



## A Decade of Bipartisan Progress on Addiction and Mental Health Policy

Drug overdoses are killing over 144 people every day and addiction affects one in every three U.S. households. Approximately 1 in 5 adults in the U.S.—43.8 million—experiences mental illness in a given year. Suicide is the tenth leading cause of death in the U.S, accounting for more than 41,000 deaths per year.

These public health emergencies have galvanized a strong, bipartisan commitment to expand and improve our nation's health responses to mental health and substance use disorders. Over the past decade, Congress has enacted a series of important reforms to our nation's mental health (MH) and substance use disorder (SUD) policies.

- **Wellstone Domenici Mental Health Parity and Addiction Equity Act (MHPAEA)**, passed in 2008, prohibits discrimination in health insurance coverage of substance use disorder (SUD) and mental health (MH) benefits. 113 million people have gained the protections of the federal parity law.
- **Affordable Care Act (ACA)**, which became law in 2010, contains strong MH and SUD coverage provisions, including a requirement that addiction treatment be a mandatory "essential health benefit." It was estimated that MHPAEA and ACA would allow 32.1 million individuals to access SUD benefits for the first time and expand MH coverage for 30.4 million individuals.
- **Comprehensive Addiction and Recovery Act (CARA)**, enacted in 2016 with broad bipartisan support, expands access to addiction treatment, including medication-assisted treatment for heroin and opioid dependence; funds addiction recovery programming and SUD prevention efforts; and creates new opportunities for people to receive drug treatment instead of incarceration.
- **21st Century Cures Act**, which received broad bipartisan support when approved in 2016, improves access to quality mental health and SUD care, including provisions to strengthen enforcement of MHPAEA as well as the creation of grant programs to demonstrate the effectiveness of medication-assisted treatment in the community and those involved in the criminal justice system.

Together, these laws have established a new framework that, for the first time in our nation's history, addresses mental health and substance use disorders on par with physical illnesses. The financing structure for SUD and MH benefits established by these laws has helped to integrate MH and SUD care more fully into the broader health care system and must be maintained in any new policies considered by Congress and the new administration. We must build on this progress—our nation cannot afford to backtrack on its efforts to strengthen access to life-saving mental health and addiction care.