MENTAL AND BEHAVIORAL HEALTH SERVICES

THE ISSUE
Access to mental and behavioral health services is a serious issue currently facing the U.S. health care system. Even as the nation has taken great strides over the past several years to expand coverage and drastically reduce the number of uninsured, access to mental health services and substance use disorder treatments continues to lag behind. According to the National Alliance on Mental Illness, one in five adults— and one in five children aged 13-18—experiences mental illness in the U.S. in any given year. In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that over 20 million Americans had a substance use disorder, and nearly 8 million of those also suffered from mental illness.

The mental and behavioral health care system in the U.S. need better integration and care coordination, especially considering the current opioid epidemic. A severe lack of resources, both in financing and access to care, leaves too many behind during times of crisis. Patients suffering from one, or several, conditions often slip through the cracks of a health care system that separates physical and mental care instead of treating individuals with a coordinated and holistic approach. This problem is exacerbated by public and private insurance programs and billing systems, which all too often do not provide easy access to mental health and substance use disorder services, or make paying for treatment needlessly complex.

Additionally, threats to the Medicaid program in the form of potential block grants and per capita caps would further undermine mental health and substance use disorder services. Medicaid supports a full continuum of care that spans addiction prevention, treatment and recovery support services. However, states are not required to maintain these services in the face of budgetary challenges or cuts to federal funding resulting from structural changes to the Medicaid program.

MINISTRY TRADITION
Catholic health providers are inspired by the social teachings of the Church, which affirm that each person is created in the image of God; that each human life is sacred and possesses inalienable worth; and that health care is essential to promoting and protecting the inherent dignity of every individual. We also recognize that supportive and readily available mental health services and substance use disorder treatments are essential facets of holistic, person-centered and effective health care. The first principle in our Vision for U.S. Health Care affirms our call to pay special attention to those most likely to lack access to health care, many of whom are in desperate need of mental health and substance abuse services. This commitment is why the Catholic health ministry strongly supports efforts to increase access to these services and ensure that they become fully integrated into our health care system.

CHA’S POSITION AND ACTIVITIES
CHA has supported efforts to reform the fractured mental health care system and improve access to substance use disorder treatment, most recently in the Support for Patients and Communities Act of
2018. We continue to support these efforts through further legislative and regulatory measures, including:

- The Overdose Prevention and Patient Safety Act (HR 2062) and Protecting Jessica Grubb’s Legacy Act (S 1012). This legislation would allow the appropriate sharing of substance use disorder records, to ensure persons with opioid and other substance use disorders receive integrated care while also protecting their privacy.

- Legislation to eliminate the Medicaid IMD payment exclusion. Under current law, adults who are residents in Institutions for Mental Disease (IMDs) do not qualify for Medicaid benefits. While a limited exception to this exclusion was included in the opioid legislation, it is very narrowly tailored for substance use disorder treatment. At a minimum, individuals in short stay IMDs should be able to qualify for Medicaid coverage of inpatient psychiatric hospital services and psychiatric residential treatment facility services.

- Legislation ensuring Medicaid coverage of mental health services and primary care services furnished on the same day. Under current law, some states have Medicaid prohibitions on a provider’s ability to bill for a mental health service and a primary care service for the same individual on the same day.

- Measures that support innovative solutions to improve the mental health care system, including training and support for first responders; increased use of care coordination among psychiatrists and psychologists, clinicians, addiction specialists, clinicians, nurses, social workers, community health workers and others; and initiatives such as telehealth to provide care to a wider spectrum of patients.