



HEALTH CARE REFORM: WHAT DOES IT MEAN FOR PEOPLE LIVING WITH SERIOUS MENTAL ILLNESS

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Health Care Reform

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Part One

**WHAT HEALTH CARE REFORM MEANS FOR
PEOPLE LIVING WITH SERIOUS MENTAL ILLNESS**

Hampton

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My 31-year old daughter is uninsured. She was diagnosed with bipolar disorder in 2002. She isn't ill enough to qualify for disability, isn't poor enough to qualify for Medicaid, and was denied coverage for private insurance. I've been paying for doctor appointments when I could afford them, along with medications. But now I can't afford to pay at all. In order to see a doctor, she goes to the emergency room.

When I last checked to see about insurance, I found out that a diagnosis of bipolar disorder is a disqualifier for insurance. And because she's overweight, that's another disqualifier.

I live in constant fear that she will get cancer or diabetes or something else like that.

How Health Care Reform Will Help

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- By 2014, insurers may not deny coverage, charge a higher premium or provide coverage that excludes essential health benefits due to a pre-existing medical condition or past history of a medical condition.

- By 2014, Medicaid eligibility will be expanded to 133 percent of poverty for non-elderly individuals
 - An individual with an income of about \$14,404 will be eligible for coverage
 - \$29,327 for a family of four will be eligible for this coverage

Newport News

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I was without insurance during a series of mental health hospital stays and it cost me and my family going into bankruptcy.

My wife has held good jobs since that time but we still find it hard to keep. We spend a fifth of our income on premiums and co-pays.

We're hopeful that our 19-year old daughter will soon be able to be covered until she is 26 years old. She also lives with mental illness and has had trouble staying in college. We are hopeful that with the change in this law she will remain on our insurance.

How Health Care Reform Will Help

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- Effective Sept 2010, young adults will be allowed to remain on their parents' or guardians' health plan to age 26.
- Effective Jan 2014, young adults may not be subject to pre-existing condition exclusions.

Franklin

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I have dealt with major depression for as long as I can remember. I begin working with hope and optimism, but eventually my mental health suffers, which also causes me physical symptoms.

Because I have no health care coverage, I have been unable to seek medical help. Because I can't afford medical help, I am too ill to work a meaningful job with a livable wage.

I am now 32 years old and in worse health than ever. I have never had a job with health care or that paid more than \$10 an hour. I have, however, had thousands of dollars of medical bills.

It is incredibly stressful to live a life with no health insurance. It is hard not to be hopeless when you have no money, bad health, and no end in sight.

Roanoke

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I have gotten services at my local CSB on and off for the past 6 years. They helped me stabilize but it has not been easy. I had some relapses and burned bridges with a lot of people who cared about me. I'm on the road to recovery and it feels good. After a long struggle including homelessness I was diagnosed with bipolar disorder. In my darkest days I spent many awful nights homeless. I'm much better now.

I don't have Medicaid. I was told I don't qualify. When I need to go to the doctor I pay a sliding scale. I now have a part-time job that I love so I make small payments for my appointments. It's hard to keep up with the payments but I try my best.

How Health Care Reform Will Help

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- By 2014, Medicaid eligibility will be expanded to 133 percent of poverty for non-elderly individuals.
- By 2014, state (or federally-run) exchange will provide a range of health plans with mental health coverage.
- By 2014, premium assistance will be available for some individuals.

Virginia Beach

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I have Medicare Parts A, B and D. I have just reached the donut hole in the Medicare Part D plan so [one] medication now costs over \$300 per month.

Because of this I have discontinued using the medication because I can't afford it. This subjects me to severe withdrawal. I have also had to discontinue another medication for the same reason and don't know if my psychosis will return.

Receiving SSDI and working a minimum wage job does not afford me the luxury of taking the drugs I need.

How Health Care Reform Will Help

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- In 2010, \$250 rebate available for Medicare Part D enrollees who reach the prescription drug coverage gap, or “donut hole.”
- In 2011, Medicare Part D will provide a 50 percent discounts on brand name drugs and smaller discounts on generic drugs.
- Increasing drug discounts to eliminate coverage gap by 2020.

Health Care Reform

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Part Two
OPPORTUNITIES TO ENHANCE
OUTCOMES FOR PEOPLE WHO LIVE WITH
SERIOUS MENTAL ILLNESS

Facts and Key Principles

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Facts:

- Adults with serious mental illness in public care die an average of 25 years earlier than the general population, largely of treatable medical conditions.
- One out of every five community hospital stays involves a principal or secondary diagnosis of mental illness.

Key Principle:

- ***Promote integration of mental health, addiction disorders, and primary care.***

Opportunities for Virginia

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- Adopt new Medicaid “Health Home” option to allow enrollees with at least two chronic conditions (including serious mental illness) to designate a provider as a “health home” to better coordinate access to primary care.
 - 90 percent federal funding for two years after state establishes option
- Pursue federal grants available for co-location of primary and specialty care services in community-based mental and behavioral health settings.

Facts and Key Principles

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Facts:

- Virginia has 76 federally-designated Health Professional Shortage Areas for mental health. An additional 114 psychiatrists are needed in Virginia to achieve a population-to-practitioner ratio of 10,000:1.
- Academic training programs and provider systems do not always provide adequate training on treatment of individuals with severe mental illness.

Key Principle:

- ***Maintain workforce and actively recruit and train health professionals in effective treatment interventions for serious mental illness.***

Opportunities for Virginia

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- Leverage federal Primary Care Extension Program to educate primary care providers on chronic disease management, mental health and substance abuse services and evidence-based interventions.
- Explore incentives for providing specialty care (including child and adolescent mental health and substance abuse treatment) available through federal Pediatric Specialty Loan Repayment Program.
- Pursue federal grants to schools of social work, graduate psychology programs and professional/paraprofessional training in child and adolescent mental health.

Facts and Key Principles

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Facts:

- Public mental health systems have been on the forefront of implementing evidence-based practices for a range of serious mental health and co-occurring disorders.
- Evidence-based interventions for severe mental illness, such as ACT teams, are highly effective but not typically covered by private health plans.

Key Principle:

- ***Private and public health care plans should provide a readily available array of effective, evidence-based mental health services.***

Opportunities for Virginia

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- Ensure Virginia's Medicaid expansion benchmark plans and Exchange plans provide a benefit set that includes an array of effective, evidence-based mental health services.

**National Consensus Statement on
Mental Health Recovery**

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“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

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Part Three
SUCCESS: WHAT DOES IT LOOK LIKE?

Tom, Hampton

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When “Tom” was diagnosed with schizoaffective disorder he was 28 and had just completed two college degrees and several years in the United States Air Force. He started down the road of a long journey of numerous hospitalizations and treatments.

After finding the right care, treatment, and supports he needed to get and stay well, Tom has become a mentor and peer to others, helping to educate and support others in their own journey to recovery and wellness. He has been well for more than a decade, crediting access to health insurance and meaningful community work with helping him to get and stay well.

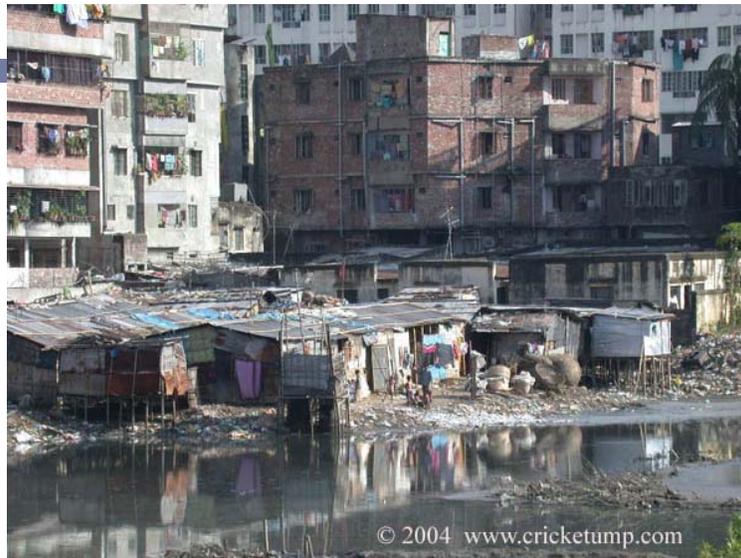
Shannon, Falls Church

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As a child, “Shannon” experienced debilitating anxiety and panic attacks, affecting her ability to relate and spend time with others. She struggled through adolescence and young adulthood without seeking help.

Eventually the illness took a huge toll. She would go on to be hospitalized 29 times over a 9 year period. During periods of wellness she was able to go to college, and eventually earned two degrees, learning more about mental illness through psychology courses.

Shannon describes a turning point in her life when she was able to obtain health insurance for low-income people. This allowed her to access doctors, therapists, medications, and outpatient mental health supports. Eventually she got a part-time job and became a community volunteer helping others with mental illness overcome their challenges. Shannon believes entering the health insurance program was a major step forward enabling her to get educated about her illness and obtain the services she needed to get and stay healthy.





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