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Improving Mental Health Care in America



BY CAROLYN REINACH WOLF

Much consternation and anxiety has occurred in the past several months as the words “repeal and replace Obamacare” have echoed throughout the nation. Many articles have been written by politicians, clinicians, experts on health care and those in the mental health-care world, citing the potential implications for these individuals should the mental health sections of the law be removed. Those currently receiving coverage and treatment will be left with their debilitating psychological conditions and the decompensation that follows. Akin to getting rid of the advanced treatment for diabetes or high blood pressure, removal of aspects of mental health coverage such as elimination of lifetime limits of care, would be catastrophic for those suffering from serious mental illness or substance use disorders.

The individuals themselves, however, are not the only ones to suffer should the mental health provisions of Obamacare be repealed and not replaced. What about the family members and caretakers? It is important to not only think about what this means for those covered by the insurance plans, but to also think about those around them and ultimately, the taxpayer and health-

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care system. Law practices dedicated to working with families of those who suffer from mental illness and/or substance abuse issues see that, many times, it is the families who suffer more when coverage is denied or does not exist at all. Adequate health insurance coverage for the treatment of mental illness and substance abuse increases the possibility of a productive life for the individual and for those around them as well. If Congress can repeal and improve upon our existing insurance coverage we can not only save lives, we can change them.

Before the passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008 and the Affordable Care Act (ACA) in 2010 (which further expanded the MHPAEA), an estimated 49 million Americans were uninsured. Even for those Americans with health insurance, employer sponsored or individual, many plans excluded mental health benefits and substance use benefits. Through the joint efforts of the MHPAEA and ACA, health insurance coverage was extended to more people and expanded to include mental health and substance use treatments.

Essential Provisions of the ACA

While the ACA did not fix every problem with our broken health-care system, it did expand coverage of mental health and substance use disorder benefits and federal parity protections in many ways, including, but not limited to: (1) categorizing mental health and substance use disorder benefits as an Essential Health Benefit; (2) preventing marketplace plans from denying coverage or charging more for pre-existing conditions, including mental health and substance use disorder conditions; and (3) providing certain “parity” protections between mental health and substance use benefits and those benefits applied to medical and surgical services. Those who are currently receiving coverage and, therefore, receiving treatment may begin to experience symptoms and decompensate if insurance coverage is lost and treatment is terminated.

Essential provisions of the ACA are working quite well and have allowed for the expansion of insurance coverage. Luckily, at least for now, proposed legislation to replace the ACA has included two of those essential provisions including allowing young adults to stay on their parents' health plans until age 26 and preventing insurers from denying coverage or charging more to people with pre-existing medical conditions.

High Stakes for Patients, Providers

Removal of other portions of the ACA, without a better option, would be catastrophic for those suffering from a serious mental illness or substance use disorder. But, the individuals themselves are not the only ones to suffer should Obamacare be repealed and not replaced, or those aspects of the law accommodating to those with mental illness, not be maintained. It is also the families and other loved ones who care for those with these illnesses who would suffer. It is the caretakers who bear the burden of maintaining persons with mental illness in a safe environment, overseeing compliance with treatment plans, administering medications and other treatments, and taking them back and forth to therapy, programs or hospitals.

For those working with families of loved ones with serious mental illness every day, it is clear that the implications of repealing this law would be devastating. The effects on providers are substantial as well because loss of coverage and lifetime limits will result in a costly drain on health systems. It is vastly more expensive to pay for Emergency Department care than out-patient care; it is vastly more expensive to maintain a loved one at home who is unable to contribute financially than it is to recover and earn an income. Overall the emotional toll is limitless.

Fighting for Coverage

In theory, the requirement of parity for mental health and substance use benefits is a huge step forward. However, in reality, there are still major issues of whether providers even accept insurance and whether insurance even covers certain treatments. Most providers are reimbursed for health-care services through payers including federal and state government programs such as Medicare or Medicaid and private insurance programs offered through employment and individual plans. Mental illness is not equivalent to most medical illnesses. Mental illness is chronic, often lasting the individual's entire lifetime, and often requiring wrap around, comprehensive services, not just medication. Most private practitioners do not take insurance because reimbursement is too low. Residential treatment programs for both mental health and substance use disorders are costly and often not covered by insurance. Insurance doesn't cover case management and related services or professionals who can proactively intervene

early and provide a support system other than family members, which can lead to better chance at recovery and maintaining stability.

Moving Forward, Not Backward

The true focus of reform efforts to meet the needs of patients, caregivers, and providers in the mental health-care system should be on making coverage stronger, more comprehensive and more encompassing. Pay for preventive care, be proactive in addressing the initial signs and symptoms, intervene early and often, and in turn, get individuals the mental health treatment they need at a lower cost. First break—or episode—care, wrap around care, outpatient care, ongoing case management and supportive housing and services all come at a lower cost than sporadic and emergency treatment.

Psychiatry has advanced way beyond that which is portrayed in movies like "One Flew Over the Cuckoo's Nest." Advancements in therapy, medications, programs and the science of psychiatry have come a long way toward providing an avenue for stabilization and recovery. It is a win-win for everyone if proper treatment is paid for in a productive and appropriate way, including with mental health insurance. Parity of coverage, in fact, is only the beginning. Continuing coverage, often way beyond medical coverage, is truly what is needed. There is also much stigma and misinformation in the mental health field. Funds are needed for education of the public, the media and those who are afflicted, to educate, early on, about what it means to have a mental illness, that recovery is possible, and that individuals with this illness are no different than people with other medical conditions. Lifting the lifetime cap also would be invaluable to that population, whether in the field of mental or medical health care. Counseling and support is also needed for those supporting and caring for those with mental illnesses.

Conclusion

It is critical that any reforms to health insurance coverage do not undo the advances made over the past several years for individuals with mental health and substance use disorders. Any new legislation should further enhance coverage and access to care and treatment. "Repeal and replace" without serious thought and consideration of the replacement is a lose-lose for all.