EHB Consensus Principles and Service Recommendations

The success of national health care reform will be judged on its ability to provide essential services to all Americans, improve overall health outcomes, and control costs. The Affordable Care Act's (ACA) inclusion of mental health (MH) and substance use disorder (SUD) benefits as essential health benefits (EHB) demonstrates clear understanding that meeting individuals' mental and substance use disorder needs is integral to achieving all these goals by improving and maintaining Americans' overall health and reducing the enormous health care costs that result when these illnesses are not treated.

As the federal Department of Health and Human Services (HHS) develops final guidance on EHB and state policy-makers move forward with ACA benefit design, the Coalition for Whole Health offers the below recommendations about the MH and SUD services that should be included in the EHB.

Introduction

Substance use disorders and mental illnesses are treatable health conditions, as accepted by the American Medical Association, all other public health and medical standards, and decades of scientific research. Tens of millions of adults and youth are in need of care: in the last year, nearly one-third of adults and one-fifth of children had a diagnosable substance use or mental health problem. However, there remains an unacceptably large MH and SUD treatment services gap in this country. In the past year, less than half of the 15 million adults with serious mental illness received psychotherapeutic treatment or counseling for a mental health problem and only ten percent of the over 23 million people in need of care for a SUD received any specialty treatment. As a result, individuals with co-occurring mental illness and substance use disorders have life expectancies 35 years shorter than individuals without these illnesses.

With passage of the federal parity law in 2008, Congress recognized the long history of widespread discrimination in private insurance coverage of MH and SUD benefits and sought to remedy this inequity. In addition to historically weak coverage of MH and SUD benefits through private insurance, Medicaid coverage of SUD services and to a lesser extent MH care varies widely across the country. By extending the requirements of the federal parity law to all qualified health plans under the ACA, Congress has ensured significant improvement in access to these critical services.

It is important to note that looking to "typical employer coverage" prior to full implementation of the parity law is insufficient. Not only will large employer plans' MH/SUD coverage improve as a result of that law, insurers typically pay for certain MH/SUD services that are not identified as covered benefits in their materials. For example, a 2011 analysis by Milliman and the recent Institute of Medicine (IOM) report on the EHB found a considerable number of MH/SUD services are included in a majority of employer health plans, including many that are classified as "rehabilitation." The IOM also recognized the limitations looking at "typical employer coverage" for certain types of benefits including MH and SUD benefits by recommending in their report that HHS should look to the scope of Medicaid coverage in states that cover MH and SUD to better ensure that these individuals' needs are well met. Our EHB recommendations are based on a review of which MH and SUD services have typically been offered through employer plans, as well as focusing on evidence-based practices that are effective and necessary to help people

become and stay well.

In developing the EHB, it is important to recognize that people have complex, varied health needs. The EHB should include services that improve functioning and help people achieve rehabilitation and maintain long-term recovery. It should cover services to meet individuals' multiple needs and should recognize that no single treatment for mental illness and substance use disorders is effective for all individuals. Prevention, treatment and rehabilitation of SUD and mental illness should be covered. Research shows that prevention and early interventions reduce the incidence of mental illness and substance use disorders, and other costly co-occurring chronic illnesses such as diabetes, hypertension, heart disease and certain cancers. Substance use disorders and serious mental illnesses also are often chronic diseases that need to be managed over a lifetime. Like other chronic conditions, there are varying degrees of severity for MH and SUD and a continuum of care exists to ensure that people can receive the appropriate level and type of care, including all evidence-based psychotherapy services, medications, and care coordination as appropriate for MH and SUD.

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. All services, including residential and hospital-based services, should be rehabilitation-focused and recovery-directed. They should be person-centered, whole health-oriented, and based in the person's community of residence unless their community is a barrier to sustained recovery.

As States move forward with benefit design in accordance with the framework established in HHS's December 16th EHB Bulletin, we urge HHS to:

- Work closely with States to ensure that a robust package of benefits across the full continuum of care is provided for each of the ten EHB categories
- Define and clearly indicate limits on State flexibility to reduce any of the ten EHB categories
- Clearly indicate to States the additional prohibition provided by the MHPAEA against limiting the MH/SUD benefit category—and to enforce these constraints on State actions
- Review State benchmark proposals for comprehensiveness of each of the ten EHB categories and require States to supplement categories that fall short. Specifically, all States should have comprehensive and detailed State benefits packages that ensure full coverage of all medically necessary services across the continuum of care in each of the categories, including MH and SUD
- Develop strong enforcement mechanisms and provide strong federal oversight to ensure that all health plans subject to the EHB will be in compliance with the essential health benefits and MH/SUD parity requirements of the law.

The ACA holds tremendous promise for significantly reducing the MH/SUD treatment gaps;

but without strong oversight to ensure access to medically necessary MH and SUD care, this potential will go largely unfulfilled.

Benefit Recommendations:

It is critically important that the EHB package is designed in a way that ensures that the MH and SUD needs of children, youth, adults, and elderly persons are well met. As national organizations working to ensure the ACA is effectively implemented for people with SUD and MH service needs, we offer the following specific recommendations to ensure adequate coverage for MH and SUD conditions:

Mental Health and Substance Use Disorder Services

- Outpatient treatment
  To include all services traditionally covered by insurance, such as assessment, treatment planning, laboratory services, individual, group and family evidence-based psychotherapy services, appropriate medication prescribing and monitoring. Outpatient treatment should also cover screenings, referral, and ambulatory detoxification

- Inpatient hospital services
  To include all services traditionally covered by insurance, including detoxification and psychiatric stabilization services

- Intensive outpatient
  To include all intensive outpatient and partial hospital services traditionally covered by insurance for the treatment of substance use disorders

- Intensive home-based treatment
  To include all services traditionally covered by insurance for children and adults with serious mental illness and/or substance use disorders, such as counseling, behavior management, and medication management

- Crisis services
  To include emergency room crisis intervention, stabilization, and mobile crisis services

- Residential substance use disorder treatment
  To include all services traditionally covered by insurance related to residential substance use disorder treatment (sub-acute treatment) that correspond to the American Society of Addiction Medicine's level III of care

Prescription Drugs

Prescription drug coverage must include coverage for all medications approved for the treatment of mental illness and substance use disorders

Rehabilitative and Habilitative Services and Devices

- Psychiatric rehabilitation skills training and other services
  To include all services traditionally covered by insurance, including skills training to address functional impairments, furnished in any appropriate setting, and also to include rehabilitation services designed to avoid institutional placement for children and adults with severe mental illness, such as therapeutic foster care
- All clinically appropriate treatments for eating disorders
- Recovery support services, including peer support and coaching

Pediatric Services

- Prevention, Early Identification, and Treatment
  Age appropriate outpatient, inpatient, and home-based pediatric mental health and substance use disorder prevention services, screenings, treatment, recovery and rehabilitative services, so as to provide equivalent coverage to that for adults

Preventive and Wellness Services

- Home visiting programs
  Evidence-based home visiting for caregivers, infants and toddlers
- Wellness Services
  Consumer and family education on maintaining healthy weight, good nutrition, substance use prevention, and other aspects of a healthy lifestyle, including wellness
- Prevention services including those required by the ACA, and suicide and drug screenings for adults
- Individuals and families, across the lifespan, should have coverage to receive education and skills training about preventing, treating, and recovering from substance use and/or mental disorders.

Chronic Disease Management

- Comprehensive care management
  Intensive case management for persons with severe mental illness and substance use disorders
- Care coordination and health promotion
  Including care coordination services for children, adults, and elderly persons with mental illness and substance use disorders
- Patient and family support
  Including education and self-management assistance for persons with severe mental illness and substance use disorders
- Appropriate referral to community and social support services

<u>Meeting the ACA's Requirements for MH and SUD</u>

The EHB must comply with the requirements of the ACA regarding parity and non-discrimination. Under the Mental Health Parity and Addiction Equity Act of 2008, coverage of mental health and substance use disorders may not be more restrictive than coverage of other

medical/surgical benefits by the plans.

In addition, the requirement in the ACA that the Secretary shall ensure that health benefits established as essential not be subject to denial based on age, expected length of life. present or predicted disability, or quality of life has very significant implications for individuals with MH and/or SUD. This means that none of the categories of essential health benefits may result in discrimination with respect to children, adults, or elderly persons with severe mental illness or substance use disorders. This language is particularly relevant with respect to rehabilitation services and chronic disease management. Enforcement of these protections must be included among the highest priorities for implementation and ongoing administration of the ACA.

MH and SUD services that reflect the latest and best available evidence-based or consensus-based practice should be included in the essential health benefit. Certain newer interventions and those that have not yet been fully researched show tremendous promise in helping people avoid disease, better comply with treatment, and sustain long-term recovery. The health insurance exchange and Medicaid benchmark plans should employ appropriate quality measures for MH and SUD services aimed at producing the best possible outcome for each individual. These measures should be used in performance-based payment plans.

Our benefit recommendations are intended to apply as the foundation for all qualified health plans. However, this basic set of benefits will not adequately address the health needs of every enrollee, particularly those individuals with serious chronic conditions such as serious mental illness and substance use disorders. Many health plan enrollees with incomes moderately higher than Medicaid eligibility, as well as individuals who receive coverage of limited benchmark Medicaid plans will require additional services. We encourage the Department to work with States to ensure the health needs of these individuals will be met.

As recommended by the IOM, there should be a formal mechanism to ensure that individuals with substance use disorder and/or mental health needs and their family members are partners with care providers in designing and implementing service plans. Policies should be in place to implement informed, patient-centered participation and shared decision-making in prevention, treatment, illness self-management and recovery plans and strategies. Individuals and their families should be educated participants in the design, administration and delivery of prevention, treatment, rehabilitation, and recovery support services.

The ACA requires that the EHB package reflect balance among the ten broad benefit categories. Millions of children, youth and adults are affected by MH and SUD and there remains an unacceptably large treatment gap for care. People with MH and SUD will not only need a strong benefit representing the continuum of care in the "mental health and substance use disorders services, including behavioral health treatment" benefit category, but will also need good coverage under all of the other categories. The EHB package as a whole should reflect an appropriate balance of services that ensures enrollees can access medically necessary care to avoid disease, become well and maintain long-term wellness.

The EHB should be designed so that it can be updated at regular intervals to reflect new treatments and medications that have been shown to be appropriate and effective. Technology is changing and new drugs and treatment interventions are being introduced to provide MH and SUD care. In addition, similar to the lack of adequate research on services to treat other health

conditions, there is a need for additional research on MH and SUD services.

We also urge the Department to continue to monitor implementation of the federal parity law and review what typical employer coverage looks like after full implementation. Lessons learned from parity law implementation should inform the discussion about how to update mental health and substance use disorder benefits in essential health benefits package.

National healthcare reform presents us with a tremendous opportunity to improve public health, reduce costs, and ensure coverage and access to necessary care for all Americans. With full implementation of the ACA, millions of Americans with limited or no access to MH and/or SUD services will have coverage for these services, many for the first time. Inclusion of the range of effective MH and SUD prevention, treatment, rehabilitation, and recovery support services will result in significant cost-savings to the healthcare system and ensure that millions of people lead healthy lives.

The Coalition for Whole Health