

Mental Health Liaison Group

November 4, 2009

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

Dear Madam Speaker:

The undersigned members of the Mental Health Liaison Group (MHLG) are writing to express our strong support for H.R. 3962, the "Affordable Health Care for America Act." 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 to all qualified plans will continue the good work of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act with Section 214 requiring that 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.

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. 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. It is our hope that during conference the legislation 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 phase out of Medicare Part D's prescription drug coverage gap (also known as the "doughnut hole") by 2019 and the immediate ability (effective 2010) for beneficiaries to receive a 50% discount for brand-name drugs in the donut hole.

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 150% 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. Additionally, the clarification of Medicaid coverage of therapeutic foster care services is an important recognition that will help many children in need of intensive mental and behavioral health services and supports receive them in less restrictive, out-of-home settings.

We are pleased the legislation would establish a national, voluntary, long-term care health insurance program (Community Living Assistance Services and Supports Act) to provide community-based services and support options for Americans.

As permanent repeal of the flawed Medicare Sustainable Growth Rate formula is an important part of health reform, we also wish to state our support for H.R. 3961, which when passed will avert the impending 21.5% cut in Part B reimbursement for independent professional services.

Enactment of the Affordable Health Care for America Act 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 disorders are as treatable as other types of medical conditions. These treatments must be made available to all Americans who need them.

Speaker Pelosi
November 4, 2009
Page 3

Madam Speaker, we appreciate your interest in ensuring Americans have adequate access to effective mental health treatment services and supports, and we will work with you, your Leadership team, and the outstanding Committee chairmen to pass through the House comprehensive reform legislation this month.

Sincerely,

Alliance for Children and Families
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 Pastoral Counselors
American Counseling Association
American Group Psychotherapy Association
American Mental Health Counselors Association
American Nurses Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
American Psychotherapy Association
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Center for Clinical Social Work/ABE
Child Welfare League of America
Children and Adults with Attention – Deficit/ Hyperactivity Disorder
Clinical Social Work Association
Clinical Social Work Guild 49, OPEIU
Corporation for Supportive Housing *
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Mental Health America
National Alliance on Mental Illness
National Association of Anorexia Nervosa and Associated Disorders-ANAD
National Association of Social Workers
National Association of Mental Health Planning & Advisory Councils
National Association of State Mental Health Program Directors
National Coalition of Mental Health Consumer/Survivor Organizations
National Council for Community Behavioral Healthcare
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Foundation for Mental Health
Suicide Prevention Action Network US A, a Division of AFSP

Speaker Pelosi
November 4, 2009
Page 4

Tourette Syndrome Association, Inc.
United Neighborhood Centers of America *
U.S. Psychiatric Rehabilitation Association
Witness Justice

* not a MHLG member