

Coalition for Whole Health

Consensus Recommendations to Protect and Strengthen Access to Mental Health and Substance Use Disorder Care

Drug overdoses are killing over 144 people every day and addiction affects one in every three U.S. households. The worst heroin and opioid epidemic in our nation's history has ravaged communities and families in all parts of our country—urban, rural and suburban—and deepened Americans' awareness of the consequences of untreated addiction.

Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5 percent—experiences mental illness in a given year. People with serious mental illness die, on average, ten to twenty years early. Suicide is the tenth leading cause of death in the United States, 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 – including:

- 2008 passage of the Wellstone Domenici Mental Health Parity and Addiction Equity Act (MHPAEA), which outlaws certain discrimination in health insurance coverage of MH/SUD
- strong MH and SUD coverage provisions in the Affordable Care Act (ACA)
- provisions to improve access to SUD care, including medication-assisted treatment, in the Comprehensive Addiction and Recovery Act (CARA) and
- provisions aimed at improving access to quality mental health and SUD care in the 21st Century Cures Act, including provisions to strengthen enforcement of MHPAEA.

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.

As Congress and the new administration consider various health policy plans, we urge policymakers to ensure that any proposals:

- Continue requiring coverage of SUD and MH services and medications and requiring that the coverage be at parity with other health care benefits. Under current law, MH and SUD benefits are required to be covered, with coverage for MH and SUD at parity with other covered health care benefits, by many Medicaid and commercial insurance

plans. There is a long history of widespread insurance discrimination against those with MH/SUD. MH/SUD benefits were often not covered well or at all in the individual and small group markets before the ACA. This discrimination was a significant barrier for many individuals in need of MH/SUD care across the continuum, including the preventive services, early interventions, timely diagnoses, treatment services, medications and recovery support services needed to prevent disease, and to become and remain well.

Scaling back protections for people with MH and SUD care needs and allowing insurers to drop or weaken MH/SUD coverage would make it even more difficult for these individuals to access life-saving care. In the midst of the national opioid crisis, imposing additional barriers to SUD services, medications and supports would likely result in additional overdose deaths. Anyone with or at risk for other substance use disorders and/or mental illness would similarly experience much greater risk of mortality or morbidity, harming not just themselves but also their families and communities. People who are not able to access the appropriate level or amount of care, including appropriate FDA-approved medications, will likely use more costly, less effective care, such as repeated use of hospital emergency departments. Lack of required coverage of MH and SUD at parity with other health benefits, and corresponding restrictions on access to care would also surely result in increased costs to the criminal justice and child welfare systems.

Any new federal health policy proposals should require that the full range of MH and SUD services and medications are covered at parity with other health benefits in all public and private insurance coverage. Federal and State regulators should robustly enforce these requirements both prospectively during plan approval and retrospectively through complaint investigations.

- Continue expanded Medicaid coverage and mechanisms that make private insurance coverage more affordable for and accessible to people with or at risk for MH and SUD. Expanding Medicaid eligibility has allowed more people with MH and SUD to receive services and medications to avoid disease and to help them become and remain well. Approximately 29 percent of persons who receive health insurance coverage through the Medicaid expansion either have a MH and/or a SUD.¹ The Medicaid expansion has also been critically important in helping people successfully reenter the community from prisons and jails. Many people exiting the criminal justice system have untreated MH, physical health and SUD care needs; previously, most were uninsured and disconnected from care. Continued Medicaid eligibility and access to MH and SUD care is key to further reducing recidivism and improving health outcomes. Coverage must be affordable so that people remain insured and can access quality MH and SUD services. Premium and cost-sharing assistance for private insurance coverage should be

¹ The CBHQ Report, SAMHSA National Survey on Drug Use and Health, November 18, 2015

maintained. Current provisions allowing young people to stay on their parents' health insurance until age 26 are particularly important for young people with or at risk for mental health and substance use disorders. Research has demonstrated that adolescence is a critical time for young people at risk for mental health and substance use disorders. Nationwide, the drug overdose death rate has more than doubled during the past decade among young people aged 12 to 25. It is critically important that current requirements allowing young people to be covered through their parents' health insurance through age 26 are maintained.

- Maintain the current structure of the Medicaid program, a critically important safety net program for adults and children with SUD and MH care needs. The Medicaid program is critical to supporting people with MH and SUD. In 2014, 25 percent of all mental health spending and 21 percent of the nation's substance use disorder expenditures was attributed to Medicaid.² Block granting Medicaid or imposing per capita caps would result in devastating funding cuts to states. The current Medicaid program allows for considerable flexibility and promotes innovation, as demonstrated by the many Medicaid waivers and other state-specific initiatives that have reduced costs and improved health outcomes. Medicaid should be maintained as an entitlement program that continues to effectively support the prevention, treatment and recovery support needs of people with complex health conditions, including those with MH and SUD.
- Maintain requirements for insurers to have adequate networks of MH and SUD care providers. Despite significant progress in improving access to care, there remains an unacceptably large treatment gap for MH/SUD. Nearly one-third of adults and one-fifth of children have a diagnosable substance use or mental health problem, however in 2014, only 4.3 million of the 23.5 million Americans needing treatment for an illicit drug or alcohol problem received it, and only 4.1 million of the 9.8 million Americans who needed treatment for a serious mental illness received it. Health plans should continue to be required to maintain a sufficient network of MH and SUD care providers to guarantee enrollees' timely access to the full continuum of MH and SUD services.
- Retain protections for people with pre-existing conditions. People with complex health conditions, including those with MH and SUD, should continue to be able to purchase coverage at a fair price. Consumer protections should not be contingent on requirements to maintain continuous coverage. People with complex health conditions, including those with MH and SUD, are particularly vulnerable to the penalties of the continuous coverage requirements. Prohibitions against lifetime or annual caps should be maintained. Strong non-discrimination protections that prohibit insurers or providers from discriminating against individuals on the basis of their illness or disability should be maintained.

² Health Affairs, "Insurance Financing Increased for Mental Health Conditions, But Not Substance Use Disorders," June 2016

- Strengthen service delivery of quality MH and SUD care. The MH and SUD care infrastructure must be strong to ensure that people at risk or suffering from MH/SUD can access the quality care and supports they need to become and remain well. However, the infrastructure of the MH/SUD field must be strengthened to ensure there is adequate capacity to help the millions of Americans who are currently unserved. As documented by the Institute of Medicine and other public health experts, the MH and SUD service fields faces a serious shortage of workers, an aging workforce, unacceptably low counselor salaries, the need for a more diverse, culturally competent workforce, and the continuing stigma associated with MH and SUD. Congress and the administration should renew their commitment to the MH and SUD service infrastructure by investing in educational and training opportunities for MH and SUD workforce professionals, career development within the SUD and MH fields, and a diverse and culturally competent workforce.

System reforms should also focus on improving access to quality MH/SUD care in rural communities. Forty-six percent of veterans diagnosed with post-traumatic stress disorder live in rural areas. Initiatives through SAMHSA, HRSA, the Veterans Administration, CMS and AHRQ to improve delivery of MH/SUD services to people in rural America, including integration of MH/SUD services into FQHCs in rural communities, should continue and be strengthened. Initiatives to increase the utilization of tele-psychiatry and telemedicine in SUD treatment should be accelerated to reach patient populations in rural communities.

- Continue to support integration of MH/SUD care with the broader health care system. Provide practical models and examples of delivery system reform initiatives, including those that incorporate wrap-around services, so that state, county, and city mental health and substance use disorder providers can undertake key steps to foster reforms that will lead to good integrated care. All health professionals should receive the requisite education to recognize the symptoms and screen for mental illness and substance use disorders. Health professionals should also be trained to conduct brief interventions and to ensure that individuals in need of treatment services receive the appropriate level of care.

The Coalition for Whole Health stands ready to work with members of Congress and the Administration to preserve the important progress made in recent years, as well as to expand the effort to ensure lifesaving treatments, services and medications are available to those in need. Effective MH and SUD prevention, treatment services and medications, rehabilitation, and recovery services not only save countless lives, they also save hundreds of billions of dollars in health care, public safety, workforce productivity and other social and economic costs.

The following organizations endorse these recommendations:

Alcoholism and Substance Abuse Providers of New York State
 American Academy of Addiction Psychiatry
 American Association on Health and Disability

American Association for the Treatment of Opioid Dependence (AATOD)
American Psychological Association
American Society of Addiction Medicine (ASAM)
Association for Ambulatory Behavioral Healthcare
Community Catalyst
Community Oriented Correctional Health Services
Day One (Maine)
Daytop New Jersey
Drug Policy Alliance
Faces & Voices of Recovery
Facing Addiction
Harm Reduction Coalition
The Kennedy Forum
Legal Action Center
Maryland Addictions Directors Council
Mental Health America
NAADAC, the Association for Addiction Professionals
NAMI, National Alliance on Mental Illness
National Association of Addiction Treatment Providers
National Association for Children of Alcoholics
National Association of County Behavioral Health & Developmental Disability Directors
National Association of Psychiatric Health Systems
NARMH - National Association for Rural Mental Health
National Association of Social Workers (NASW)
National Association of State Mental Health Program Directors (NASMHPD)
The National Center on Addiction and Substance Abuse (CASA)
National Council on Alcoholism and Drug Dependence, Maryland
National Council for Behavioral Health
New Jersey Association of Mental Health and Addiction Agencies, Inc.
NHMH - No Health without Mental Health
Odyssey House Louisiana
Parity Implementation Coalition
Tarzana Treatment Centers, Inc.
TASC, Inc. (Illinois)
Technical Assistance Collaborative, Inc.
Treatment Communities of America
Treatment Research Institute
The United Methodist Church - General Board of Church and Society
Young People in Recovery