The Affordable Care Act and Mental Health Care Coverage: Implications for Survivors and Opportunities for Advocates

A Question & Answer with Sarah Steverman, Director of State Policy, Mental Health America

Access to health and mental health care is a critical issue for survivors of domestic violence, many of whom experience the health and mental health consequences of abuse. The Affordable Care Act (ACA)—while it does not guarantee comprehensive healthcare coverage for all Americans—has the potential to make some significant improvements in access to mental health coverage as well as to increase access to health care for people diagnosed with mental illness or who are experiencing psychiatric disability. It is therefore important for those working in the DV field to stay informed of the potential benefits of the ACA for survivors as well as to partner with mental health advocates to take advantage of opportunities created by the ACA to advocate for health and mental health care.

As the ACA shifts access to health and mental health care in this country, the DV field may also have opportunities to advocate for a broader reform agenda—for a health and mental health system that is truly trauma informed and responsive to the needs of domestic violence survivors and their children.

The Center Quarterly will cover topics relevant to the ACA, with a specific emphasis on mental health and substance abuse and the implications for survivors. For this issue, we asked Sarah Steverman, Director of State Policy at Mental Health America, to answer a few questions related to the benchmark benefits and essential benefits provisions of the ACA.
Mental health and substance abuse disorder treatment is one of the ten “essential health benefits” designated under the ACA. That means that every insurance plan that is sold through the insurance exchanges must provide coverage for these services. But who decides what must be covered?

Each state will have an insurance exchange, or a marketplace where consumers can go to purchase health insurance in a transparent way. As you stated, mental health and substance abuse disorder treatment must be offered in all of the plans sold in the exchange. Some states will operate their own exchanges and some will rely on the federal government to operate them, but each state will have the opportunity to determine exactly what types of coverage will be required of plans sold through their exchange, within the guidelines provided by the ACA and the federal Department of Health and Human Services (HHS). HHS will ultimately need to approve states’ plans, but states will have flexibility in their determination of the coverage requirements within each of the essential benefit categories.

Any plan provided in the exchange, however, will be required to comply with the 2008 Mental Health Parity and Addiction Equity Act. This statute requires plans to offer mental health and substance abuse disorder treatment at parity with, or equal to, the coverage offered for medical/surgical benefits. The details of the parity requirements that were included in the law and a subsequent regulation from the federal government will serve as a minimum requirement for the mental health and substance use benefits offered in the exchange plans.

Given the flexibility that states have to determine coverage and the need to scrutinize states’ plans for their compliance with parity, advocacy by the mental health, substance use, and DV communities at the state level is crucial. State and local advocates, with the assistance of national level partners, should be assessing their states’ plans for mental health and substance use coverage, and promote the inclusion of services that are comprehensive and include prevention, early intervention, and trauma-informed treatment.

By September 30, 2012, states are required to select their benchmark benefit plans. What is the significance of the benchmark plan?

A benchmark plan is an insurance plan that has already been established that will serve as the basis for the plans offered in the state exchanges. HHS has provided states with ten possible
plans to choose from in order to use as the benchmark. The chosen plan must cover each of
ten essential health benefits (EHB) specified in the ACA, including mental health and
substance disorder services, or else the missing benefits must be added. States have the
option of choosing from one of the three largest small group plans in the state by enrollment,
one of the three largest state employee health plans by enrollment, one of the three largest
federal employee health plan options by enrollment, or the largest HMO plan offered in the
state’s commercial market by enrollment. If these plans do not include all of the ten essential
health benefits and meet parity requirements, those benefits must be added before it can serve
as the benchmark. Additionally, if a state fails to make that selection by September 30th, HHS
will use the largest small group plan in the state as the default benchmark plan.

Mental health advocates spent the summer assessing the ten benchmark plan options in their
states and determining which plan will provide the best standard for people with mental health
and substance use conditions. After states submit their plan selections to HHS at the end of
the month, advocates will have the opportunity to take a closer look at the selected benchmark
plan and advocate for the addition of covered benefits in order to bring the benchmark plan
into compliance with the ten essential benefits and federal parity requirements. The mental
health and substance use community will be interested in partnering with the DV community to
ensure that the final benchmark used for all plans participating in the exchange is adequate
and comprehensive.

Will the essential health benefit and federal parity requirements apply to all insurance
plans? Are Medicaid plans required to comply as well?

All plans sold on the individual or small business market will be required to comply with the
exchange requirements. Insurance companies will not be allowed to offer a less
comprehensive plan outside the exchange, which could result in plans being sold to
consumers without a full understanding of which services are not covered or the fees that
might apply when treatment is accessed.

As those states that will be participating in the Medicaid expansion programs begin to establish
their plans for expanding Medicaid coverage to all individuals who make between 0-133% of
the federal poverty level, they will be utilizing a benchmark plan to determine covered services.
Although the benchmark plan used for this may be different from the one used in the
exchange, there will be a standard established in each state to require mental health and
substance abuse disorder benefits to be offered at parity to the Medicaid expansion
population. Further guidance on these requirements is forthcoming from the federal
government, and states will be expected to make more decisions about the design of the
plans. The mental health, substance use, and DV communities should be aware of
opportunities to be involved in the plans for the Medicaid expansion benefits.

What can the DV field do to support the efforts of mental health advocates working to
make sure that the essential health benefits for mental health and substance abuse
services are comprehensive?
The mental health community welcomes any and all partners who are interested in advocating for comprehensive mental health and substance use coverage as part of ACA implementation particularly with regard to states’ EHB plans. The Coalition for Whole Health (CWH), of which Mental Health America (MHA) is a part, has developed EHB Consensus Principles and Service Recommendations that endorse full and comprehensive coverage. CWH member chapters and affiliates, including MHA affiliates in 39 states, are using these recommendations at the state level to advocate for their benchmark plan. DV advocates who are interested in getting involved can contact the MHA affiliate in their state, view MHA’s health reform resources, consult CWH local and state resources, or track your state’s implementation progress at http://www.statereforum.org.

We look forward to the involvement of the DV community in our work to implement the ACA in a way that is meaningful to those who need mental health and substance use services. Please feel free to contact me if you would like more information about health reform or if I can help connect you to advocates in your community.

For more information about the Affordable Care Act, see the following resources:

- Center on Budget Priorities, Health Reform: http://www.cbpp.org/research/index.cfm?fa=topic&id=71