Mental Health America

November 4, 2009

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

Dear Speaker Pelosi:

On behalf of Mental Health America (MHA), I am writing to express strong support for the Affordable Health Care for America Act (H.R. 3962). This bill would make ground-breaking steps to provide health care benefits to almost all of those Americans who are currently uninsured. Moreover, it also includes a number of provisions that would significantly improve access to mental health and substance use disorder treatment services.

We applaud the provision applying mental health and substance use parity requirements enacted last year to all qualified health benefits plans regardless of whether they are offered in the individual or group markets. These provisions are crucial in light of the fact that mental health and addiction treatment services have traditionally been subject to blatantly discriminatory limits on coverage that block access to effective and critically needed therapies.

Another top priority for us which H.R. 3962 addresses is inclusion of mental health and substance use disorder services as well as rehabilitative services as components of the essential benefits package that must be offered through this federal initiative to cover the uninsured. Ensuring coverage of mental health and substance use disorder services will be critical in light of recent findings that a large proportion of low-income, uninsured individuals have poor mental health. Studies have also indicated that economic turmoil and recession increase the rates of psychiatric symptoms and demand for services.

In light of the long history of discrimination against individuals with mental health or substance use conditions, we also strongly support the insurance market reforms in the bill that would establish guaranteed issue and renewal requirements and prohibit pre-existing condition exclusions, premium rating based on health status as well as annual and lifetime limits on benefits.

We are encouraged by the provision identifying individuals with mental health conditions as a group that should be prioritized in outreach efforts to inform vulnerable populations about the new federal programs in order to increase access to health care coverage.

Medicaid provides comprehensive benefits and support services to millions of individuals with mental health and/or substance use conditions. But many do not currently have access to the vital coverage that Medicaid provides. Because of the early age of onset of many mental health

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conditions and often long delay in treatment, these conditions often interfere with a young person's ability to succeed in school and gain employment and increase the likelihood of developing a costly disability. As a result, many individuals with serious mental health conditions have very low-incomes and would greatly benefit from the provisions in your bill to expand Medicaid to 150% of poverty. We also support the provisions to clarify Medicaid coverage of therapeutic foster care and community-based mental health services through a new category of providers entitled federally qualified behavioral health centers.

In addition, we very much support the provision to require states to suspend Medicaid coverage for youth incarcerated in public institutions instead of dropping coverage. A large majority of youth in juvenile detention centers have mental health and substance use disorders. Requiring them to re-enroll in Medicaid upon release creates a significant barrier to them receiving greatly needed behavioral health therapy.

We appreciate the provision to fill in the Medicare Part D doughnut hole. Prescription medication is often a key component of effective behavioral health care and the existing gap in Medicare prescription drug coverage has proven very burdensome for many mental health consumers.

As more individuals with mental health conditions receive health care coverage, it will be important to ensure the availability of behavioral health service providers. Thus, we strongly support the provision establishing a new interdisciplinary training program for mental health and substance use disorder treatment professionals.

Mental illnesses often accompany and greatly increase the cost of treating other chronic conditions. Research has also shown that individuals with chronic conditions like diabetes, asthma, heart disease, and obesity who also have a mental health disorder are likely to experience greater functional disability and sometimes higher mortality than individuals whose chronic health conditions are not co-morbid with mental health disorders. Thus we strongly support provisions in the House bill to improve chronic care coordination through medical homes and other models. We encourage the Committee to ensure that the medical home programs include behavioral health specialists on treatment teams and allow mental health or addiction treatment facilities to serve as medical homes.

People with serious mental illnesses are among those most in need of improved care coordination and access to primary care services. Research indicates that those treated in our public mental health systems die on average 25 years earlier than the general population due primarily to other co-occurring health disorders including diabetes, heart disease, cancer, and asthma. Thus, in addition to the medical home proposals, we are pleased to see the provision in the House bill to fund an interdisciplinary care training program that includes models integrating physical, mental, and oral health services.

We are heartened by the many provisions in H.R. 3962 to improve access to preventive services. In recent decades there has been an explosion in research on the prevention of mental health and

substance use conditions, particularly among children. Many interventions can result in long term reductions in behavioral health disorders as well as other positive outcomes such as improved academic achievement. In this regard, we strongly support the provisions to establish a Medicaid state option to cover nurse home visitation programs and a grant program to improve access to home visitation programs.

We support the proposed grant program to fund school-based health clinics that would offer among the core primary health services -- mental health assessments, crisis intervention, counseling, treatment, and referral to emergency psychiatric care and community support programs along with inpatient and outpatient care.

Eliminating cost-sharing for preventive services will encourage individuals take the time and effort to participate in these activities. We also support the establishment of a Prevention and Wellness Trust Fund to support community-based prevention programs. The bill includes a key requirement that the Secretary consult with the Substance Abuse and Mental Health Services Administration in developing a national prevention and wellness strategy.

The grant program to help small employers provide workplace wellness programs is another important provision that prominently features mental health promotion. We appreciate that this provision would not authorize increased financial penalties on those unable to achieve health status benchmarks as has been included in other health care reform bills.

We are please to see the provision to expand research and public education regarding postpartum conditions, including depression.

In addition, we enthusiastically support the provisions in the H.R. 3962 bill to improve the quality of care, including through enhanced support for comparative effectiveness research (CER). Consumers/patients should be fully represented in all phases of research priority-setting, development, and interpretation. Consumers/patients bring valuable perspectives and expertise to discussions regarding research priorities and how clinical research should be conducted.

Finally, we urge you to incorporate into the merged House bill an amendment adopted during the Education and Labor Committee mark-up that ensure mental health and substance use disorder screening, brief intervention, and referral to treatment services would be covered as reimbursable preventative services.

We commend you for your leadership in guiding this important legislation through the committees of jurisdiction and support your efforts to bring it before the full House. Thank you for your consideration of our views.

Sincerely,

David L. Shern, Ph D
President and CEO