

Mental Health Liaison Group

September 1, 2017

The Honorable Lamar Alexander
Chairman
Senate Health Education Labor and
Pensions (HELP) Committee
455 Dirksen Senate Office Bldg.
Washington, DC 20510

Hon. Patty Murray
Ranking Member
Senate Health Education Labor and
Pensions (HELP Committee)
154 Russell Senate Office Bldg.
Washington, DC 20510

Re: Stabilizing the Individual Health Insurance Marketplace

Dear Chairman Alexander and Ranking Member Murray:

Thank you for leading a bipartisan effort to reform our health care system. With the HELP Committee's hearings on stabilizing the individual health insurance marketplace under the Affordable Care Act (ACA) scheduled for September, the Mental Health Liaison Group (MHLG) writes to offer our thoughts on issues associated with market stabilization that would likely have an impact on coverage of mental health and substance use disorder prevention and treatment services through marketplace plans. The MHLG is a coalition of more than 60 national organizations representing consumers, family members, mental health and substance use treatment providers, state behavioral health agencies, advocates, payers, and other stakeholders committed to strengthening Americans' access to mental health and substance use services and programs.

Particularly in light of the ongoing national opioid addiction epidemic, MHLG believes that ensuring the whole health of all Americans requires maintenance of coverage for mental health and substance use disorder benefits at parity with existing medical/surgical benefits in all marketplace plans. Maintenance of those benefits has little meaning without affordable and ready access to the plans providing that coverage. Ensuring affordable and ready access requires retention of the ACA's prohibition against denying coverage based on a pre-existing condition, as well as the ACA's prohibitions against annual and life-time limits on coverage.

We oppose eliminating or reducing the cost-sharing reduction payments (CSRs) made to insurers to keep co-payments and co-insurance requirements low for plan members. Congress should fund the CSRs on a permanent basis to ensure insurers do not withdraw from markets, leaving low-income enrollees who are sicker or older—particularly those with mental illness and/or substance use disorders—without affordable coverage. So many individuals with serious mental illness and substance use disorders have limited-incomes that eliminating premium assistance and cost-sharing subsidies, thereby rendering coverage largely unaffordable, would—in essence—eliminate coverage for these essential services for many.

We also strongly believe, as we know you do, that Congress must act immediately to ensure that plans are available in each state-designated marketplace for the 2018 benefit year. Furthermore, mental health and substance use disorder benefit coverage must be preserved in marketplace plans, and should not be subject to state waivers of coverage or other existing ACA limitations

National Organizations Representing Consumers, Family Members, Advocates, Professionals, and Providers
c/o Laurel Stine, JD, American Psychological Association at lstine@apa.org, Angela Kimball, National Alliance on Mental Illness
at akimball@nami.org, and Debbie Plotnick, MSS, MLSP, Mental Health America at dplotnick@mentalhealthamerica.net

under an expanded § 1332 waiver authority. We do not believe that individuals with a serious mental illness or substance use disorders should be denied coverage based on the state in which they reside, as would be the case should coverage vary from state-to-state under the proposed expanded waiver authority.

As a threshold matter, MHLG believes that mental health and substance use disorder benefit coverage must be preserved in all marketplace plans, and should not be subject to state waivers of ACA regulations or other existing ACA limitations under an expanded § 1332 waiver authority. We do not believe that individuals with a serious mental illness or substance use disorders should be denied coverage based on the state in which they reside.

In addition, the permitted range of premiums and deductibles—including the limits on age-banding of premiums—must remain as they currently exist so that plans cannot impose premiums so high for the provision of mental health and substance use disorder services that they become unaffordable to the individuals who most need them. We oppose reducing the Federal premium tax credits which lower-income, non-Medicaid enrolled insureds have received from the Federal government to maintain insurance coverage and which have, until now, averaged 72 percent of the cost of premiums.

We do not believe the answer to keeping coverage costs low is the short-term funding of a temporary Federal fund for state grants targeted toward subsidizing plan coverage for individuals with serious mental illness and/or a substance use disorder, as was contained in H.R. 1628. Such a fund would, within only a few years, be totally inadequate in meeting need for the populations that Congress worked to serve with the passage of the 21st Century Cures Act and the Comprehensive Addiction and Recovery Act (CARA) of 2016.

Moreover, it is important to remember that untreated serious mental illness and substance use disorders intensify and increase the number of comorbid medical conditions in individuals with those conditions, increasing total individual insurance coverage costs in the long-run. Those proliferating comorbid conditions and costs also have the potential to increase costs in the Medicaid program for individuals whose catastrophic health events leave them at income levels making them eligible for Medicaid.

MHLG recognizes that the individual personal responsibility coverage mandate is unpopular among some. However, the 30 percent premium surcharge that would have replaced the individual mandate under H.R. 1628 for failure to maintain continuous coverage is not an appropriate solution, as it would have a disproportionate impact on the lowest-income enrollees who would have been struggling to maintain premium payments for coverage. It would be particularly destructive for those enrollees whose serious mental illness or substance use disorders often render them cognitively impaired and thus less capable of maintaining premium payment schedules until they recover, when the sizeable surcharge would leave them unable to pick up coverage. Similarly, the waiting period for coverage after a failure to maintain continuous coverage included within the Senate amendments to H.R. 1628 would be particularly harmful for individuals struggling with addiction or serious mental illness who are left with no way to address those issues in the absence of access to insurance coverage.

We urge you to continue to protect these vulnerable Americans' access to and coverage of vital mental health and substance use disorder treatment and prevention services, and to not reverse the recent progress made with the enactment of key mental health and substance use disorder prevention and treatment reforms under the 21st Century Cures Act and CARA.

Sincerely,

American Art Therapy Association
 American Association of Child & Adolescent Psychiatry
 American Association for Marriage and Family Therapy
 American Association for Geriatric Psychiatry
 American Association for Psychoanalysis in Clinical Social Work
 American Association on Health and Disability
 American Dance Therapy Association
 American Foundation for Suicide Prevention
 American Group Psychotherapy Association
 American Mental Health Counselors Association
 American Nurses Association
 American Psychiatric Association
 American Psychoanalytic Association (APsaA)
 American Psychological Association
 American Society of Addiction Medicine
 Anxiety and Depression Association of America
 Association for Ambulatory Behavioral Healthcare
 Bazelon Center for Mental Health Law
 Campaign for Trauma-Informed Policy and Practice
 Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD)
 Clinical Social Work Association
 Clinical Social Work Guild 49-OPEIU
 Depression and Bipolar Support Alliance
 Eating Disorders Coalition
 EMDR International Association
 Global Alliance for Behavioral Health and Social Justice
 International Certification & Reciprocity Consortium (IC&RC)
 Mental Health America
 National Association for Children's Behavioral Health
 The National Association of County Behavioral Health and Developmental Disability Directors
 (NACBHDD)
 The National Association for Rural Mental Health (NARMH)
 National Association of Social Workers
 National Association of State Mental Health Program Directors (NASMHPD)
 National Alliance on the Mental Illness (NAMI)
 National Council for Behavioral Health
 National Disability Rights Network
 National Federation of Families for Children's Mental Health
 National Health Care for the Homeless Council
 National League for Nursing
 National MS Society
 National Register of Health Service Psychologists
 No Health Without Mental Health (NHMH)
 Psychiatric Rehabilitation Association and Foundation
 Residential Eating Disorders Consortium (REDC)
 School Social Work Association of America
 Treatment Communities of America
 Trinity Health of Livonia, Michigan
 Young Invincibles