

Obamacare should help those with mental health issues, advocates say

October 11 2013, by Serena Gordon, Healthday Reporter



Easier access, coverage for pre-existing conditions among some of the benefits cited.

(HealthDay)—As the nation's health-care law continues to roll out, people with mental health issues are discovering ways that the landmark legislation directly affects them.

An estimated 32 million people will gain mental health or substance use disorder benefits, or both, as a result of the Affordable Care Act, according to the U.S. Department of Health and Human Services.

Much of this will stem from the requirement that small group and individual insurance plans offer [coverage](#) for mental [health issues](#) and [substance abuse](#) services. Most large insurance plans already include such coverage.

In addition, "parity has been written into the law so mental health

coverage ostensibly should be much easier to access," said Susan Lindau, a licensed clinical social worker and associate adjunct professor at the University of Southern California School of Social Work in Los Angeles.

Parity means that coverage for mental health issues, for instance, must be comparable to the coverage provided for general medical and surgical care. The Affordable Care Act expands the limited parity that was first introduced into law in 2008.

However, Andrew Sperling, director of legislative advocacy for the National Alliance on Mental Illness (NAMI), is somewhat circumspect about the upcoming changes.

"We're still waiting for the final regulations," he said, noting that the government has promised that information by year's end. "And, because of the Supreme Court decision, the Medicaid expansion is optional, and a large number of states are talking about not participating." Because some benefits vary depending on where people live, he explained, people in some states won't see the full benefits accorded by the law.

However, changes that should help those seeking [mental health care](#) include:

- Coverage for people with pre-existing conditions. No longer can insurers deny coverage to someone with a diagnosis of depression or bipolar disorder, for instance, nor can they cancel coverage if an insured person gets such a diagnosis.
- Extended coverage for young people. Children also cannot be denied coverage because of a mental health diagnosis. And, young adults can now stay on their parents' health insurance policies until they reach age 26, rather than be bumped off years earlier if they weren't full-time college students—enabling

coverage of medication and therapy.

- No annual or lifetime limits on the amount insurers will pay for basic health care, which now includes mental health and substance use disorders.
- Financial help with premium costs and out-of-pocket health-care costs for people with low incomes. The law provides such aid for those whose annual income falls between 100 and 400 percent of the federal poverty level. For a family of four, that's between \$23,550 and \$94,200, according to NAMI. In addition, a tax credit may be available for people who purchase individual policies through the new state-run insurance exchanges, also called marketplaces.
- Easier access to Medicaid coverage. The law expands the program to include anyone living at or below 138 percent of the federal poverty line (just under \$16,000 for a single person), although specifics vary from state to state. Medicaid also must now cover mental health and substance abuse care at the same level and price as other medical care.

The financial aid provisions and the expansion of Medicaid should be a boon to a host of people with [mental health issues](#), according to NAMI.

"There are a high percentage of people that have a diagnosable [mental illness](#) living below the poverty line," Sperling said.

However, many of the rules people in the mental health community aren't fond of, such as prior authorization for [treatment](#) and a specified number of allowed treatment sessions, were not changed by the health-care law.

"Evidence-based practice does have standard lengths of time for support," Lindau said. "Someone may be in treatment for post-traumatic stress disorder, and evidence may suggest that 12 weeks is the standard,

and once someone is out of the extreme crisis, group treatment may be an option."

Though some want no limits on the number of treatments available for someone with a mental health disorder, the law now mandates that all insurers offer a length of treatment that's on par with what's available for other health issues.

"It's like someone who's diagnosed with diabetes," Lindau said. "In the beginning, the treatment and education is very intense, and after time there are fewer appointments."

The bottom line on the Affordable Care Act, according to Sperling, is that "many people will be able to get new coverage or will see insurance coverage for mental health improve substantially."

As Lindau noted, "right now, people often wait until things are really terrible, and then they need additional help." But many of the difficulties people have faced in getting [mental health](#) care reimbursement should diminish, if not disappear, as the health-care [law](#) goes into full effect. "I think it's going to be a great thing," she said.

More information: [HealthCare.gov](#) offers a guide to the Affordable Care Act, including aspects that relate to mental health.

This *HealthDay* story details [one woman's struggle](#) for insurance coverage for a treatment program she says saved her life.

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