

A Consumer Guide to Mental Health Benefits in Health Reform



People using mental health services will see many positive changes in their access to care and supports over the next ten years as a result of the new health reform legislation.

For instance:

- Beginning this year, no one can be denied coverage on the basis of a pre-existing condition, such as a mental illness.
- Health insurance which people already have can't be cancelled by health insurers because they get sick.
- Starting in 2014, households earning up to 133% of poverty (\$14,404 for an individual, \$29,327 for a family of 4) will be eligible for Medicaid.
- Starting in 2014, households earning up to 400% of poverty (\$43,320 for an individual, \$88,200 for a family of four) will receive tax credits to cover part of the cost of private health insurance.
- Beginning this year, children up to age 26 can remain on their parents' insurance policies, so that many young adults with mental illness will no longer become uninsured and uninsurable when they reach adulthood.
- Funding for patient navigation services will make more navigators available to assist people with mental illness in managing their care and obtaining it where and when they need it.

There are also many other provisions scattered throughout the law that will add benefits:

- New funding for treatment, research, and education for women with post-partum depression.
- Starting in 2014, including benzodiazepines (such as xanax and valium), barbiturates, and smoking cessation drugs in all Medicaid and Medicare Part D programs.
- Starting in 2014, including mental health and prescription drug services as basic insurance benefits.
- Starting an eight state, 3 year demonstration project to assure that adults with mental illness do not lose their Medicaid benefits when they enter a behavioral health facility as an inpatient.

The law also adds at least five new programs to increase collaboration between health and mental health providers to prevent and manage chronic conditions, to increase educational opportunities for providers, and to co-locate some primary and specialty care in community-based mental health settings.

These are just some of the changes that are going to result from the new law, and they point toward more access to higher quality, better coordinated, person-centered, closer-to-home care.

—Paul Gionfriddo

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