Health Care Reform and Parity

The passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act in 2008 signified that access to mental health and addiction services is a necessary component to achieving a health care system that addresses overall health needs. Meanwhile, public sentiment indicates that a large-scale coverage expansion — potentially even universal coverage — is needed to ameliorate concerns over quality of care and affordability of health insurance. As Congress considers various components of potential health care reform — such as a minimum benefit package, cost sharing requirements, and other cost containment strategies — the National Council urges Congress to support comprehensive parity for mental health and addiction services to ensure equitable access to mental health and addiction services.

Similar to other health conditions, mental illness and substance use disorders can have an impact on overall health outcomes. Compared with the general population, persons with substance abuse and dependence suffer disproportionately from medical problems.[i] Research indicates that depression contributes to the risk of heart disease as much as diabetes, high cholesterol, or obesity does.[ii] Nevertheless, many individuals in need of mental health or addiction treatment are not able to access these services. According to a survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), among individuals who recognized that they needed treatment for illicit drug or alcohol use and made an effort to seek treatment, a majority reported the lack of health insurance and inability to cover costs on their own as the primary barrier to receiving treatment. Similarly, for individuals who recognized they needed mental health treatment, the primary reason why they were unable to access services was that they could not afford them.[iii] Because of this, the National Council strongly believes meaningful and comprehensive parity must be applied to health care reform.

Specifically, the National Council urges Congress to support the following within health care reform:

● A minimum benefit package that requires mental health and addiction services as mandatory components within a broader package of medical and health benefits.

● Equitable cost-sharing requirements (including co-pays and deductibles) between mental health /substance use disorder benefits and physical health benefits in all benefit packages, regardless of package tier.

● Any premium subsidies must be extended to co-pays and deductibles, especially for those with health conditions (including mental health and addiction disorders) that require intense specialty health services utilization.

● Financial assistance to community providers, which would be used to help beneficiaries with cognitive impairments navigate the health care system.

Request :

Support comprehensive parity for mental health and addiction services in all components of health care reform

Citations:

i.) I. Friedmann, P.D., Hendrickson, J., Gerstein, D.R., Zhang, Z. and Stein, M. Do Mechanisms that Link Addiction Treatment Patients to Primary Care Influence Subsequent Utilization of Emergency and Hospital Care? Medical care. 2006. Vol. 44.

ii.) World Health Organization, World Health Report 2004: Changing History, Annex Table 3: Burden of Disease in DALYs by Cause, Sex, and Mortality Stratum in WHO Regions, Estimates for 2002 (Geneva:WHO, 2004).

iii) Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2008). Results from the 2007 National Survey on Drug Use and Health: National Findings (NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.

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