



**Association for Behavioral
Health and Wellness**

*Advancing benefits and services
in mental health, substance use
and behavior change.*

May 23, 2017

The Honorable Orrin Hatch, Chairman
U.S. Senate Committee on Finance
104 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Hatch,

Thank you for the opportunity to comment on the health care reform process in the Senate. The Association for Behavioral Health and Wellness (ABHW) appreciates the chance to share our input and concerns as your Committee drafts legislation.

ABHW is the national voice for companies that manage behavioral health and wellness services. ABHW member companies provide specialty services to treat mental health, substance use, and other behaviors that impact health. ABHW supports effective federal, state, and accrediting organization policies that ensure specialty behavioral health organizations (BHOs) can continue to increase quality, manage costs, and promote wellness for the nearly 170 million people served by our members.

Approximately 1.8 million of the 21 million people covered under the Affordable Care Act (ACA) are currently receiving mental health services and subsidies; and approximately 1.25 million people with serious mental disorders, and about 2.8 million Americans with a substance use disorder (of whom about 222,000 have an opioid disorder), would lose some, or all, of their coverage if the ACA is fully repealed. Repealing mental health and substance use disorder (MH/SUD) provisions of the ACA would take away at least \$5.5 billion in one year from the treatment of low income people with MH/SUD.

Specifically, we are concerned with any potential reconfiguration of the Medicaid program that would result in a decrease in coverage for MH/SUD. Medicaid is the single largest payer for behavioral health services in the United States, and one in five of Medicaid's nearly 70 million patients has a MH/SUD diagnosis. Proposals currently under consideration for a restructured Medicaid program will likely result in decreased funding to states, which will probably lead to fewer resources for MH/SUD.

Additionally, the Medicaid expansion program has provided coverage to persons with MH/SUD who might not have otherwise had access to care, and it led to significant increases in coverage and treatment access for that population.

A phase out of Medicaid expansion will almost certainly be harmful to the MH/SUD population. Cutting back on Medicaid expansion will result in a loss of coverage for 1.3 million people who

receive treatment for MH/SUD through Medicaid expansion. People who maintain coverage could potentially receive a decrease in their MH/SUD benefit. ABHW supports ensuring access to medically necessary, evidence based behavioral health treatment for the Medicaid population going forward.


MH/SUD benefits are of great advantage to people with behavioral health illness because they guarantee insurance coverage for MH/SUD. Because a mental illness or substance use disorder can arise at any time, MH/SUD treatment services are a crucial piece of health care coverage. The rising opioid crisis in our country provides even more reason to grant appropriate access to MH/SUD treatment. ABHW supports the inclusion of a MH/SUD benefit in all policies.

Mental health and addiction parity ensures equal financial and treatment coverage between behavioral and physical health care and must be maintained. As the current health care debate continues, it is imperative that we do not reverse the progress that has been made with the enactment of the Mental Health Parity Act of 1996 (MHPA) and the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Ensuring that financial and treatment coverage in health insurance policies is equitable between behavioral and physical health care helps Americans with MH/SUD receive the treatment they need. While MHPAEA requires plans cover mental health and addiction treatment at parity with medical treatment, the ACA ensured that plans provide coverage for MH/SUD. Without that underlying coverage, there is no benefit to which parity can be applied.

We encourage you to allow children to remain on their parents' plans until age 26, as that provision increases insurance coverage for young adults, which is important since many of the most severe forms of mental illness first emerge in this age group.

As you move forward with health care reform, we encourage you to consider the impact a change in one provision has on other provisions. It is critical to think about how all of the policies will, or will not, work together. Thank you for your consideration of our concerns; we look forward to working with your Committee as the Senate takes on this important issue. If you have any questions, please contact Rebecca Murow Klein on my staff at klein@abhw.org or (202) 449-7658.

Sincerely,



Pamela Greenberg
President and CEO