

Mental Health Liaison Group

July 17, 2009

The Honorable Charles B. Rangel
Chairman
Ways & Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Henry A. Waxman
Chairman
Energy & Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable George Miller
Chairman
Education and Labor Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen Rangel, Waxman and Miller:

The undersigned organizations in the Mental Health Liaison Group (MHLG) are writing to express our support for H.R. 3200, "America's Affordable Health Choices Act of 2009." We commend you for your leadership, vision and ongoing efforts to ensure that all individuals have access to affordable and quality health care services.

We greatly appreciate the bill's significant focus on MHLG priorities as discussed in our May 12 letter to the Leadership (<http://www.mhlg.org/05-12-09.pdf>). The inclusion of mental health and substance use disorder services in essential benefit packages and specifying the applicability of mental health parity will continue the good work of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act with Section 114 requiring these services are provided on par with medical/surgical services. The additional requirement of rehabilitation services in all benefit packages will also serve persons with mental illness and help to foster recovery. It is our hope that during markup the House bill may be adjusted to better integrate mental health and substance use disorder services into primary care and other health care settings.

We welcome the attention in the bill to coordination of care for persons with chronic conditions, remediation of health disparities, consumer choice and numerous other reforms, as many patients with mental health and/or substance use problems have struggled with these issues.

The elimination of cost-sharing for preventive care in the essential benefits package will help assess whether overall health care costs are lowered by lower cost preventive care. The fostering of national prevention and wellness strategies holds great promise for helping slow the growing cost of treating chronic illness.

The bill includes significant insurance market reforms. Specifically, we support the provisions of the bill that prohibit insurers from imposing pre-existing condition limitations on individuals as well as 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.

The guaranteed renewal and guaranteed issue rules that will be so helpful to consumers will also ensure that solo health care practitioners are able to purchase and retain insurance in the individual market. The ban on the use of annual and lifetime dollar limits will help persons with serious acute illness as well as chronic conditions. Consumers will also be greatly helped by the bill's caps on premiums and out of pocket spending. Health care professionals will be helped by adequate reimbursement rates, so that there may be sufficient provider participation in plans regulated under the Act.

We hail the bill's commitment to workforce development within the primary care and public health areas. We appreciate the commitment to implementing strategies which will address workforce shortfalls and improve the availability of health care professionals in these areas, although more can and should be done with respect to workforce targeting the mental health professions.

Your legislation also addresses shortcomings in current Medicare policy. We appreciate your inclusion of Section 1309, extending for two years the restoration of reimbursement cut from outpatient psychotherapy services, which will help maintain the viability of the Medicare outpatient mental health benefit. The impending 21% cut in reimbursement for independent professional services under Part B is averted by replacing the Sustainable Growth Rate formula with a new process that will result in an increase in 2010 reimbursement. Medicare's coverage of mental health professionals is currently limited, reducing beneficiaries' choice of provider. The cadre of state-licensed providers is expanded in Section 1308.

The inclusion of a medical home pilot project in Section 1302 will be a good way to see how successful this approach to health care delivery will be in reducing health care costs and coordinating health care services. However, as the mind and body are connected, mental health and substance use disorder treatment professionals should be clearly included in these homes, which would better be called "health care homes."

Medicaid beneficiaries also benefit from proposals in your legislation. Medicaid is an important source of coverage for individuals with low-incomes, including those with a mental illness who benefit from a range of services. The raising of eligibility to 133% of the Federal Poverty Level (FPL) extends these benefits to millions of Americans who are currently uninsured, among them childless single adults. This coverage expansion is particularly critical for low income persons with mental illness and addiction disorders. According to the Kaiser Family Foundation, one of five individuals below 200% FPL has a significant mental disorder including major clinical depression, schizophrenia and bipolar disorder. One recent estimate indicates that the House bill will provide intensive community-based services to 2.8 million Americans.

Enactment of these provisions in your bill would make a great difference in the lives of persons with mental disorders. Through research we have an unprecedented arsenal of effective treatments for mental and emotional disorders. Today, mental illnesses are as treatable as other types of medical conditions. These treatments must be made available to all Americans who need them.

We appreciate your interest in ensuring Americans have adequate access to effective mental health

treatments, and we wish to work with you to pass through the House comprehensive reform legislation this month.

Sincerely,

Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Association for Marriage and Family Therapy
American Association of Pastoral Counselors
American Counseling Association
American Group Psychotherapy Association
American Mental Health Counselors Association
American Nurses Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association
American Psychoanalytic Association
American Psychotherapy Association
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Child Welfare League of America
Clinical Social Work Association
Clinical Social Work Guild 49, OPEIU
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Mental Health America
NAADAC, the Association for Addiction Professionals
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders – ANAD
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Mental Health Planning & Advisory Councils
National Association of Social Workers
National Association of State Mental Health Program Directors
National Council for Community Behavioral Healthcare
National Coalition of Mental Health Consumer/Survivor Organizations
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Foundation for Mental Health
Suicide Prevention Action Network USA, a Division of AFSP
Tourette Syndrome Association
United Neighborhood Centers of America *
U.S. Psychiatric Rehabilitation Association