

Mental Health Care and Substance Use Treatment Must Be Defined as Essential Health Benefits

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The Assembly Health and Senior Services Committee recently passed Assembly Bill 2171, which would create a statewide health insurance exchange as part of the healthcare reform under the Affordable Care Act. An essential component of creating an exchange is the Essential Health Benefits package (EHB). The EHB will govern what is the package of health benefits that certain health plans must cover including those that are to participate in the health insurance exchange, beginning in 2014.

Despite the U.S. Department of Health and Human Services' December 2011 bulletin providing states flexibility in defining the minimum benefits package, NJAMHAA CEO Debra L. Wentz, Ph.D. believes that a prescriptive federal definition of the EHB package should ensure that mental health and substance use disorders are comprehensive and provide for the full continuum of medically necessary services, including both rehabilitative and habilitative services that make living in the community possible for many.

The Affordable Care Act mandates that the Essential Health Benefits package include mental health and substance use disorders at parity with other medical illnesses based on the federal parity requirements. "Absent further clarification on the floor that each of the potential benchmark plans must cover for mental health and substance use disorders, there is a real risk that coverage for these illnesses will fall far short of the intent of the U.S. Congress to ensure that individuals with these disorders are not denied coverage," Dr. Wentz said.

New Jersey's treatment gap for mental health and substance use treatment is significant. One in five people have a serious mental illness and less than one third of them are able to access care, and 800,000 New Jersey residents have a substance use disorder yet less than 7 percent of them are receiving the treatment they need. "The vast majority of people in New Jersey with these behavioral health issues are unable to access treatment. This comes at a high human and financial cost as they end up in crisis and accessing the most costly services such as emergency rooms, state and county psychiatric hospitals or end up incarcerated or homeless," Dr. Wentz said.

Dr. Wentz calls on the State to ensure that the full range of services covered in the medical/surgical arena also apply to mental health/substance use benefits as well. Historically,

insurers have discriminated against individuals with these disorders and because of the current lack of clarity in the regulatory structure of the federal parity law – including scope of service, non-quantitative treatment limits, disclosure of medical criteria, and Medicaid managed care parity – the Essential Health Benefits regarding behavioral health benefits cannot be effectively implemented, noted Dr. Wentz.