

Healthcare Reform and Mental Health Eliminating Disparities in Care

The need to reform the current healthcare system, including the provision of mental health and substance use services has been an ongoing debate for decades. The **Patient Protection and Affordable Care Act** (PPACA, H.R.3590) was signed into law on March 23, 2010 by President Obama. Together with the **Health Care and Education Reconciliation Act**, signed on March 30, 2010 they are known as the **Affordable Care Act (ACA)**. On March 31, 2014, Congress passed the **Protecting Access to Medicare Act** (H.R.4302) which includes provisions of the **Excellence in Mental Health Act**. Signed into law on April 1, 2014, the legislation will provide resources to establish a pilot project designed to increase access to mental health and substance use services while improving Medicaid reimbursement for these services. This has important implications for eliminating care for Asian Americans, Native Hawaiians and Pacific Islanders in need of mental health services.

Mental Health Issues ~ there can be no health without mental health

Mental health impacts every aspect of a person's life including one's physical health, the ability to do well at work and school and maintain healthy personal relationships

- Many AANHPIs experience serious mental health problems including high rates of depression, post traumatic stress disorder and thoughts of suicide.
- There is a need to improve data collection and research that assesses the scope of the problems and identifies best practices interventions reflecting the diversity between AANHPI populations.
- AANHPIs with limited English proficiency are at particular risk for mental health and related health problems.
- Failure to receive accurate assessment/diagnosis can lead to poor outcomes and increased severity of symptoms and overall disparities in care.
- The National Association of State Mental Health Program Directors found that individuals with serious mental health problems die 25 years earlier than the general population ~ usually due to health related conditions that could have been treated better had they received proper mental health services in collaboration with their medical care
- Failure to address mental health issues increases likelihood of person not taking proper care of their physical health including proper diet, exercise, or following their medical regime.
- According to the World Health Organization, the burden of disease from mental disorders exceeds that of any other health condition
- There is a direct correlation between mental health, diabetes, cardiovascular disease, obesity, asthma and other health conditions that impact AANHPI communities.
- Mental illness represents four of the top six sources of disability for Americans ages 15-44
- Approximately 22% of adults with mental illness and/or substance use disorders are uninsured.
- 30% of individuals with co-occurring mental illness and substance use disorders lack any insurance.
- One in three uninsured adults with mental illness and/or substance use disorders is under 100% of the federal poverty line.

Access to quality care is critical ~ Recovery is possible!

Mental Health Provisions in Healthcare Reform

The Affordable Care Act will greatly expand access to health care coverage that includes mental health and addiction treatment. The Mental Health Parity and Addiction Equity Act is also expanded to apply to health insurance plans for small business and individuals.

Insurance Reform

- Health insurance plans through Marketplaces must provide mental health and substance use services at parity to other medical conditions
- Mental health is one of the 10 core services that must be covered under new health insurance plans
- Policies cannot deny coverage based on pre-existing conditions. This is important because mental illness is frequently considered a pre-existing condition
- The law bans lifetime and unreasonable annual dollar limits on mental health care.
- Mental Health Parity and Addiction Equity Act is expanded to include health insurance plans offered to small business and individuals
- Coverage of dependent children up to age 26 for all individual and group policies
- Policies can no longer require higher copays or deductibles for mental health care
- Require additional steps to receive mental health services

Medicaid

Medicaid is the single largest payer for mental health services, providing services and supports for 58 million adults and children. People with serious mental illnesses need the full array of Medicaid services that include benefits not covered in typical insurance plans (e.g. psychiatric rehabilitation services) but are covered in Medicaid.

- Coverage expanded to individuals with income at or below 138% of poverty level
- State Medicaid programs must allow low SES individuals to apply for coverage in familiar places such as Federally Qualified Health Centers, and locations other than welfare offices.
- Elimination of co-pays or deductibles for preventive care is important for many with mental health problems who do not have a disposable income
- The bill enables state Medicaid programs to cover home visitation by trained nurses to families during a first pregnancy or with a child under 2. This can help reduce maternal depression and thus improve care of children
- Maintain current eligibility standards for state Children's Health Insurance Program (CHIP) until at least 2019 and funded through 2015
- Individuals with at least two chronic conditions or at least one serious mental health condition can designate a provider, including a community mental health center, as a health home to be responsible for coordination of care.

Prevention

Prevention is key to lowering health costs, improving the quality of life and reducing the prevalence of serious mental health/health problems that could have been avoided had better prevention efforts been available.

President Obama signed an Executive Order creating the National Prevention, Health Promotion and Public Health Council that coordinates prevention activities across federal agencies. The ACA:

- Provides Prevention and Public Health Fund for prevention and public health programs
- Community transformation grant program supports community based prevention/wellness services
- Funding for early childhood home visitation programs
- Funding for school-based health clinics that include behavioral health assessment, treatment & referral
- Expand access to prevention services, including annual wellness visits, outreach and education
- Provides incentives for employers who participate in/establish wellness program
- New annual wellness visit benefit that provides comprehensive health risk assessment and creates personal prevention plan

Excellence in Mental Health Act Medicaid Pilot Program 2014

The Excellence in Mental Health Act will play an important role in insuring those with serious mental health problems will receive the services they need. The ACA emphasizes the importance of integrated care but a disproportionate amount of resources are allocated to primary care settings that are often ill equipped to provide proper mental health and prevention services. While basic mental health screenings may be done in primary care settings, the provision of services and more complex problems faced by AANHPIs experiencing mental health problems, including trauma, severe depression and other mental health concerns are best treated in behavioral health agencies with a history of working with AANHPIs. The legislation provides a 2 year pilot program that will be established by the Secretary of the Department of Health and Human Services to:

- ⇒ Select 8 states to participate in the pilot project.
- ⇒ No later than September 1, 2015, the Secretary shall publish criteria for a clinic to become a “Certified Community Behavioral Health Clinics” that can provide services for those with serious mental health and substance use disorders.
- ⇒ Not later than January 1, 2016, the Secretary shall award planning grants to states for the purpose of developing proposals to participate in demonstration programs
- ⇒ Not later than September 1, 2017, The Secretary shall select States to participated in demonstration programs
- ⇒ Provide \$25,000,000 for states to develop planning grants to participate in the project. Only states that receive a planning grant will be eligible to participate in the pilot

It is imperative that diverse populations, including AANHPIs are included in the pilot project at all phases of the development of selection criteria, implementation of programs and evaluation of the projects. This initiative should build on the work already established by SAMHSA in its Primary and Behavioral Health Care Integration grant initiative that included AANHPI serving community based organizations as grantees.

Engagement vs Outreach

Enrolling AANHPIs in health insurance programs is key to reducing disparities in health care. Without adequate coverage, they are left without resources to access the care they need. Enrollment, however, requires an understanding of the difference between outreach and engagement. NAAPIMHA was contracted by SAMHSA to identify best practices strategies for behavioral health organizations to enroll diverse populations, including AANHPIs in the new health insurance options as part of the roll out of ACA. NAAPIMHA and its partner the National Asian Pacific American Families Against Substance Abuse, NAPAFASA, found a consistent message: enrolling communities involves engagement that goes beyond simple outreach which can take less time and reach a broader audience but this does not necessarily result in increased enrollment. Change occurs when there is engagement of the community which takes more time, requires familiarity with the community, includes more one on one or small group interaction, having materials in the appropriate language, using community members who are trusted, and use of creative strategies that incorporate health insurance information into ongoing community activities. The fact sheet for AANHPIs can be found at <http://naapimha.org/wordpress/media/Behavioral-Health-and-Outreach.pdf>

Resources and references:

- American Psychiatric Association www.psych.org
- American Psychological Association www.api.org
- Asian Pacific Islander Health Forum www.apiahf.org
- Association of Asian Pacific Community Health Organizations www.aapcho.org
- Bazelon Center for Mental Health Law www.bazelon.org
- Centers for Medicare and Medicaid Services Multilingual Publications
www.medicare.gov/publications/multilanguage.asp
- Families USA Fact Sheets www.familiesusa.org
- Henry J. Kaiser Family Foundation www.healthreform.kff.org
- Ignatius Bau Health Policy Consultant www.ignatiusbau.com
- Library of Congress Thomas Home www.thomas.loc.gov
- Mental Health America www.mentalhealthamerica.net
- Mental Healthcare Reform (of NCBH) <http://mentalhealthcarereform.org/>
- National Alliance on Mental Illness www.nami.org
- National Association of State Mental Health Program Director www.nashmpd.org
- National Asian Pacific American Families Against Substance Abuse www.napafasa.org
- National Conference of State Legislatures www.ncsl.org
- National Council for Community Behavioral Healthcare www.thenationalcouncil.org
- Robert Wood Johnson www.rwjf.org/healthpolicy
- U.S. Department of Health and Human Services www.healthcare.gov
- U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration www.samhsa.gov