American Academy of Child & Adolescent Psychiatry
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association
CHADD - Children and Adults with Attention-Deficit/Hyperactivity Disorder
Depression and Bipolar Support Alliance (DBSA)
Judge David L. Bazelon Center for Mental Health Law
Mental Health America
National Alliance on Mental Illness (NAMI)
National Association of County Behavioral Health and Developmental Disability Directors (NACBHD)
National Association of State Mental Health Program Directors (NASMHPD)
National Coalition of Mental Health Consumer/Survivor Organizations (NCMHCSO)
National Council for Community Behavioral Healthcare (NCCBH)
National Empowerment Center (NEC)
National Federation of Families for Children's Mental Health (FFCMH)
National Mental Health Consumer's Self-Help Clearinghouse
Suicide Prevention Action Network USA (SPANUSA)
United States Psychiatric Rehabilitation Association (USPRA)

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William Emmet
Director

t. 703-836-3066
f. 703-548-9517
www.mhreform.org

November 4, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Madam Speaker:

On behalf of the Campaign for Mental Health Reform, I am writing in appreciation of the remarkable effort that has produced H.R. 3962, the Affordable Health Care for America Act. We believe this legislation will provide a solid foundation for ensuring access for all Americans to affordable health care services of high quality, and we enthusiastically await its passage. Significantly, H.R. 3962 will bring health coverage to a large number of Americans with mental health disorders and greatly expand the availability of mental health care to all who need it, truly bringing mental healthcare into the mainstream of our nation's healthcare system. The leadership and vision demonstrated by you and your colleagues are greatly appreciated.

From our community's perspective, H.R. 3962 achieves its laudable results through a variety of key provisions. By expanding healthcare coverage to many of those currently uninsured, the bill addresses perhaps the single greatest threat to the health of Americans with mental health disorders, who have long been disproportionately represented among the ranks of the uninsured and underinsured. In part, this is achieved through insurance market reforms, such as those that prohibit insurers from imposing pre-existing condition limitations on individuals and limit insurers' ability to rate individuals on the basis of health status, medical history, gender, occupation, past claims experience, disability, receipt of health care, and evidence of insurability.

Many of us in the mental health community take greatest pride and comfort in the inclusion of treatments for mental health and substance use disorders among the essential benefits specified by the legislation. This provision recognizes and builds on the landmark passage by the 110th Congress of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act.

The Campaign for Mental Health Reform
1101 Fifteenth Street, NW, Suite 1212
Washington, DC 20005

Also of great importance to our community are provisions ensuring the coordination of care for persons with chronic conditions, as mental health issues often coexist with so many chronic illnesses and conditions. It is our community's belief that mental health and substance use disorder services must also be integrated into primary care and other health care settings. Similarly, remediation of health disparities and the availability of consumer choice will particularly benefit people with mental health disorders.

We are strong proponents of preventive measures and therefore are pleased to see elimination of cost-sharing for preventive care in the essential benefits package. The fostering of national prevention and wellness strategies holds great promise for helping slow the growing cost of treating chronic illness, and we believe this is true with regard to many mental health disorders, as well.

We are very pleased with improvements to the Medicare and Medicaid programs included in HR 3962, including:

- Expansion of Medicaid eligibility to 150% of the federal poverty level (FPL), extending health coverage and security to literally millions of Americans living with serious mental illness, including childless adults currently unable to qualify for Medicaid in their state;
- Enhancements to the Medicare Part D program including filling the "doughnut hole" coverage gap, expansion of the Low-Income Subsidy (LIS) program and additional protections for dual eligible beneficiaries;
- Elimination of cost sharing for preventive services under Medicare and a new requirement for state Medicaid programs to cover preventive services without cost sharing;
- Authorization for a Medicaid demonstration program for emergency psychiatric services; and
- A new Medicare "medical home" pilot program to provide more coordinated and comprehensive care for beneficiaries with multiple medical co-morbidities.

We are very pleased to note that H.R. 3962 includes the late Senator Edward Kennedy's CLASS Act, a new voluntary, public, long-term care insurance program to help support people with significant functional limitations, including serious mental illness. After a contribution period, individuals determined to need assistance as a result of functional limitations would qualify to receive assistance to purchase services to maintain personal and financial independence. CLASS Act assistance would be a valuable addition to other long-term care assistance such as Medicaid.

H.R. 3962 would establish new standards for Federally Qualified Behavioral Health Centers (FQBHCs) under the Public Health Service Act (Section 2513). These new standards include outpatient mental illness treatment services, targeted case management, crisis intervention services, family psychoeducation, peer support and family supports. This provision represents an important expansion of services available to people with mental health disorders in many parts of the country.

Our Campaign has long identified the workforce shortage as a threat to the provision of effective mental health services in our nation. We believe that H.R. 3962 makes a good and generous effort to address this problem, and we hope it is understood that the workforce development provisions in the bill apply to the mental health professions just as they do to the rest of the healthcare field.

Again, Madam Speaker, the Campaign for Mental Health Reform believes that H.R. 3962 represents a tremendous step forward for our nation and, particularly, for those who live with or are at risk for the range of mental health disorders. We hope you will call on us for any assistance needed to ensure its passage. We look forward to building on its audacious foundation to create a healthcare system that, at last, truly recognizes that mental health is integral to health. Thank you once more for the work you have done to bring us to this critical juncture.

Sincerely,

William Emmet
Director