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Health Care Reform-Implications for Recovery-

Patient Protection and Affordable Care Act

What Does It Mean?

(Draft 2)

An accessible, affordable and quality health care system is to become a possibility for the American public.

The ***Patient Protection and Affordable Care Act*** was signed into law by President Obama in March 2010. It is modeled after the Massachusetts' Health Reform Act of 2006. The act will be phased-in over a 10 year period with an emphasis on promoting health, wellness and preventive care. The goal is to address the inequities, failures and frustrations of the previous illness based model of health care.

The Paul Wellstone and Pete Domenici *Mental Health Parity and Addiction Equity Act* is included in health care reform.

- It has the potential of impacting the lives of millions of underserved individuals with mental health and substance use disorders.
- It is estimated that 32 million Americans will gain access to health care by 2014.
- And, that a treatment gap of the approximately 20 million Americans currently addicted to alcohol and/or other drugs will be addressed.
- Currently, only one in 10 receive the appropriate treatment.

How will this happen?

- Although the federal law was modeled after Massachusetts's health reform law there are differences that will need to be reconciled.
- In general states will need to create the minimum standards that the Federal Law has legislated.
- The Massachusetts state policies will be preserved.
- Implementation will be complex and will evolve over time. Not all the rules and funding are in place.

Some of the major principles guiding federal and state decisions that will be phased- in over the next decade:

- **Affordability Issues**- Health care will be made possible to another approximately 30 million Americans by:
    - **Expanding Medicaid eligibility** to all newly eligible parents and childless adults and to all Americans **below the 133%** federal poverty level.
    - **Providing tax credits** to low- income individuals and small businesses to purchase insurance
    - **Encouraging the creation of state-level** health insurance marketplaces called **"Exchanges "** which would pool the resources allowing for economies of scale and more affordable health insurance for small businesses and individuals
    - **Penalizing large employers** who do not offer insurance to their employees, or individuals who choose not to obtain insurance.
    - **Extending coverage to young adults** by enabling them to remain on their parents plan until their 27th birthday.
    - **Eliminating lifetime limits** and restricting annual limits on health care insurance policies
    - **Prohibiting insurers from charging higher premiums** based on health status or gender
    - **Minimizing the "donut hole"** for individuals enrolled in Medicare Part D. Prescription drugs will no longer incur huge out-of-pocket spending for those reaching their prescription drug coverage limit. The Affordable Care Act provides for a 50% discount on covered brand-name drugs beginning in 2011 and discounts will increase until 2020
    - **Medicaid subscribers' pharmacy costs will be more** affordable due to Federal pricing limits on prescription drugs and by increasing rebates for outpatient medications.
    - **Annual out-of-pocket expenses** (such as those incurred by persons managing chronic conditions) will follow certain guidelines and be capped at $5,950 for an individual and $11,900 for families by 2014.

- **Equity Issues Addressed**
    - **No pre-existing condition**, including addiction and mental health will exclude an individual, including children, from obtaining health-insurance coverage
    - **All plans must include mental health and addiction disorder** services on par with that offered for other medical and surgical conditions.
    - **Individuals in the criminal justice system** will be able to access appropriate care
    - **Outlawing the cancelation of insurance** due to an illness

- **Delivering Quality Service by emphasizing patient centered preventive and well care**.
    - **Provision of on-line individual and family** friendly plan comparison tools.
    - **Establishment of a national prevention council** with Substance Use Disorder(SUD) as a priority concern. SAMHSA's Substance Abuse Mental Health Substance Abuse Services Administration input on SUD and mental illness will be mandated.
    - **Providers are to be given adequate education and training** in the diverse settings in which they will encounter individuals with specific service needs. Such settings may include schools, juvenile justice facilities, clinics, homes, and underserved areas.
    - **Interdisciplinary care training grants for programs** to educate primary care providers about SUD and mental health issues with training to prescribe referrals for more intensive services when needed and to be educated in preventive care.
    - **Creation of "Health Care Homes" where multiple specialists**/providers and families collaborate to improve the quality of life for individuals with chronic or complex conditions.
    - **Preventive screening for mental health and addiction** are to be covered reimbursable services for adults, adolescents and children. Developmental screening and psychosocial/behavioral assessments for all children are included.
    - **Establishment of Community health teams** to support medical homes
    - **Special workforce initiatives for addiction disorder development** grants covering prevention,

- **Recommendations for Quality Services**
    - **Involve SAMHSA** to develop and implement quality outcome measurement tools emphasizing evidence based practices.
    - **Work with Single State (addiction centered) Agencies** to effect policy changes at the community level and to work to ensure that insurance providers include the essential services in their packages
    - **Encourage data management of outcomes** to assess quality and implementation of electronic records to facilitate program delivery and analysis of outcomes

- **Challenges: Vigilance and Creative Solutions to Protect Individual and Families Rights.**
    - **Definitions of "medically necessary"** - for determining level of care must be determined in the interest of best possible treatment individualized vs prioritizing cost containment
    - **Prevention of Service gap, which may** result from modeling the "exchange" plans after private insurer offerings (who are not required to offer certain services). These gaps may be imposed on those with

the severest conditions needing residential, detox and other support services.

- **Helping states with the huge task of raising revenues** to fund the expansions in eligibility. Defining shared responsibility between federal and state funding sources.
- **Finding a way to manage the unfunded mandates** for 30 Centers of Excellence for Bipolar and Depression research and treatment.
- **Enforcing parity laws for Addiction** and Mental health services
- **Facilitating access to Addiction** and mental health services for very low-income consumers by addressing co-pay and deductible fees

Maintaining Substance Abuse Block Grant to Address The Above should be reviewed

- **Addressing workforce shortages** such as nurse care managers knowledgeable in suboxone, addiction clinicians certified and insurance reimbursed, and medical professions ceritified in addiction.
- **Finding ways to bridge the gap in coverage** during times when individuals are engaged in increased use of substances, have relapses, are involved in the criminal justice system, have co-occurring disorders or homelessness.
- **Improve coordination** among providers and agencies
- Making sure that creation of "medical homes do not undue the years of hard won recognition for the "recovery model"

- **Summing it Up With Action Thoughts and Movement - Your Thoughts**
  - **People in the criminal justice system** with mental illness and addiction will have access to care.
  - **Medicaid coverage will be extended** to a large number of uninsured adults who will be guaranteed coverage for addiction and mental illness
  - **The federal government will pay** the lion's share of the costs of the expansion – relatively small state investment
  - **Making services and resources** available that people can use to meet their needs.
  - **Making sure Peer Recovery Support is maintained**, and the and Peer recovery coach service role is honored.
    with recovery support organization and peer accreditation.
  - **Reinforce Recognition of Recovery community** centers
  - **Expand Recovery Oriented Systems of** Care with emphasis on community involvement in prevention, treatment, and recovery helping individuals/families/communities initiate, sustain, and honor long-term recovery

- **Supporting Organized recovery community organizations** to become change agents

  - to meet locally to determine common agenda items under health reform
  - to develop relationships with elected, appointed and state officials
  - to meet with state officials; influence the development of rules and regulations for state exchanges to promote the use and benefit of peer recovery support services

All to Make Sure that the

- **Institution of the best possible regulations** and policy choices at the federal and state levels

Your Voice Counts

- For helpful information on specific aspects of Health Care Reform and to find providers, recovery support services, advocacy and rules: www.

  - HealthCareReform - Mass.Gov
  - HealthReform.gov
  - NAADAC.ORG/ADVOCACY
  - FacesandVoicesofrecovery.org
  - www.moar-recovery.org

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