders be specifically recognized as chronic conditions for the purposes of this bill.

***Specific proposed edits to ensure consistency in language for and inclusion of mental health and substance use disorders:***

- Section 133(a)(16), page 35, line 4, following line 3 insert the following: “(16) in section 331(a)(3)(E)(i), following the words ‘health service psychologists,’ insert the words ‘substance use disorder professionals,’ ”
- Section 3103, (h)(1)(A)(v), page 68, line 21, change “substance abuse” to “substance use disorder services”

- Section 212(b)(4), page 260, line 10, strike “behavioral and mental health providers” and replace with “mental health and substance use disorder prevention and treatment providers”
- Section 937, on page 314, line 24, strike the term “behavioral health care” and replace with “mental health and substance use disorder services”
- Section 399Z-1, (B), page 367, line 13, strike the term “MENTAL HEALTH” and add the words “MENTAL HEALTH AND SUBSTANCE USE.--” Then strike the second reference to “mental health” and add “Mental health and substance use”
- Section 399Z-1 ((2)(d)(1), page 372, line 7, strike “and” and insert after “mental health” the words “and substance use disorder”
- Section 399Z-1 ((2)(d)(3), page 372, line 15, strike “and” and insert after “mental health” the words “and substance use disorder”
- Section 322 (c)(2)(B), page 389, line 20, strike “substance abuse” and replace with “substance use disorders”
- Section 322 (c)(3)(B)(i), page 390, line 11, strike “mental health/behavioral health” and replace with “mental health and substance use disorders”

**2) We ask the Committee to include language to ensure that the requirements of the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act* are extended to the healthcare plans authorized by the *Affordable Health Choices Act*.**

We thank the Committee for its tremendous leadership in enacting the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act* (P.L. 110-343) in the 110<sup>th</sup> Congress. National health care reform offers an incredible opportunity to build on the principles and requirements of this landmark legislation.

Inclusion of addiction and mental health in national health care reform will improve the health of millions of Americans and will save millions of dollars to the healthcare system. Alcohol, nicotine, and other drug dependencies are primary diseases which produce serious secondary physical and psychiatric complications. Untreated alcohol and other drug addiction costs the U.S. \$400 billion annually. Persons with severe mental illnesses accounted for \$193 billion in lost earnings in 2002 - more than the gross revenue of every Fortune 500 company except Wal-Mart. Conversely, treating addiction and mental health confers significant cost savings on physical medical expenditures.

For patients with substance use disorder-related medical conditions, integrating medical and addiction treatment services results in decreases in hospital readmissions, fewer days of inpatient treatment, and fewer emergency room visits. One dollar spent on addiction treatment has consistently produced returns of over \$3 in health care savings to states that have done these studies - and often as much as \$7 when these states have added in the benefits to public safety (arrests, incarceration and welfare/child welfare costs). States that have increased access to

addiction treatment in Medicaid have reduced Medicaid costs by 11% within 2 years; and 18% within 4 years of implementation.

It has been well documented by AHRQ, the National Institutes of Health, and others that individuals who received mental health treatment had lower subsequent medical costs and a reduced risk of death compared to individuals diagnosed with mental illness who did not receive mental health treatment. A 2003 Washington State study found that costs for disabled Medicaid beneficiaries receiving outpatient mental health treatment were lowered by about \$105 per member per month in the first follow-up year and \$126 per member per month in the second year, compared to clients with mental illness who did not receive mental health treatment.

We were very encouraged that the Senate Finance Committee paper, “Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans” includes specific mention of the Wellstone/Domenici Act, and that an outline of the draft Tri-Committee health care reform legislation also includes a reference to the new parity law. We ask that the HELP Committee’s draft legislation be amended to ensure that the requirements of the Wellstone/Domenici Act will be extended to the individual and group plans authorized by the *Affordable Health Choices Act*. Recommended language follows below.

***Specific recommendations to ensure that the requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act are extended to the healthcare plans authorized by the Affordable Health Choices Act:***

- Section 152. NON-DISCRIMINATION IN HEALTH CARE., page 103, line 10, insert the following:

(a) PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.—Each health insurance issuer that offers individual or group health insurance coverage must include coverage for mental health and substance use disorders and that coverage shall adhere to the requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 as found in Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), Section 9812 of the Internal Revenue Code, and Section 2705 of the Public Health Service Act (42 U.S.C. 300gg–5).

(b) RULES OF CONSTRUCTION.—

- (1) Nothing in this Section shall be construed to supersede any provision of State law which establishes, implements, or continues in effect any consumer protections, benefits, methods of access to benefits, rights, external review programs, or remedies solely relating to health insurance coverage.
- (2) Where provisions on exempt entities in the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act conflict with provisions of the Affordable Health Choices Act, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act will be superseded.

**3) We ask the Committee to include substance use disorder prevention in the Act's provisions that seek to promote general prevention, wellness, and chronic disease prevention.**

Addiction to alcohol and other drugs is a developmental disorder that begins in adolescence, sometimes as early as childhood, for which effective prevention is critical.<sup>i</sup> Addiction is a complex chronic disease and is influenced by a number of factors, including genetics, environment and age of first use.<sup>ii</sup> According to studies by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, the younger a person first uses drugs or alcohol, the greater the likelihood that they will become dependent and/or addicted to drugs and alcohol as an adult.<sup>iii</sup> It is critical that attention to and funding for substance use disorders be included in all of the authorized funds, programs and benefits that address general prevention and wellness as well as chronic disease prevention in the *Affordable Health Choices Act*.

Each year drug abuse and addiction cost taxpayers nearly \$534 billion in preventable health care, law enforcement, crime and other costs (this includes tobacco use).<sup>iv</sup> Research has shown that the long-term health and mental health consequences of growing up with chronic adverse childhood experiences adds additional billions of dollars to health care over the life-span, much of which could be prevented or ameliorated with known preventive interventions in childhood. Each year approximately 40 million debilitating illnesses or injuries occur among Americans as the result of their use of tobacco, alcohol or illicit drugs.<sup>v</sup> The estimated total cost of medical consequences (including hospital and ambulatory care, drug-exposed infants; tuberculosis; HIV/AIDS; Hepatitis B and C; crime victim health care costs; and health insurance administration) associated with drug abuse in the United States was \$5.7 billion.<sup>vi</sup>

Preventing substance use/abuse is cost effective: Every dollar invested in research based substance use/abuse prevention programs, strategies and activities have the potential to save up to \$7 in areas such as substance abuse treatment and criminal justice system costs.<sup>vii</sup>

Preventing substance use/abuse saves lives and reduces related medical consequences. Alcohol abuse kills approximately 100,000 Americans every year, and is the third leading preventable cause of death in the United States.<sup>viii</sup> Alcohol-involved crashes resulted in 16,792 fatalities, 513,000 nonfatal injuries, and \$50.9 billion in economic costs in 2000, accounting for 22 percent of all crash costs.<sup>ix</sup> Drugs are used by approximately 10 to 22 percent of drivers involved in crashes, often in combination with alcohol.<sup>x</sup>

For the above reasons, we ask the Committee to include language in the Act to include substance use disorder prevention on par with nutrition, smoking and tobacco cessation issues within any fund, program or benefit that addresses general prevention and wellness as well as chronic disease prevention. In this context, substance use disorder prevention would include underage drinking, illegal drug use, and the abuse and misuse of over-the-counter and prescription drugs. Specific recommended language changes are outlined below.

***Specific recommendations to include substance use disorder prevention in the Act's provisions that seek to promote general prevention, wellness, and chronic disease prevention:***

- Section 301(f)(2), page 349, line 21, after the word “communities,” add the following words “community coalitions,”
- Section 399S (a), Title III, Subtitle B – Increasing Access to Clinical Preventive Services page 357, line 13, after the word “organizations” add the words “, including community anti-drug coalitions”
- Section 399Z(a)(2)(B), Title III, Subtitle B – Increasing Access to Clinical Preventive Services page 367, line 13, after the words “mental health” add the following words “and substance use disorders”
- Section 399Z(a)(2)(B), Title III, Subtitle B – Increasing Access to Clinical Preventive Services page 367, line 14, insert after “assessment,” “including physical conditions caused by exposure to chronic stress”
- Section 399Z(a)(2)(C), Title III, Subtitle B – Increasing Access to Clinical Preventive Services page 367, line 22, after the words “social and health education services” add the following words “and substance use disorder prevention, including preventive interventions and support services for at-risk students”
- Section 399Z-1(d)(1), Title III, Subtitle B – Increasing Access to Clinical Preventive Services page 372, line 7, strike the word “and” and add “,” after the words “mental health” add the following words “and substance use disorder”
- Section 399Z-1(d)(3), Title III, Subtitle B – Increasing Access to Clinical Preventive Services page 372, line 15, strike the word “and” and add “,” after the words “mental health” add the following words “and substance use disorder”
- Section 321(c)(2)(B)(i), Title III, Subtitle C – Creating Healthier Communities, page 384, line 3, after the word “opportunities,” add “supportive education programs for at risk students”
- Section 321(c)(2)(B)(i), Title III, Subtitle C – Creating Healthier Communities, page 384, line 6, after the word “activities” add the following words “including substance use disorder prevention and intervention”
- Section 321(c)(2)(B)(iii), Title III, Subtitle C – Creating Healthier Communities, page 384, line 13, strike the word “and” and after the word “smoking cessation” add the following words “and other substance use disorder prevention and”
- Section 321(c)(4)(B)(iv), Title III, Subtitle C – Creating Healthier Communities, page 386, line 8, after the word “tobacco” add the following words “and other substances”

- Section 322(c)(3)(B)(ii), Title III, Subtitle C – Creating Healthier Communities, page 390, line 11, after the words “smoking,” add the following words “other substance abuse”
- Section 937(a)(b)(1), page 314, line 22, after the word “treatments” add in “prevention approaches”
- Section 301 (d)(3), page 348, line 15, after the word “tobacco” add in “and other substance use”.
- Section 303(b), page 353, line 5, after the word “the” add “factors that promote risky behavior and”.
- Section 321(c)(2)(B)(iii), page 384, line 13, strike “and smoking cessation” and replace with “tobacco and other substance use prevention”
- Section 321 (c)(4)(B)(iv), page 386, line 8, after the word “tobacco” add “and other substance use/abuse”

**4) We ask that the Committee ensure that screening for mental illness and substance use disorders can be reimbursed under the Act.**

The bill uses findings of the U.S. Preventative Task Force ratings for screenings as the baseline for inclusion for being reimbursed in healthcare reform. Section 2708 of the Act states that the only preventive services that will be covered will be items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force. To date the Task Force has found insufficient evidence to rate screening for illicit drug use as an A or a B. The Task Force has not yet declared on the value of suicide screening and screening for drugs for lack of sufficient evidence. Screening for drugs and suicide ideations have been used for a number of years and have been effective tools to help identify many youth and adults in need of services. Under the Task Force’s criteria, those screening procedures would not be funded. Recent research clearly demonstrates that rapid, economical screening and brief interventions reduce substance use and significantly reduce health care costs

Given the low risk and low cost of drug abuse screening, and the current state of our knowledge about drug addiction and its consequences, the harms associated with not screening are too severe to be ignored. Therefore, screening both mental illness and substance use disorders should be considered for reimbursement in the Committee’s bill.

***Specific recommendations to ensure that screening for mental illness and substance use disorders can be reimbursed under the Act:***

- Section 304(a), page 360, lines 9 and 10, strike “United States Preventive Services Task Force and”

**5) We ask the Committee to specify that substance use disorder professionals are included in the Act’s health workforce initiatives.**

The draft legislation includes a number of initiatives aimed at strengthening the health workforce and we applaud the inclusion of mental health services/professionals in the workforce section. However, the Act does not explicitly include substance use disorder professionals in any of the legislation’s health workforce development measures. It is critically important that the draft legislation explicitly state throughout that “substance use disorder professionals” are eligible for the Act’s health workforce initiatives.

There are over 60,000 health care professionals who hold state or national certification, licensure or other qualifications in substance use disorder prevention, treatment and recovery support. These credentials reflect specialty education, training and experience in providing care for substance use disorders. Each state has certification, licensure or other qualifications to meet before providing substance use disorder services, and there are nationally recognized credentials as well. Like many other health professions, the substance use disorder workforce faces serious challenges including low pay, high turnover, “graying,” and a lack of cultural and linguistic diversity. The substance use disorder field, and people in need of substance use disorder prevention, treatment and recovery support services, would benefit enormously from being included in the workforce initiatives proposed in the *Affordable Health Choices Act*.

***Specific recommendations to include substance use disorder professionals in the Act’s health workforce initiatives:***

- Section 212(b)(4), Title II, Subtitle B-Health Care Quality Improvements, page 260, lines 10 and 11, strike “behavioral health and mental health providers” and add in the words “mental health and substance use disorder prevention and treatment providers”
- Section 322 (c)(4)(C), page 392, line 12, after “rural health clinics” add “mental health and substance use disorder service providers”
- Section 402(a)(22), page 428, line 12, after “MENTAL HEALTH” insert “OR SUBSTANCE USE DISORDER”
- Section 402(a)(22), page 428, line 13, after “mental health” insert “or substance use disorder”
- Section 402(a)(22), page 428, lines 14-15, after “mental” insert “health or substance use disorder” and strike “behavioral health service”
- Section 402(a)(22), page 428, line 17, after “mental” insert “health or substance use disorder” and strike the words “or behavioral health”
- Section 402(a), page 429, line 5 add, “(25) SUBSTANCE USE DISORDER PROFESSIONAL.—The term ‘substance use disorder professional’ means an individual with a state or nationally recognized certification, license or other qualification to provide substance use disorder prevention or treatment services.”

- Section 411(d)(3)(A)(vi), page 440, line 9, after the word “mental” insert the words “health and substance use disorder” and strike the words “and behavioral health care”
- Section 411(i)(1), page 445, lines 20-21, after the words “mental health professionals” insert the words “substance use disorder professionals”
- Section 411(i)(2)(A), page 446, line 2, strike the words “and other behavioral and” and after the word “psychologists,” add the words “substance use disorder professionals,”
- Section 411(i)(2)(C), page 446, lines 14-15, strike the words “behavioral and” and after the words “public health professionals,” add the words “substance use disorder professionals,”
- Section 423, page 475, line 6, strike “AND BEHAVIORAL HEALTH” and insert “HEALTH AND SUBSTANCE USE DISORDER PREVENTION AND TREATMENT”
- Section 423, page 475, line 8, strike the words “behavioral health care” and, after the word “mental” insert the words “health and substance use disorder prevention and treatment”
- Section 423, page 475, line 18, after the word “counseling” insert “or provide substance use disorder services”
- Section 423, page 475, line 25, after the word “counseling” insert “or provide substance use disorder services”
- Section 423, page 476, line 1, after the words “mental health service” insert the words “or substance use disorder”
- Section 423, page 476, line 6, after the words “mental health” insert the words “or substance use disorders”
- Section 436, page 522, line 8, strike “AND BEHAVIORAL HEALTH” and insert after the word “MENTAL” “HEALTH AND SUBSTANCE USE DISORDER”
- Section 436, page 522, lines 16-17, strike “AND BEHAVIORAL HEALTH” and insert after the word “MENTAL” “HEALTH AND SUBSTANCE USE DISORDER”
- Section 436, page 523, line 5, strike “behavioral and” and after the words “mental health” insert “and substance use disorder”
- Section 436, page 523, line 10, after the word “health” insert the words “and substance use disorder services”

- Section 436, page 523, line 13, after the words “school counseling” insert the words “substance use disorder prevention and treatment”
- Section 436, page 523, line 15, after the words “mental health” insert the words “and substance use disorder”
- Section 436, page 523, line 19, after the words “mental health” insert the words “and substance use disorder”
- Section 436, page 525, line 11, strike “substance-related” and insert “substance use”
- Section 436, page 525, line 18, after the words “mental health” insert “and substance use disorders”
- Section 436, page 525, line 22, after the words “mental health” insert “and substance use disorder services”
- Section 436, page 526, line 3, after “mental health” insert “or substance use disorder”
- Section 436, page 526, line 6, after “mental health” insert “or substance use disorder”
- Section 453(a), page 562, line 13, strike “behavioral and” and add the words “substance use disorder facilities”
- Section 453(a), page 563, line 15, strike the words “behavioral and” and add in the words “substance use disorder facilities”

**6) We ask that the Committee include the lead federal agencies on mental health and substance use disorder policy, the Substance Abuse and Mental Health Services Administration and the Office of National Drug Control Policy, where appropriate, throughout the legislation.**

Throughout the draft legislation, certain federal agencies are identified as acting in an advisory capacity or having a role in implementation of certain initiatives proposed in the Act. We ask, where the legislation includes provisions related to mental health conditions or substance use disorders, that Substance Abuse and Mental Health Services Administration (SAMHSA) and the White House Office of National Drug Control Policy (ONDCP) be specifically identified as agencies that will play an important role in implementation of the Act’s initiatives and to provide guidance and direction. Specific inclusion of these agencies throughout the legislation will ensure that the lead federal agencies for substance use disorders and mental health can maintain their roles, provide expertise, reduce duplication of effort and increase efficiency and effectiveness of services.

***Specific recommendations to include the Substance Abuse and Mental Health Services Administration and the Office of National Drug Control Policy:***

- Section 301 c, page 347, line 18, add the words (18) “the Director of the Office of National Drug Control Policy (ONDCP). Re-number the previous “18” to be (19).
- Section 304 (a) (5), page 360, line 19, before the term “the Advisory” add in “the Substance Abuse and Mental Health Services Administration,”.
- Section 321 (a), page 382, line 12, after “”Director”), add “in coordination with the Substance Abuse and Mental Health Services Administration, where appropriate”.
- Section 322 (a), page 388, line 2, after the word “Prevention,” add “in coordination with the Substance Abuse and Mental Health Services Administration as appropriate,”
- Section 3301 (c)(1), page 412, on line 24, add a new “E” by adding “Substance Abuse and Mental Health Services Administration” then re-order with “F, the Centers for Medicare and Medicaid Services” etc

**7) We ask the Committee to amend the CLASS Act provisions to ensure that people with mental health and/or substance use disorders are eligible to receive long-term services and supports.**

We support the inclusion of the Community Living Assistance Services and Supports (CLASS) Act in the *Affordable Health Choices Act*. For persons with disabilities, including people with mental health conditions and substance use disorders, long term services and supports are critical to promoting health and preventing illness. We ask that the Committee revise the draft legislation to ensure that individuals with mental health conditions and/or substance use disorders whose impairments make them unable to adhere to a medication regime, to communicate, and/or to complete other essential life tasks are eligible for the supports authorized by the CLASS Act provisions. Specific suggested language follows below.

***Specific recommendations to ensure that people with mental health and/or substance use disorders are eligible for long-term services and supports authorized by the CLASS Act provisions:***

- Section 3202(3)(G), pages 156, line 1, following “F. Contingence” insert the following words, “G. Communicating,” “H. Taking medications,” “I. Household management,” “J. Basic money management”

**8) We ask that the Committee clearly state that State laws which provide better coverage, rights, methods of access to health care services and consumer protections from the standpoint of the insured or plan member are not preempted by the federal law.**

We are hopeful that federal health reform legislation will include coverage, rights, methods of access to health care services, and consumer protections that are at least as strong as those found in all state laws. However, in the event they are not, and/or to allow states in the future to improve upon federal health reform legislation, stronger state laws should not be preempted.

States across the country have enacted consumer protections that should not be undone by the Act. Examples of state consumer protection laws:

- Connecticut state law mandates the provision of mental health services
- Pennsylvania Act 106 requires all group health plans to provide coverage for a continuum of addiction-related treatment and a certification and referral from a licensed physician or licensed psychologist is the only lawful prerequisite to addiction treatment
- Article 44 of New York State Public Health Law guarantees rights to enrollees of managed care organizations such as:
  - Consumer has the right to know what steps he or she can take if the plan will not cover a service
  - Consumer is entitled to know how much in a plan year the plan will pay doctors and health providers who contract with the plan
  - Consumer has the right to see a doctor outside of the plan if the plan does not have a provider who meets the consumer's health needs

[http://www.health.state.ny.us/health\\_care/managed\\_care/billofrights/bill.htm](http://www.health.state.ny.us/health_care/managed_care/billofrights/bill.htm)

***Specific recommendations to ensure that State laws which provide better coverage, rights, methods of access to treatment and consumer protections from the standpoint of the insured or plan member are not preempted.***

- **SPECIAL RULE ON CONTINUED OPERATION OF STATE LAWS RELATING TO SUBSTANCE ABUSE TREATMENT SERVICES AND BENEFITS.**  
Notwithstanding subsection 3101(k)(3) and notwithstanding any other provision of this Act, nothing in this Act shall be construed to preempt any State laws relating to the coverage or provision of substance abuse treatment, including substance abuse treatment services and benefits, methods of access to benefits, consumer protections, and remedies, that are more favorable (from the standpoint of the insured or plan member) than required under any provision of this Act.

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<sup>i</sup> Quote by Dr. Nora Volkow, Director of the National Institute on Drug Abuse

<sup>ii</sup> National Institute on Drug Abuse. (2008). *Reducing the public Health Burden of Substance Abuse*. Bethesda, MD.

<sup>iii</sup> National Institute on Alcohol Abuse and Alcoholism. (2006). *Underage Drinking A Growing Healthcare Concern*. Available: <http://pubs.niaaa.nih.gov/publications/PSA/underagepg2.htm>. The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available: <http://oas.samhsa.gov/2k2/MJ&dependence/MJdependence.htm>

<sup>iv</sup> National Institute on Drug Abuse. (2007). *Research Update from the National Institute on Drug Abuse — Drug Abuse is a Preventable Behavior*. Bethesda: MD. Available: <http://www.drugabuse.gov/tib/prevention.html>.

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<sup>v</sup>National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available: <http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

<sup>vi</sup>Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States, 1992-1998*. Washington, DC: Executive Office of the President (Publication No. NCJ-190636). Available: [http://www.whitehousedrugpolicy.gov/publications/pdf/economic\\_costs98.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/economic_costs98.pdf)

<sup>vii</sup>Ibid.

<sup>viii</sup>McGinnis, JM, Foege, WH. (1993). "Actual causes of death in the United States." *JAMA*. 270:2207-2212.

<sup>ix</sup>Blincoe L, Seay A, Zaloshnja E, Miller T, Romano E, Luchter S, et al. The economic impact of motor vehicle crashes, 2000. Washington (DC): Dept of Transportation (US), National Highway Traffic Safety Administration (NHTSA); 2002. Available: <http://www.nhtsa.dot.gov/people/econimpact2000/index.htm>.

<sup>x</sup>National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available: <http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>