

Co-Sponsor S. 1136

The Mental Illness Chronic Care Improvement Act of 2009

Addressing chronic diseases, such as mental illnesses and co-occurring addiction, must be a priority given the high costs associated with chronic diseases. At the same time, data showing the high co-occurrence of mental illness and/or substance use disorders and chronic physical health conditions indicates the vital need for funding to support collaborative relationships between primary care and behavioral health providers. For this reason, **the National Council and its member agencies strongly encourage Members of Congress to sign on as a co-sponsor of the Mental Illness Chronic Care Improvement Act of 2009, S. 1136.**

HEALTHCARE REFORM MUST INCLUDE CHRONIC DISEASE MANAGEMENT

Research evidence shows the growing impact of chronic diseases, such as major depression and addiction, on overall healthcare spending and productivity. According to the Medical Expenditure Panel Survey, health care spending for individuals with chronic conditions represents 78 percent of all health care spending.ⁱ Nearly 20 percent of all Medicaid hospital costs and nearly \$1 of every \$4 Medicare spends on inpatient care is associated with substance use.ⁱⁱ Among all chronic diseases, depression is the leading cause of productivity loss among workers and when employees with a chronic physical condition also have a mental health disorder, they are more likely to miss work than those who do not.ⁱⁱⁱ

MENTAL ILLNESS CHRONIC CARE IMPROVEMENT ACT OF 2009

S. 1136, introduced on May 21 by Senator Debbie Stabenow (D-MI), would authorize a new \$250 million, 4-year, Medicaid demonstration program in up to 10 States to improve the health outcomes and satisfaction of individuals with chronic mental illness, “such as schizophrenia, schizoaffective disorder, bipolar disorder, major clinical depression, or such conditions with co-occurring substance abuse disorders.” States also have the option to expand their demo to other populations with mental illness or substance use disorders. Providers, such as Community Behavioral Health Organizations, would serve as the care coordination and managing entity.

S. 1136 provides a unique opportunity to coordinate care for individuals with mental illnesses and co-occurring substance use disorders within the Medicaid program. The National Council and its membership strongly support the authorization of the Mental Illness Chronic Care Improvement Act of 2009.

- i* Medical Expenditure Panel Survey (MEPS). From: *Justification for Budget Estimates for Appropriations Committees, Fiscal Year 2000*. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/about/cj2000/cjmeps00.htm>
- ii* Addictions Treatment: When Knowing the Facts Can Help, http://www.ireta.org/budget/ireta_addiction_facts.pdf
- iii* 2009 Almanac of Chronic Disease. Partnership to Fight Chronic Disease. http://www.figthtchronicdisease.org/pdfs/PFCDAIManac_Final2.pdf



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Sign on as a co-sponsor in support of the Mental Illness Chronic Care Improvement Act of 2009

