Mental Health Liaison Group

September 28, 2010

The Honorable Paul Tonko U.S. House of Representatives Washington, DC 20515 The Honorable Fortney Pete Stark U.S. House of Representatives Washington, DC 20515

Dear Representatives Tonko and Stark:

The undersigned national organizations are writing to support the *Medicare Mental Health Inpatient Equity Act*, H.R.6143. This critical legislation eliminates the discrimination against mental illnesses that continues to exist in the Medicare program as Medicare beneficiaries are still limited to 190-days of inpatient psychiatric hospital care during their lifetime. This lifetime limit does not apply to psychiatric units in general hospitals and there is no such lifetime limit for any other Medicare specialty inpatient hospital service.

Through passage of landmark legislation, the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*, Congress put coverage for mental health and addictive disorders on par with other medical disorders. In 2008, Congress passed this important legislation to equalize the Medicare outpatient coinsurance for mental and physical health that also became law. We must now finish the parity job and finally give Medicare beneficiaries the full parity that other individuals now have.

We urge Congress to eliminate the Medicare 190-day lifetime limit for psychiatric hospital care by passing your bill. This would improve access to inpatient psychiatric care by allowing Medicare patients coverage in freestanding, psychiatric hospitals. The elimination of the 190-day lifetime limit will equalize Medicare mental health coverage with private health insurance coverage, offer beneficiaries the choice of inpatient psychiatric care providers, increase access for the most seriously ill, improve continuity of care and create a more cost-effective Medicare program.

We look forward to continuing to work with you to enact this legislation and eliminate discrimination against Medicare beneficiaries with mental health and substance use disorders.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association of Practicing Psychiatrists
American Association of Pastoral Counselors
American Counseling Association
American Dance Therapy Association

American Foundation for Suicide Prevention/SPAN USA
American Group Psychotherapy Association
American Hospital Association
American Mental Health Counselors Association
American Nurses Association
American Occupational Therapy Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
American Psychotherapy Association
American Society of Addiction Medicine *
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare

Center for Clinical Social Work
Clinical Social Work Association
Clinical Social Work Guild 49, OPEIU
Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Emergency Nurses Association Federation of American Hospitals * Mental Health America

NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Behavioral Health
National Association for Children's Behavioral Health
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 Psychiatric Health Systems
National Disability Rights Network
National Foundation for Mental Health
Schizophrenia and Related Disorders Alliance of America *
Therapeutic Communities of America
Tourette Syndrome Association
U.S. Psychiatric Rehabilitation Association