

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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While House and Senate lawmakers work on drafting health reform legislation, the mental health community is gearing up to continue advocacy support to ensure behavioral health is fully integrated into this effort. The push for an integrated treatment approach or 'medical home' to address the behavioral and physical health needs of consumers and the reduction and elimination of behavioral health disparities are top priorities.

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MH field gears up to promote BH in health reform as Congress works on bills

As Congress works on proposals to reform the country's health care system, the mental health field holds high hopes that lawmakers will pass comprehensive health reform legislation this year and that behavioral health will be a fully integral part of that reform.

The U.S. Senate Committee on Health, Education, Labor and Pensions (HELP) is hoping to get their legislation ready by the end of May 22. The Senate Finance Committee is aiming to have a bill ready in June. House leaders last week vowed to pass a comprehensive health reform bill before the August recess.

"Now is the time to move ahead, given the ambitious timetable," William Emmet, director of the Campaign for Mental Health Reform, told *MHW*. "It is important that [legislators] be reminded that mental

Key Points...

- Lawmakers set "ambitious" timetable to prepare health reform legislation.
- Field confident behavioral health will be integral to reform efforts.
- Addressing behavioral health disparities key to reform debate.

health affects the broader health care world. Failure to address that issue could result in higher health care costs and worse outcomes across the health care spectrum."

Campaign for Mental Health Reform members, along with colleagues from the substance abuse community, have been meeting on Capitol Hill with House and Senate staffers, said Emmet. Legislative staff needs to be reminded that consumers with serious mental health and substance abuse conditions are

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Vermont lawmakers make drug companies subject to toughest reporting mandates

In the end, Vermont legislators assessing the relationship between pharmaceutical companies and prescribing physicians were left to decide whether there should be any such thing as a free lunch. To psychiatrists and the rest of the physician community, the state's lawmak-

ers delivered a resounding "no," leaving the state on the brink of adopting by far the nation's toughest controls on drug marketers' interactions with prescribers.

The day before the Vermont legislature adjourned earlier this month, lawmakers agreed to the final details of a pharmaceutical disclosure bill that bans most categories of gifts, including the free food made available at many drug company sponsored activities, and that tightens disclosure requirements for the payments that remain allowed.

The bill, Senate Bill 48 (see *MHW*, March 23 and Feb. 16), now See **VERMONT** on page 6

Key Points...

- Drug companies no longer can offer free food with their doctor education.
- Advocates fend off late blitz of opposition from pharmaceutical industry.
- Public will know more identities of doctors receiving significant cash from drug companies.

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likely less healthy than the general population, Emmet said.

The Senate Finance Committee has begun issuing papers outlining policy options, said Emmet. Lawmakers are meeting regularly and based on reaction to those options will be drafting the legislation, he said. "We have not seen what's under consideration," he added.

Legislative gains

Emmet said legislative gains made last year bode well. Among the victories, he cited the Medicare Improvements for Patients and Providers Act of 2008 and the passing of the State Children's Health Insurance Program (SCHIP), which can be perceived as "precedents to whatever happens in health reform," he said. Emmet also noted that the passing of a federal parity bill helped to set a 'platform' for the health reform discussion.

Assuming the legislation passes this year, "health reform will require ongoing input from advocates and others for some time [maybe, years] before we can judge it a success or not," noted Emmet.

The push for a federal parity bill helped unite the mental health and substance use communities, said Emmet. "We're continuing to work together in health reform — that's a good thing."

Health insurance 'exchange'

"Our big hope is to make sure that mental health and addiction providers and our consumers get something worthwhile through the bill," Chuck Ingoglia, M.S.W., vice president of public policy at the National Council for Community Behavioral Healthcare told *MHW*. "We want to make sure that any new opportunities created through this process have adequate, if not robust, mental health and addiction benefits."

A central component of the legislative initiative will be the expansion of health insurance coverage to 47 million uninsured Americans, he said. "This objective will be achieved through a combination of Medicaid eligibility expansions as well as the creation of a new health insurance exchange — basically a new health insurance marketplace," said Ingoglia. "Premiums for participants in the exchange will be heavily subsidized by the federal government."

The Obama Administration endorses an approach that finances private health insurance for low income uninsured individuals via a health insurance exchange, he said. Many private insurance companies, such as Blue Cross/Blue Shield, and Aetna, would participate in this new program, Ingoglia said.

Ingoglia said the National Council has three goals in this effort:

- 1) Mental health and substance

abuse benefits must be part of any nationwide minimum benefit package.

- 2) The newly enacted Wellstone/Kennedy/Domenici parity law must be applied to all benefit packages offered in the exchange.
- 3) Enhanced case management must be provided to new enrollees with cognitive impairments to help them navigate any new system.

MI health care home

The National Council is proposing legislation that would authorize a 10-state Medicaid demonstration program which would, among many other things, co-locate primary care capacity in community mental health centers and other community-based mental health substance abuse providers, said Ingoglia.

"This integrated treatment approach is aimed squarely at reducing the mortality and morbidity rates among clients in the public mental health system," he said. "While the National Council was able to engineer a new \$7 million SAMHSA program in 2008 with a similar structure and treatment goals, we need a vehicle that impacts the single largest purchaser of mental health and addiction disorders."

Katherine Nordal, Ph.D., executive director of professional practice

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'We want to make sure that health disparities, particularly, behavioral health disparities, is included in the health reform debate.'

Arthur C. Evans, Jr., Ph.D.

at the American Psychological Association (APA), said the association also wants the health reform discussion to incorporate new models of care, such as the health home model.

"The health care or medical home is really at the crux of what has been talked about and advocated for by health care personnel as a new kind of delivery system," she said. "We're looking at fully integrating the kind of model utilizing [psychological services] in primary care."

Nordal noted that the APA is beginning to craft some of the language around health care reform. "We want to make sure the gains we made in parity are implemented in the health care system," she said. The devil's going to be in the details."

Nordal added, "We get less bang for our buck in this country for health care dollars than in other countries." She said she is confident that this multi-year process toward reform will yield a new kind of system. "This isn't going to happen overnight," she said. "It's too complicated a system and we've got too many players."

Health disparities

The APA is facilitating a coordinated effort to ensure that the reduction and elimination of health disparities are prioritized in the health reform effort, Daniel Dawes, senior legislative and federal affairs office in Public Interest Directorate at the APA, told *MHW*.

"If we don't act now we will be hurt and left out," Dawes said. He noted that letters to this effect have been sent to congressional leaders and to the Obama Administration. The APA has been scheduling regular meetings to strategize their advocacy efforts and to ensure their voices are heard, said Dawes. Other organizations joining the chorus include Health Care for America Now, Families USA and the AARP.

The APA also plans to review specific language they'd like to send to the Senate Health Committee to incorporate into their bill, he said. "We want a separate section in the legislation devoted to health disparities," noted Dawes.

Arthur C. Evans, Jr., Ph.D., director of the Philadelphia Department

of Behavioral Health and Mental Retardation Services, said he and members of the American College of Mental Health Administration (ACMHA) diversity committee have drafted a position paper on health care disparities that should be finalized in a couple of weeks.

"We want to make sure that health disparities, particularly, behavioral health disparities, is included in the health reform debate," Evans, chair of the ACMHA diversity committee, told *MHW*. "We drafted a position paper that should be finalized in the next couple of weeks," he said. The document will include recommendations for addressing behavioral health disparities, he noted.

"Increasing access and ensuring access to care is important strategy in reducing behavioral health disparities," said Evans. Advocating for mental health professionals working in underserved communities is paramount, he said. "It's also important to get more people of color, and people who want to work in underserved communities," he said.

"The national debate we are having on health care presents us with an opportunity to make sure the behavioral health disparity issue is included in that debate front and center, as opposed to an afterthought," said Evans. "We would like Congress and the White House to hear this message from multiple places so that the message is reinforced." •

State Budget Watch

Ohio budget hole may impact MH community services

A nearly \$1 billion shortfall for Ohio's current fiscal year and its potential effect on the newly proposed budget forced Ohio mental health advocates to rally at the state capitol on May 6. They urged lawmakers to restore community-level funding and safeguard services from further erosion in the state budget.

The state's shortfall, which falls

in the range of \$600 million to more than \$900 million, affects the current fiscal year budget, which ends June

30. Gov. Ted Strickland indicated he may have to use the state's "rainy day" fund to fill the gap. He said he had planned to use that funding for the new two-year state budget, which begins July 1, 2009, according to news reports.

Meanwhile, the state's mental health services have been cut by \$65 million in the next budget (fiscal year 2010-2011). The House

Continues on next page



Key Points...

- *MH services may be cut by \$65 million in new budget proposal.*
- *Coalition of advocates rally lawmakers to restore budget funding.*
- *Workforce crisis exacerbated by budget concerns.*