National Alliance on Mental Illness

March 15, 2010

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

On behalf of the more than 1,100 affiliates of the National Alliance on Mental Illness (NAMI), I am writing to offer our support for House passage of the Senate health care reform legislation, the Patient Protection and Affordable Care Act (HR 3590). As the nation's largest organization representing children and adults living with serious mental illness and their families, NAMI urges you and your House colleagues to finish the job and send this important legislation on to President Obama for his signature.

Throughout this long debate NAMI has supported strong health care reform legislation that meets the overriding goals set forth by President Obama for expanded coverage, cost containment, quality improvement, long-term sustainability and protections to ensure that individuals and families can keep the coverage they have if they choose. NAMI would like to highlight several key provisions in the Senate passed bill that we believe mark important steps to further comprehensive health reform.

Insurance Market Reforms
NAMI supports the full range of insurance market reforms included in HR 3590. These changes are critically important to people living with serious mental illness excluded from coverage on the basis of pre-existing medical conditions. Among these important new protections are:

- Requirements for guaranteed issue and guaranteed renewal of coverage in the individual and small group markets;
- A prohibition of pre-existing health condition exclusions as well as restrictions to severely limit the use of health status in determining premium rates; and
- Greater accountability for health plans seeking to increase premiums on enrollees.

Inclusion and Equitable Coverage of Mental Health and Substance Abuse Benefits
NAMI is extremely proud of what Congress was able to accomplish in 2008 with passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. This landmark law will ensure that group health plans provide equal coverage for mental illness and substance abuse treatment relative to medical-surgical coverage with respect to durational treatment limits and financial limitations.

NAMI is strongly supportive of language in HR 3590 that ensure that all health plans offered through health insurance Exchanges will be required to BOTH offer coverage of

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mental illness and substance use treatment AND do so in compliance with the new Wellstone-Domenici parity law. It is critical that all plans offered through the Exchange – whether purchased through the individual or small group market – comply with this important new law. New coverage made available to uninsured and underinsured must equitably cover treatment for mental illness.

Improvements to Medicare and Medicaid

NAMI is extremely grateful for the landmark improvements to the Medicare and Medicaid programs that are included in HR 3590. Among these are:

- Expansion of Medicaid eligibility to 133% of the federal poverty level (FPL), extending health coverage and security to literally millions of Americans living with serious mental illness, including childless adults not able to qualify for Medicaid in their state;
- Enhancements to the Medicare Part D program including filling the "doughnut hole" coverage gap, expansion of the Low-Income Subsidy (LIS) program, additional protections for dual eligible beneficiaries and codification of legal authority to ensure inclusion of all medications to treat mental illness on prescription drug plan formularies; and
- Authorization for a Medicaid demonstration program for emergency psychiatric services.

Comparative Effectiveness Research (CER)

NAMI has a long record of support for increased investment in research and treatment for illnesses such as schizophrenia, bipolar disorder, major depression and severe anxiety disorders. Comparative effectiveness research (CER) offers tremendous promise toward helping us understand which available treatments work best for particular patients. As increased investment is made in CER, it is critical that standards be developed to ensure that research is high quality and takes into account the wide diversity of needs of patients based on race, ethnicity, age, sex and prevalence of medical co-morbidities. In addition, The provisions in HR 3590 will help ensure that CER is overseen and implemented by an independent, non-governmental institute that genuinely represents the interests of patients, researchers and providers and reflective of how CER can best be used in real world treatment settings.

Community Living Assistance Services and Supports (CLASS) Act

NAMI is extremely pleased that HR 3590 includes the late Senator Edward Kennedy's CLASS Act, a new voluntary, public, long-term care insurance program to help support people with significant functional limitations, including serious mental illness. After a contribution period, individuals determined to need assistance as a result of functional limitations would qualify to receive assistance to purchase services to maintain personal and financial independence. CLASS Act assistance would supplement, and not supplant, other long-term care assistance such as Medicaid.

Finally, NAMI would like to express our gratitude for the addition of Senator Debbie Stabenow's proposal authorizing new national centers of excellence for research in depression and bipolar disorder, also known as the ENHANCE Act (S 1857). This will

help promote the development and dissemination of evidence-based interventions for depression and bipolar illness and help eradicate the stigma associated with these serious illnesses.

Immediate Improvements Needed to the Senate Passed Bill
NAMI would also urge the House to move forward expeditiously to make needed adjustments and improvement to the Senate-passed version of HR 3590. Among the key improvements that NAMI would urge to the Senate-passed bill are:

- Higher federal Medicaid match rates for the new expanded eligibility categories that are equitable for all states,
- Complete closing of the Medicare Part D coverage gap,
- Improvements to the Senate provision on restricting annual and lifetime limits in insurance plans, with greater accountability for "grandfathered" plans (prohibiting caps after 2014 and a requirement for covering preventive services with no cost sharing after 2018), and
- New authority for the HHS Secretary to establish federal standards for Community Mental Health Centers (CMHCs) as proposed by the President – this authority is nearly identical to a proposal drafted by Representatives Matsui and Engel for Federally Qualified Behavioral Health Centers (FQBHCs).

It is critical that these improvements and adjustments to the Senate bill be promptly made and sent on to the President to accompany the Senate bill.

Thank you for your leadership in bringing this important legislation forward. NAMI is anxious to work with you and your colleagues in both the House and Senate to achieve an even stronger bill that can be sent to President Obama early next year. It is critical that health reform meets the needs of children and adults living with mental illness.

Sincerely,

Michael J. Fitzpatrick, M.S.W.
Executive Director