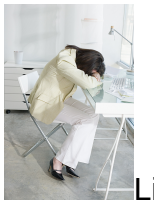
NCADD
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC.

Affordable Care Act Fills Need in Mental Health Care

 Like millions of Americans, we have struggled with addiction. Fortunately, we were able to access the treatment and recovery services necessary to get well.

By: Former Rep. Patrick Kennedy and Former Rep. Jim Ramstad

But for many people facing addiction or mental health issues without the necessary insurance coverage, such lifesaving services have been out of reach.

The Affordable Care Act changes that. A provision that passed with unanimous support requires that starting in 2014, health insurance plans cover mental health and addiction services as part of the essential benefits.

As a result of these historic changes, approximately 68 million Americans will have access to lifesaving mental health and addiction treatment services. Furthermore, these services, which have been misunderstood and marginalized for so long, will finally be fully integrated as part of a comprehensive approach to health care. That is, if the law is implemented as intended.

The far-reaching impact of this change cannot be overestimated. Research has found that one out of every five Americans will experience some type of mental illness at least once in their lifetime while over 20 million Americans currently need treatment for a problem with alcohol or drugs.

Untreated mental health and substance-use disorders cost American employers an estimated $17 billion annually in absenteeism and lost productivity. Studies have shown that every dollar spent on mental health care results in a savings of $12.

But Americans don't need a lot of statistics to know that effective programs to address mental health and addiction save lives. Polls show that three in four Americans are concerned that people addicted to alcohol or drugs may not be able to get treatment because of cost or lack of insurance coverage.

While health care reform is designed to address these obstacles, unfortunately, there are many opportunities for this historic achievement to be derailed.

As part of health care reform implementation, every state is required to inform the Department of Health and Human Services of its choice of a benchmark plan, the minimum level of benefits for all insurance plans in the state. The benchmark plans are required to include coverage for mental health and addiction, but as with so many things, the devil will be in the details.

Variation among the states is to be expected — indeed, each state should tailor its plan to meet the needs of its residents. Yet some elements must be standardized for the full potential of this change to be realized.

Many state benchmark plans suffer from a lack of transparency and specificity about benefit coverage. As a result, it is difficult to determine whether certain substance-use and mental health services are covered, consistent with legal requirements. In addition, lifesaving benefits are potentially being excluded in certain states, including residential addiction treatment and certain medication-assisted treatments, an area that has seen tremendous advancements in the past decade.

Recently, the federal government released for comment proposed regulations regarding which services should be considered "essential" and thus required to be covered. Unfortunately, the new rules lack clarity regarding the standard for sufficient coverage for mental health and substance-use services.

The Mental Health Parity and Addictions Equity Act of 2008, which we sponsored and President George W. Bush signed into law, required that insurance coverage for mental health and addiction be equal to coverage of other illnesses. Health care reform set these principles in concrete and extended them. The next few months will be critical to ensuring the principle of parity becomes reality.

As HHS Secretary Kathleen Sebelius and her staff review benchmark plans and craft a final essential health benefits rule, it is vitally important to ensure the states receive sufficient federal guidance to comply with the consumer protections in the law. For true parity to be realized, HHS must ensure that plans cover a sufficient continuum of mental health and addiction-care services

and that individuals have good access to that lifesaving care.

Millions of people are hoping the new health care law will make life better — for them and those they love. But there must be clarity and transparency to ensure fairness and effectiveness.

The need for mental health and addiction treatment is urgent; the public support is widespread; and the path forward is within reach. Now is the time for policymakers to ensure the promise of truly integrated, comprehensive care for those facing mental health and addiction issues is finally realized.

Former Reps. Patrick Kennedy (D-R.I.) and Jim Ramstad (R-Minn.) served as co-chairmen of the Congressional Addiction, Treatment and Recovery Caucus.

Source: http://dyn.politico.com/printstory.cfm?uuid=B61DB550-5FE6-48D3-8988-77A572D22F3A.
By: Former Rep. Patrick Kennedy and Former Rep. Jim Ramstad