

Recommendations for Including Mental Illness and Substance Use Disorder Prevention, Treatment, Rehabilitation, and Recovery in National Healthcare Reform:

BENEFIT DESIGN AND THE DELIVERY OF CARE

To be successful, national healthcare reform must recognize substance use disorders and mental illness as preventable, treatable health conditions, as accepted by the American Medical Association, all other public health and medical standards, and decades of scientific research. Reform should strive to guarantee universal access to the full range of quality physical health, mental health, and substance use disorder services. Ensuring that the full range of mental illness and substance use disorder prevention, treatment, rehabilitation, and recovery support services are available and accessible to all those in need will help tens of millions of Americans lead healthier lives and will save billions of dollars in health care costs.

Specifically, benefit design in national healthcare reform must ensure that:

1. Any minimum or basic benefit package includes equitable and full coverage for substance use disorders and mental illnesses at parity with coverage of other health conditions.
 2. Care provided through healthcare reform, including the full range of mental illness and substance use disorder benefits, is fully accessible and available to all those in need.
 3. The provision of quality mental illness and substance use disorder prevention, treatment, rehabilitation, and recovery services and practices is promoted and supported.
 4. Individuals with serious mental illness and/or substance use disorders have access to the full array of services appropriate for recovery from these chronic health conditions.
1. Any minimum or basic benefit package must include equitable and full coverage for substance use disorders and mental illnesses at parity with coverage of other health conditions.
 - The full range of substance use disorder and mental illness prevention, early intervention, treatment, rehabilitative and recovery support services must be covered fully, equitably, and at parity with other health conditions in all public and private health insurance plans.
 - Benefit design should cover family and individual universal substance use disorder prevention practices, such as healthcare professionals informing parents and young people about the health consequences of using alcohol, tobacco and other drugs.
 - Screening and brief interventions for mental illness and substance use disorders that are provided by health care providers should be covered.
 - Substance use disorder and mental health services must be available and accessible to all adults and youth in need, including family members.
 - Healthcare reform must build on the principles and requirements established in the “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008” which should be directly referenced in statute.
 - In accordance with the requirements of the “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008,” substance use disorder and mental health services should not be subject to arbitrary limits on days, visits, and other conditions of coverage.

2. Reform of the healthcare system should ensure that people can fully access their healthcare benefits, including the full range of mental illness and substance use disorder benefits.
 - Lifetime health insurance caps should be prohibited, or at least raised to levels that would ensure access to needed care. With the passage of the “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008” and the “Mental Health Parity Act of 1996,” lifetime caps and annual limits for mental health and substance use disorder benefits are equal to those for medical/surgical benefits, but it is important to raise the caps to account for medical inflation and ensure access to care for individuals who would otherwise exhaust their benefits.
 - Determinations about who needs what services, levels of care, and lengths of stay must be made by qualified treatment professionals, and medical management tools including utilization review, criteria for review and approval of evidence-based treatment services, preferred provider networks and preauthorization cannot be used to deny needed care that is determined by a treating professional.
 - Disclosure requirements should be improved. Limitations and restrictions on coverage under group health plans should be disclosed in a timely manner to group health plan sponsors and communicated in a timely manner to participants and beneficiaries under such plans in a form that is easily understandable.
 - Criteria and reasons for denial must be disclosed and subject to a meaningful, independent review process that accesses plan benefit utilization patterns and enables individuals to effectively challenge a denial.
 - Federal healthcare reform legislation must ensure that State laws which provide better coverage, rights, methods of access to treatment and consumer protections from the standpoint of the insured remain in effect and are not preempted.

3. Healthcare reform should promote and support the provision of quality mental illness and substance use disorder prevention, treatment, rehabilitation, and recovery services and practices.
 - To ensure the provision of mental health and substance use disorder prevention, treatment, rehabilitation and recovery support services nationwide, healthcare reform should continue and enhance financing for publicly funded safety net programs, including the Substance Abuse Prevention and Treatment Block Grant, the Mental Health Services Block Grant and discretionary programs. Because individuals access mental health and substance use disorder services most often through community-based providers supported by publicly funded programs, it is critical that financing for these services, as well as for coordination and other medical and social support services, be maintained and improved in the architecture of healthcare reform.
 - Healthcare reform should focus on the quality of mental health and substance use disorder care and create incentives for implementation of evidence-based practices, including matching the patient to the appropriate type and level of care, and use of medications when appropriate, to produce the best possible outcome for each patient.
 - The latest patient matching tools must be used to place the patient in the appropriate level of care as early in the process as possible. All treatment must be based upon the latest and best available evidence-based practice to create the best possible outcome for each patient.
 - Research on evidence-based practices to prevent and treat mental illness and substance use disorders, and to help individuals sustain their long-term recovery from these chronic

diseases, should be supported. For example, the National Quality Forum's recent Consensus Standards for the Treatment of Substance Use Conditions: Evidence-Based Treatment Practices should be widely disseminated.

- Mental health and substance use disorder treatment should be comprehensive. Healthcare reform should address the multiple needs of the individual and recognize that no single treatment for mental illness and substance use disorders is effective for all individuals.
 - Serious mental illnesses and substance use disorders, like other chronic diseases, frequently require multiple episodes of treatment of varying intensity and duration. Remaining in treatment for an adequate period of time is critical for treatment success, as recovery can be a long process. To help individuals enter into and sustain their long-term recovery, the full continuum of quality treatment, rehabilitative, and recovery support services should be available to individuals and their family members.
 - Healthcare reform should acknowledge that remaining in substance use disorder treatment for an adequate period of time is critical for treatment effectiveness.
 - Scientific research has found that medications can be effective tools in the treatment of individuals with mental illness and/or substance use disorders. All medications that have been scientifically proven to be effective in helping to treat individuals with mental illness and/or substance use disorders should be covered. There should be a process for expedited consideration of promising new medications for the treatment of mental illness and substance use disorders.
 - Mental illness and substance use disorder prevention, treatment, rehabilitation, and recovery support services should be provided by appropriately trained individuals.
 - Care provided should be age-appropriate. Research has shown that effective child and adolescent treatment is different than treatment for adults. Additional research is needed to definitively evaluate evidence-based treatment practices with child and adolescent patients and disseminate this information to practitioners.
 - Mental illness and substance use disorder service providers should be included in the national health information technology infrastructure. Increased use of health information technology, while maintaining laws that protect the confidentiality of health records, is necessary to improve care and reduce costs across the health care system. Training and implementation grants are needed to encourage health information technology adoption by mental health and substance use disorder treatment programs.
4. Individuals with serious mental illness and/or substance use disorders should have access to the full array of services appropriate for recovery from these chronic health conditions.
- Individuals should have choices regarding their health, mental health, and substance use disorder care that foster recovery and wellness through individualized community-based services and supports.
 - Services that assist individuals in their recovery and that improve their functioning should be available to all in need. Successful recovery management includes other life supports such as housing, transportation, education, employment and social connectedness.
 - Case management services and the full continuum of mental health and substance use disorder services should be available to all those in need.
 - Intensive outreach, limited or no co-payments, and enhanced services should be recognized as important components of chronic care management that will be particularly helpful for individuals with mental illnesses and substance use disorders, and should be included in any reform proposals.

- The IMD (Institutions for Mental Disease) exclusion under Medicaid is a significant barrier for individuals seeking treatment for substance use disorders and/or mental illness. This exclusion must be modified to ensure that people have access to the full range of appropriate and effective treatment services.
- Healthcare reform should ensure that vulnerable individuals, such as those transitioning from the criminal justice system back to the community, can access the healthcare they need, including the full range of mental health and substance use disorder services.

The success of national healthcare reform will be judged on its ability to provide essential services to all Americans, improve overall health outcomes, and control costs. When addiction and mental health issues are addressed and treated as the preventable, treatable diseases they are, systems reap substantial cost savings while dramatically improving health. Equitable and full inclusion of prevention, treatment, rehabilitation, and recovery of mental illness and substance use disorders in national healthcare reform will ensure that millions of people lead healthier lives, thereby strengthening individuals, families, communities, and our nation as a whole.