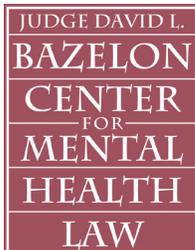


Will Health Reform Help People with Mental Illnesses?



Civil Rights and Human Dignity

An analysis of the bills passed
in Congress in 2009 and
how their enactment could affect
adults with psychiatric disabilities

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Will Health Reform Help People with Mental Illnesses?

It's important for people with serious mental illnesses, including those who rely on the public mental health system for services, to know how health care reform proposals could affect them. After health reform, will they have better access to the services and supports they need to recover?

Community integration and recovery for people with psychiatric disabilities, while unique for each individual, require that a set of basic needs be met. A safe, secure place to live, enough income for life's necessities, recreational opportunities, social contact and a sense of purpose are all part of recovery. High on the list, and affecting most of the other areas, is good health.

Legislation currently before Congress addresses both the lack of access to health care and the quality of the care that is provided in both public and private health systems. As drafted, the bills could significantly affect people with psychiatric disabilities and their ability to integrate fully into their communities. However, these bills do not directly address the current failings of the public mental health system.

This paper examines the health reform bills and their impact on opportunities for community integration for people with psychiatric disabilities. The bills are:

- ◆ The House bill, Affordable Health Care for America Act (H.R. 3962);
- ◆ The Senate bill, The Patient Protection and Affordable Care Act (S. 3590).

Overview

Both bills would enable most people who are now uninsured to get insurance. The bills would result in health care coverage for over 90% of Americans. Both bills would *require* people to have health insurance. People with lower incomes would receive subsidies to help them meet the cost of this insurance. More people would also be eligible for Medicaid, including, for the first time, low-income, single childless adults. The bills also have requirements or incentives for employers to provide insurance (small businesses are exempted).

The bills would all require that health plans meet certain standards and cover mental health and substance abuse services. Other standards address quality-of-care issues, emphasize prevention and have provisions to improve efficiencies in health care delivery.

Access to Private Health Insurance

Most Americans have access to health care through a private health insurance plan — either one purchased by or through their employer or a plan they have purchased themselves. However, many people with psychiatric disabilities are either covered by a public program, such as Medicaid or Medicare, or have no health coverage at all.

Approximately 90% of people with psychiatric disabilities are unemployed. This means they do not have an employer-based health insurance plan. If they try to purchase their own insurance, they find many barriers. Currently, insurers can refuse to sell or renew policies based on a person's health or mental health, deny coverage for any pre-existing condition (thereby failing to pay for ongoing mental health treatment), or issue a policy with limits on the length of covered treatment. Even when such policies can be found, they are often extremely expensive and do not provide good coverage.

Both bills address these fundamental problems and would significantly improve access to health and mental health care for people with psychiatric disabilities. Under these bills:

- ◆ Health insurers would have to sell and renew policies to all who apply (called "guaranteed issue and renewal").
- ◆ Insurers could not deny coverage for a pre-existing condition.
- ◆ No health plan could have a lifetime or annual limit on benefits.
- ◆ Insurers could not charge people with poor health more than others — premiums (the amount a person pays to have insurance) may only vary by a limited amount and only on the basis of a few factors (age, geographic area and family size).
- ◆ Health insurers could not discriminate based on a person's mental or physical disability.
- ◆ Young adults (up to age 26) must be allowed to remain on their parents' health insurance, if their parents so desire.

These provisions would greatly improve access to quality health care and to mental health care for people with psychiatric disabilities who either

have no insurance today or have insurance that is very limited or very expensive. Neither bill requires that individuals lose their existing health care coverage.

Both bills would phase in the new requirements. Many of the changes would occur as early as this year should a law be enacted, but some provisions would be expanded in steps over a longer period.

In order to cover all Americans and ensure that insurance is affordable, the bills require people to purchase insurance. This would be enforced through a new tax penalty on individuals who do not have acceptable coverage, although people who cannot afford a policy would be exempt from this penalty. The Senate bill would charge individuals without insurance a penalty up to \$750 per year; the House bill would assess a penalty of 2.5% of adjusted income.

The House bill requires employers to either provide insurance or pay a penalty (small businesses are exempt). The Senate bill takes a different approach. It requires employers with 50 or more employees to pay the federal government a fee for any employees who receive premium subsidies and prohibits employee-eligibility waiting periods longer than 90 days. This is a weaker requirement because some employers might choose to stop providing insurance to their employees altogether.

Access to Medicaid

Medicaid is designed to meet the needs of people with low incomes and those who have significant disabilities. For mental health, Medicaid covers a wide range of community services that can aid in recovery, including skills training, employment-related services and supported housing, as well as therapy and medications. Its package of services is much broader than the typical private insurance plan. As a result, coverage under Medicaid is often a better option for people with psychiatric disabilities.

Currently, not everyone who needs Medicaid is eligible for the program. Medicaid does not cover most single adults who do not qualify either through disability or as caretakers of children. Both House and Senate bills would expand Medicaid eligibility to cover this group and other low-income people who are not now eligible under their state Medicaid plan.

The House bill would expand coverage to everyone with income below 150% of federal poverty, beginning in 2013.¹ To prevent states from taking people off Medicaid in order to pay for this new group, states would be

required to keep their current eligibility rules.² This means that if the state already covers people with incomes above 150% of poverty, those people will still be eligible for Medicaid.

The Senate bill would also expand Medicaid, but would cover individuals only up to 133% of poverty. Unlike the House bill, it would not provide the same benefits to everyone. Children and families would be given full Medicaid coverage, as would childless adults with incomes up to 100% of the poverty level.³ However, many childless adults with income between 100% and 133% of poverty could have a much more limited benefit. (Everyone who qualifies for Medicaid due to a mental or physical disability would still have full coverage.) This limited benefit must include at least the benefits to be required of private insurance plans, but need not cover all Medicaid services. As a result, individuals with psychiatric disabilities could lack access to the rehabilitation and recovery-focused services normally available to Medicaid recipients. Instead, they might only have coverage of inpatient hospital care and outpatient medications and therapy. Parity for mental health and substance abuse is also required, so these reduced Medicaid plans could not have limits on necessary mental health and substance abuse services.

Expanded Medicaid coverage, particularly the full coverage proposed in the House bill, would be of great benefit to all single childless adults with psychiatric disabilities. Generally, this group can qualify for Medicaid only if receiving federal Supplemental Security Income (SSI) disability benefits. However, many individuals with psychiatric disabilities either fail to qualify for SSI because the rules are so strict or choose not to apply. The House bill would eliminate the SSI requirement for people with incomes under 150% of poverty and the Senate bill would eliminate it for those with incomes under 133% of the federal poverty level. As this requirement often prevents people with psychiatric disabilities from receiving health care, these expansions of Medicaid are very important.

Purchasing Insurance

To help people compare plans and purchase health insurance, both bills would create new entities, which the bills call exchanges (this paper will use that term). The exchange would act as a broker or middleman, through which an individual or a small employer could purchase a plan. Individuals could purchase through the exchange or choose to keep their current insurance or go outside the exchange to purchase a policy.

Initially, the House exchange (full name, the National Health Insurance

Exchange) would offer health insurance choices to individuals who are not already enrolled in other acceptable coverage. Later, small and larger employers would be phased in and able to use the exchange. Although the bill would create a single national exchange, it also gives states the option to develop their own exchange or to join with other states to create a multi-state exchange.

The Senate legislation also sets up exchanges, but these would operate only at the state level and would be effective on January 1, 2014. Individuals and small employers could purchase insurance through these exchanges and, beginning in 2017, large employers could also purchase through the state exchange. As in the House version, the Senate bill also allows states to establish regional or other interstate exchanges.

Individuals who now lack insurance, including people with psychiatric disabilities, would benefit from these exchanges in several ways. The effect of the rules these bills place on policies sold through the exchanges would be to significantly lower the price of good health coverage. There are estimates that an individual would save \$470 and a family of four would save \$1,260 per year in health insurance premiums, even if they do not qualify for subsidies. The savings would be even greater for those who receive subsidies.

The exchanges would also make it easier for consumers to compare health plans and make a good choice. Additionally, all plans that participate in the exchange would have to meet certain requirements, among them providing coverage of mental health and substance abuse services and offering insurance that meets the standards listed above (see bullets under Access to Private Health Insurance). Finally, health plans sold through the exchange would have to meet certain basic standards regarding benefits, marketing, network adequacy and other consumer protections (see below).

The House bill would also authorize a public, government-run health plan option that would be one of the choices offered through the exchange. No one would be required to take this "public option" plan. The plan would have to have the same benefits as the private insurance plans and abide by all the same insurance market rules that apply to the private plans.

The Senate bill would not set up a full-scale public plan, but it would allow states to set up a state plan for individuals with incomes between 133% and 200% of poverty who do not qualify for Medicaid. These plans must meet the criteria required of private insurance plans offered through the exchange with respect to benefits and consumer protections.

In place of a full-scale public plan option, the Senate bill would set up nonprofit, consumer-owned cooperatives to offer alternatives to private plans. The bill provides funds to set up such cooperatives, which would then compete through the exchanges with the private plans. The bill also requires the Office of Personnel Management (OPM) to contract with health insurers to offer at least two multi-state qualified health plans through exchanges in each state, similar to the Federal Employees Health Benefits Program. The House bill also includes a program to support the establishment of member-run, nonprofit health insurance cooperatives that would be available along with the other private and public plans offered through the exchange.

Benefits

All plans offered through the exchanges would have to cover at least a minimum range of services defined by the federal government. The bills include a summary of the services that must be covered, but leave the details to an administrative entity. Plans could, however, have differences in the amount of out-of-pocket payments required (see below).

Both bills require that plans sold through the exchange include mental health and substance abuse services, and that these be at parity with medical/surgical coverage.

The House bill's minimum range of services includes mental health and substance abuse services as well as rehabilitative and habilitative services. House language on the requirement for mental health and substance use parity is very clear and very tight. Plans would also have to cover hospitalization, emergency department services, outpatient services, prescription drugs and preventive services. There can be no cost-sharing for prevention services.

The Senate bill requires parity, but uses different language than the House. The bill requires that mental health and substance use disorder services meet the minimum standards for parity in both federal and state law, "including ensuring that any financial requirements and treatment limitations...comply with [federal parity law requirements]."

Both bills would be of great benefit to people with psychiatric disabilities because, for the first time, consumers could be sure that any health plan they purchase (through the exchange system) will cover mental health and substance abuse services on a par with coverage for medical/surgical services. The bills also require health plans to cover rehabilitation

services. However, this is not defined. It is therefore not yet clear whether psychiatric rehabilitation services would be included in all health plans. However, at a minimum all plans could be expected to offer medications, therapy and inpatient hospital care.

Differences in Health Plans Offered

Although every plan must meet federal standards for the services it covers, the bills would allow plans to differ in the amount they charge consumers. This means that premiums a person must pay to purchase insurance might be different and also the amount of cost-sharing required when services are used might not be the same in all plans.

Under the House bill, each health insurer that participates in the exchange would have to offer a basic insurance policy that meets the federal requirements. It may then offer additional plans with different (higher) cost-sharing required (presumably with lower premiums). Plans could also offer other “premium-plus” plans, which would include additional benefits, such as dental and vision care for adults.

The Senate bill requires health plans to offer four levels of benefits — the differences being the amount of cost-sharing required. All plans in all four levels would still have to meet the requirements described above for the benefit package, including the mental health and substance use services requirements. The Senate bill also would create a special plan for young adults under age 26, which would cover catastrophic health care costs. These plans would have very high deductibles, with no cost-sharing for preventive services, but they would protect young people from having to pay extremely high costs for health care in any one year.

The bills also require health plans to have an adequate network of providers to serve the people they enroll. This could be especially important for those who use mental health services since some health plans now severely restrict the number of providers in their networks, making it hard to get timely appointments.

The exchange would give people with psychiatric disabilities the opportunity to pick the health plan that best suits their needs, based on the level of out-of-pocket payments they feel able to make and the premiums they are willing to pay. This would make it significantly easier for people with mental illnesses to purchase insurance.

Assistance in Picking a Plan

Choosing a health insurance plan can be confusing. The bills therefore attempt to provide help in this process.

Under the House bill, the exchange would provide information and assistance to help consumers compare plans so they can make an appropriate choice. This would include information on benefits, premiums, cost-sharing, quality, provider networks and consumer satisfaction with each plan.

Additional assistance would be available through the exchange, including a toll-free phone line and a website. In addition, the exchange would reach out to certain populations, including people with disabilities and individuals with mental illnesses or cognitive impairments, to help them make a choice.

The bill also requires that plans use non-technical language that is easy to understand in their marketing materials, descriptions of benefits, amount of cost-sharing required for in-network and out-of-network providers, claims information and other documents.

The Senate bill mandates the development and use of uniform documents to describe coverage in order for consumers to more easily understand the terminology and compare plans. These documents must be written in language that is easy for the average person to understand, use standard definitions of terms, include information on the dollar amounts of cost-sharing, and explain exceptions, reductions and limitations on coverage and other important information. Consumers would also receive a link to a web site where a copy of the full coverage policy can be reviewed.

Under the Senate bill, states would receive funds to establish offices of health insurance consumer assistance or for contracting with certain entities to act as insurance navigators. These offices or navigators will conduct public education activities, distribute information about enrollment and premium credits and provide enrollment assistance to individual consumers. Health plans would be required to provide standardized information so that consumers can more easily compare plans.

The House bill would establish a Qualified Health Benefits Plan Ombudsman to assist individuals in navigating the new health reform system and to receive and reply to complaints, grievances, and consumer requests for information.

Health plan descriptions can be very confusing and everyone will benefit from having help in choosing a plan. Outreach to people with psychiatric disabilities, required in the House bill, would be especially helpful and the concept of navigators would be of great benefit to these consumers, particularly those who do not have case managers to help them.

Affordability/Subsidies

Some people would not be able to afford any of the plans but would have income that is too high to qualify for Medicaid. The bills provide for subsidies to individuals and families who are unlikely to be able to purchase a plan. The Senate bill is less generous in terms of these subsidies.

Both bills provide for premium subsidies to help individuals with incomes of 400% of the federal poverty level or less (in 2009, \$43,000 for individuals and \$88,000 for families of four) buy insurance. The amount is different in each bill, with those who have the lowest income receiving the highest subsidies. There is also a limit on the percentage of income that these individuals would have to pay to purchase insurance. Small employers are also eligible for premium subsidies.

Both bills also subsidize other cost-sharing requirements, such as co-payments, for low-income people. The Senate bill would provide these subsidies to people with incomes at or below 200% of poverty. The House bill would provide tax credits for premium and out-of-pocket costs for individuals and families with incomes up to 400% of poverty.

An important provision in both bills limits the total of out-of-pocket costs for individuals and families with incomes up to 400% of poverty. Those with the lowest incomes would pay no more than \$500 a year (\$1,000 for family coverage); this rises in steps so that people with incomes at 400% of poverty would pay no more than \$5,000 a year (\$10,000 for family coverage) under the House bill. The Senate bill limits annual out-of-pocket spending to up to \$3,987 for an individual and \$7,973 for a family, depending on income.

Limiting out-of-pocket spending is critical for people with any serious illness. For individuals with mental illnesses who require regular care, co-payments mount up quickly and can present significant financial problems. Whether the proposed caps and the other affordability provisions of the bill are sufficient to make care accessible is still a question, but clearly limiting total out-of-pocket spending is vital to ensure that access to care is

affordable.

Prevention and Wellness

The bills place an emphasis on prevention by limiting cost-sharing for prevention services, promoting increased research into effective prevention strategies and expanding prevention services.

Both bills would set up a Prevention and Wellness Trust to fund prevention activities and develop a national prevention and wellness strategy. They would require the federal government to undertake reviews of existing preventive services that should be implemented at the community level. The new emphasis on prevention would include attention to mental health, and the federal Substance Abuse and Mental Health Services Administration would be involved in development of the national strategy. Employers would receive grants for implementing qualified wellness programs and Medicare and Medicaid would cover only proven preventive services, which would not require cost-sharing by the consumer.

Both the House and Senate bills would amend Medicaid to promote coverage of preventive services that meet certain standards of effectiveness. There could be no cost-sharing for these Medicaid services. Tobacco-cessation products must also be covered.

Under the Senate bill, Medicare would cover a comprehensive health-risk assessment and the creation of a personalized prevention plan. Under both bills, individuals who successfully complete specific healthy lifestyle programs targeting risk factors such as tobacco use or high blood pressure would be eligible for incentives.

The Senate bill would also create a National Prevention, Health Promotion and Public Health Council to develop a national strategy for disease prevention and health promotion and to improve the public health system. Additionally, both bills would establish separate task forces on both clinical and community preventive services to review scientific evidence about preventive services and give providers technical assistance and recommendations on best practices. Other prevention-oriented grants are authorized by the bills, which also would increase funding for research on evidence-based prevention practices.

People with serious mental illnesses are at great risk for many preventable diseases. Increased access to services that can prevent diabetes, heart disease and cancer could greatly improve the lives of people with severe mental illnesses. Numerous studies show that co-

payments deter people from getting preventive care, and are particularly a problem for people with little discretionary income, including those with psychiatric disabilities. Research on successful prevention strategies is also critical to determine how best to prevent and intervene in the course of mental illnesses.

Integration of Mental Health with Health Care

Both bills would support new ways of delivering health care that give consumers access to more coordinated services.

The House bill expands and reorients the medical home demo and establishes a new medical home pilot program in Medicare. It also establishes a five-year pilot program in Medicaid to fund medical homes for high-need beneficiaries, likely including people with psychiatric disabilities. Medical homes provide primary health care services and coordinated linkage with specialty care. For people with psychiatric disabilities, a medical home could be a community mental health agency that offers primary care services on site. Where these programs exist, they have been found very effective in treating the medical and mental health needs of individuals with serious mental illnesses in a coordinated way. Community agencies, such as community mental health centers, could qualify as medical homes under this program.

The Senate bill would create health care homes in Medicaid for people who have more than one chronic condition. These entities would provide comprehensive care management, coordination and referrals to appropriate services. Consumers with psychiatric disabilities would be eligible for these health care home services, and community mental health centers would be among the providers that may qualify to be a health care home.

The Senate bill includes \$50 million for grants from the Substance Abuse and Mental Health Services Administration for co-locating primary care on-site in community mental health agencies. This would also provide coordinated and integrated services. It would also encourage health plans to provide more comprehensive care through medical homes and other approaches, such as case management, care coordination and chronic disease management.

Under the Senate bill, other innovations, like Community Health Teams, would be established to develop integrated provider teams that include primary care providers and specialists, such as mental health providers. These teams would be patient-centered and holistic and include community

programs and approaches to promote wellness.

Effective integration of medical and mental health care helps to promote the best outcomes. For mental health consumers, integrated care can reduce the health disparities that result in the death of people with serious mental illnesses 25 years earlier, on average, than the general population.

Improvements to Medicaid

In addition to addressing the need for everyone to have access to health care coverage, the House bill and the Senate bill would make important changes to the Medicaid program, including several that would have an impact on people with psychiatric disabilities.

Both bills require state Medicaid programs to cover preventive services with no cost-sharing. The House also would pay for tobacco-cessation programs and products, while the Senate bill only requires states to cover tobacco-cessation services for pregnant women. Individuals with psychiatric disabilities smoke at rates two times higher than other people and have high mortality rates from lung cancer and stroke as a result. Access to tobacco-cessation products might help them give up smoking.

The House bill includes clarification that therapeutic foster care is a covered Medicaid service — a provision that would be of great benefit to children with serious mental disorders. The House bill also allows for temporary suspension of Medicaid for juveniles in correctional facilities (instead of termination of benefits).

Both bills also include a new voluntary long-term care insurance program, The Community Living Assistance Services and Support (CLASS) Act, that would help address both Medicaid's institutional bias and individuals' need to impoverish themselves in order to receive necessary care services and supports.

The Senate bill would encourage better care of individuals who are eligible for both Medicare and Medicaid by making prescription drugs more affordable. Access to medications in the class of benzodiazapines and barbiturates, currently included in the list of excludable drugs in Medicaid, would be improved. The bill also includes provisions to streamline the Medicaid application process. Currently, the enrollment process is protracted and complex and often deters eligible individuals from applying. Streamlining it will lower barriers to enrollment by people with psychiatric

disabilities.

The Senate bill includes a new Medicaid state plan option to provide for community-based attendant services and support services to individuals who are eligible for nursing home, ICF/MR or other institutional-level of care, complementing the goals of the Supreme Court's *Olmstead* decision.

Changes to Medicare

Both the House and Senate bills would make significant changes to Medicare. Both address the gap in coverage under Medicare Part D (prescription drug coverage), which occurs after consumers have purchased drugs that cost up to a certain amount. At that point, the consumer must pay the entire cost of the medication until out-of-pocket costs reach a certain level (this is often called the "doughnut hole"). Then their Part D coverage resumes. The House bill would eliminate the gap entirely in stages, while the Senate's would allow people with low and moderate incomes to receive a 50% discount on the price of a brand-name drug while in the coverage gap. The House bill would result in elimination of the gap by 2019. The House bill would also ensure that drug manufacturers give Part D plans the best discounts on the price of the drugs, thus lowering consumers' costs. Both bills would also increase low-income subsidies for the Part D drug program.

A significant proportion of people on Medicare because of a disability have psychiatric disabilities and are on Medicare because they receive Social Security Disability Insurance. Their income tends to be low and the "doughnut hole" is a serious burden for them. The changes to the Part D benefit would greatly benefit them.

Both bills would also eliminate cost-sharing for Medicare prevention services. The House bill would add coverage for services provided by mental health counselors and marriage and family therapists to the Medicare program.

Consumer Protections

Both bills address the need for information to be presented to consumers in a way that is clear and understandable. In addition, they require appropriate ways to appeal decisions that consumers believe are not justified.

The House bill requires health plans to use non-technical language in

plan documents. This would apply to marketing materials, descriptions of benefits and cost-sharing, and other materials.

The Senate bill requires materials used to help consumers choose a health plan to be understandable. Materials would have to be simple. Descriptions of plans would need to make it easy for consumers to compare and choose a plan.

The House bill sets standards for a health plan's internal grievance and appeal mechanisms and also requires an external review process by reviewers who are independent and not financially tied to a health plan. It would create a federal Qualified Health Benefits Ombudsman to assist individuals in navigating the new health reform system. The Ombudsman would receive complaints, grievances and requests for information from individuals.

Under the Senate bill, states would be required to set up programs, such as navigators and offices of health insurance consumer assistance, to address consumer complaints. Each plan would also need to have an internal claims appeal process.

All of these provisions would help consumers, including individuals with psychiatric disabilities, to have information that is clear and understandable. The House bill would also greatly benefit consumers if they have disagreements with their health plan.

Mental Health Policy Changes

The House bill would amend the Mental Health Block Grant program to create a new organization — a Federally Qualified Behavioral Healthcare Center (FQBHC). An FQBHC must provide person-centered services, including peer support, rehabilitation and other intensive community services for people with mental illnesses. It would also have to offer basic primary care services.

This provision should expand the number of comprehensive programs providing quality mental health care and primary care to people with psychiatric disabilities.

Quality Improvement

Improving the quality of the services delivered by our health care system is a priority in health reform. In addition to the changes in Medicare and Medicaid, described above, the bills all include a focus on quality.

The House bill would encourage best practices in the delivery of health care by creating a Center for Quality Improvement that would identify, develop, evaluate and help implement best practices, including best practices in mental health. The center would prioritize services that have the greatest impact on outcome and consumer satisfaction and that promote coordination of care and engage patients and their families in improving care and outcomes. There would be a focus on chronic diseases. The bill would also fund research to compare different treatments to determine which is most effective. A separate new federal office would track and report on key health indicators.

The Senate bill would encourage improved health care quality through various initiatives in the Medicare and Medicaid programs. It directs the Department of Health and Human Services (HHS) to focus on improving quality. It would set up a Patient-Centered Outcomes Research Institute to support research on improving quality, appropriateness and effectiveness of health care services. Results would be available to consumers as well as clinicians and the public. The bill also encourages mechanisms that would link payment to outcomes, to reward good practice. HHS would receive additional resources to develop a national quality strategy and establish an interagency federal working group on quality care.

The Senate bill includes incentives for coordinated care across a range of health care settings and the testing of new patient-centered payment methods to encourage evidence-based, coordinated care, particularly under Medicare.

Both bills also encourage research, screening, education and treatment of postpartum depression, authorize grants to promote positive health behaviors and outcomes, encourage coordinated and integrated health care, and promote interdisciplinary training of mental health professionals.

There is a great need to improve the quality of services for people with psychiatric disabilities. The provisions in these two bills could be of substantial help to individuals with psychiatric disabilities.

While mental disorders are not specifically mentioned in a bill's quality assurance section, it is extremely likely that they would be a significant focus of a quality improvement initiative. This is because mental health disorders are the leading cause of disability for individuals between ages 15-44. In addition, serious mental illness is costly to treat, results in significant losses in productivity as people are unable to work, and increases other government costs like disability benefits, housing subsidies, social services, etc.

The research into effective services included in the bills would also be likely to include a focus on evaluating mental health services so as to improve care, particularly since the prestigious Institute of Medicine recently listed a number of behavioral health disorders and treatments among its top 100 priorities for comparative effectiveness research.

Conclusion

Overall these bills would greatly benefit individuals with psychiatric disabilities by:

- ◆ Expanding access to health insurance coverage (through both private plans and Medicaid) and making it more affordable and quality-driven.
- ◆ Setting standards for health insurance policies so as to protect consumers.
- ◆ Setting minimum requirements regarding services that health plans must cover and including mental health and substance abuse services in that mandate.
- ◆ Making changes to Medicaid and Medicare that will benefit persons with disabilities, including individuals with psychiatric disabilities.

Encouraging more coordinated primary care and specialty mental health care, promoting preventive services, fostering workforce development initiatives, and making other changes designed to improve the quality and availability of services that people receive.

Notes

- 1 In 2009, \$16,200 for individuals and \$33,100 for a family of four.
- 2 State eligibility rules must not be more restrictive than they were on June 16, 2009.
- 3 In 2009, \$14,400 for individuals and \$29,300 for a family of four.