

# Health Care Reform Update

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## End Result of Reform

- More public MH system-eligible individuals will have coverage under Medicaid and private insurance
- States will need to expand capacity considerably to meet demand
- For IP and basic OP, individuals might choose to go outside public system
  - How to coordinate when they need additional services may become an issue

# Side-by-Side Comparison Chart

[http://www.thenationalcouncil.org/galleries/policy-file/House\\_Senate%20HC%20Reform%20Bill%20Comparison.pdf](http://www.thenationalcouncil.org/galleries/policy-file/House_Senate%20HC%20Reform%20Bill%20Comparison.pdf)

## Senate & House Update

- On Nov. 7, House passed the Affordable Health Care for America Act (HR 3962)
- On Nov. 21, Senate agreed to begin floor debate of the Patient Protection and Affordable Care Act (HR 2590)
  - Over the weekend, Majority Leader Reid agreed to drop any version of the public plan option (inc. Medicare buy-in) to secure needed votes
  - Reid hopes to vote to approve bill by Christmas
- Uncertainty about whether there will be a conference process

# The Basics

- Medicaid expansion: Up to 133 (or 150?)% of FPL
- Young adults could stay on parents' plan until 26.
- Immediately creates a high-risk insurance pool to cover people with pre-existing conditions until 2014.
- Creates individual/small group market exchanges
  - Essential benefit package includes “mental health and substance use disorder services, including behavioral health treatment” and rehabilitative & habilitative services
  - Applies parity to all products offered in the exchange

# Specific Provisions

- \$25M State Option to Provide Health Homes to Individuals with Chronic Conditions
  - Includes mental health conditions and substance use disorders
- Grants for co-locating primary and specialty care in community-based mental health settings
  - \$50M in 2010
  - For adults with MI with co-occurring primary care conditions and chronic diseases.
- CLASS Act
  - Establishes a new voluntary long-term care insurance program

# Specific Provisions

- IMD Emergency Care Demo: Creates a \$75M 3-year demo project for test reimbursement of private psychiatric hospitals for the stabilization of emergency medical conditions
- Codifies the Six Protected Classes in Medicare Part D program

## Some Danger Going Forward

- SMHAs will need to hold on to current funding as legislatures may see opportunity to withdraw funds
- Federal advocates will have to ensure SAMHSA funds are similarly maintained

# Next Healthcare Reform Update Webinar

Save the Date: December 29, 2pm EST

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