



ABHW

Association for Behavioral
Health and Wellness

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

March 22, 2017

The Honorable Paul Ryan, Speaker
U.S. House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Kevin McCarthy, Majority Leader
U.S. House of Representatives
H-107, The Capitol
Washington, DC 20515

The Honorable Nancy Pelosi, Democratic Leader
U.S. House of Representatives
H-204, The Capitol
Washington, DC 20515

The Honorable Steve Scalise, Majority Whip
U.S. House of Representatives
2338 Rayburn House Office Building
Washington, DC 20515

The Honorable Steny Hoyer, Democratic Whip
U.S. House of Representatives
1705 Longworth House Office Building
Washington, DC 20515

Dear Speaker Ryan, Majority Leader McCarthy, Democratic Leader Pelosi, Majority Whip Scalise, and Democratic Whip Hoyer:

I am writing on behalf of The Association for Behavioral Health and Wellness (ABHW) to share our views on the American Health Care Act (AHCA) and manager's amendment. We are concerned that the legislation's changes to our health care system will hamper the improvements that have been made in recent years to support the mental health and substance use disorder (MH/SUD) population in our country.

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disorder (of whom about 222,000 have an opioid disorder), would lose some or all of their coverage if the ACA is fully repealed.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 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 the AHCA's reconfiguration of the Medicaid program and elimination of Essential Health Benefits (EHBs) in Medicaid alternative benchmark plans – including mental health and addiction coverage. One in five of Medicaid's nearly 70 million patients has a MH/SUD diagnosis. 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.

The 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.

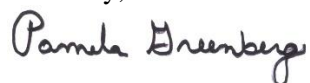
EHBs are of great advantage for people with behavioral health illness because they guarantee insurance coverage for MH/SUD. Because 25% of the population has a mental illness, and a mental illness or substance use disorder can arise at any time, MH/SUD treatment services are a crucial piece of health care coverage. The rising opioid crisis in our country provides even more reason to grant appropriate access to MH/SUD treatment. Sunsetting EHBs will eliminate coverage for a large portion of the MH/SUD population. 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 are pleased to see that your bill allows children to stay 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. Banning discrimination based on preexisting conditions is also beneficial to this population.

Thank you for your consideration of our concerns; we look forward to working with you on these and other issues impacting behavioral health. In closing, we would like to remind you that the changes outlined above will negatively impact the millions of Americans with mental illness and addiction and will result in a step backward from the positive gains from the bipartisan 21st Century Cures Act and Comprehensive Addiction and Recovery Act enacted last year. If you have any questions, please contact Rebecca Murow Klein on my staff at klein@abhw.org or (202) 449-7659.

Sincerely,



Pamela Greenberg
President and CEO