

An Update from Washington: What National Health Reform Means for Drug Courts

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Legal Action Center

- Advocacy for people with addiction histories, criminal records, and HIV/AIDS
 - Federal policy work advocating for the expansion of services and resources for people with addiction histories, criminal records, and HIV/AIDS
 - Fighting discrimination: eliminating legal and policy barriers in place for people with addiction histories and criminal records

What we'll discuss today

- Updates on health reform work in DC and around the country
 - Initiatives of particular importance for people in the criminal justice system
 - Expanding coverage for services
 - Improving access to care
 - Next steps

A Time of Tremendous Change and Uncertainty but also Huge Opportunity

- Greater understanding of addiction and mental illness as treatable chronic health conditions
- Better recognition of the link between untreated addiction and mental illness and involvement in the criminal justice system
- Broader inclusion of the full continuum of SUD/MH (substance use disorder/mental health) services and providers by the health care system
- Working toward a dramatic expansion of coverage of SUD and MH care through the new federal parity and health care reform laws

We All Have Many Questions...

- When will the U.S. Supreme Court make its ruling on the health reform law? How will the Court rule? How will the Court's decision affect health reform work in my state?
- Will coverage for SUD and MH services expand? Will access to care improve?
- What decisions will this Congress make about federal funding? How will those decisions affect our ability to provide care?
- How will the results of the upcoming election impact our programs and the people we serve?
- With so many important activities going on, what should I be focusing on now?

The Things We Do Know: The Work Goes On

- Our current system of care must be fixed
- Many reforms were being made before passage of the federal health care law and will continue to be made regardless of the Court's decision
 - Expanding coverage
 - Improving access
 - Quality of care initiatives
 - Initiatives supporting integrated care, health information technology

The Things We Do Know: The Work Goes On

- There is greater understanding that SUD and MH services and providers must be a part of these reforms
 - Save huge amounts of money to the health care system
 - Reduce entry into the criminal justice system and recidivism rates
- There is a huge need for continued education about the need to improve coverage for and access to SUD and MH services.

Ways the Federal Health Care Law Seeks to Increase Coverage: Expanding Public Insurance

- Medicaid expansion:
 - Expansion to everyone below 133% FPL, including childless adults for the first time in most states
 - Approximately 16 million new enrollees
 - States will be deciding benefits for Medicaid expansion
 - MH and SUD benefits required to be covered at parity with other health care benefits
 - Federal government to pay enhanced match rate for expansion population

Ways the Federal Health Care Law Seeks to Increase Coverage: Expanding Private Insurance

- Creation of State-Based Health Insurance Exchanges
 - Competitive State-based marketplaces for small employers and individuals to pool risk and purchase insurance
 - Plans will have to meet Essential Health Benefit and parity requirements and other consumer protections
 - Must offer MH and SUD benefits at parity
 - Plans will have to maintain a sufficient network of providers, including MH/SUD providers, to ensure all services are accessible without unreasonable delay

Ongoing Work to Expand Coverage

- Medicaid expansion provisions of the federal health care law are viewed as less vulnerable to challenge
- Work in a number of states to revise their policies to suspend not terminate Medicaid coverage while individuals are incarcerated
 - Huge human and financial benefits
- Work to develop state-based health insurance exchanges will continue
- Extremely important for stakeholders in the criminal justice community to engage in this work and to educate other stakeholders and decision-makers about the health needs of the people you serve

Current Focus of Work to Expand Coverage for Care: Defining the Essential Health Benefits

- The federal health care law requires certain health coverage to meet minimum requirements beginning in 2014.
- The 10 required categories in the Essential Health Benefit are:

Ambulatory Services	Prescription Drugs
Emergency Services	Rehabilitative and Habilitative Services and Devices
Maternity and Newborn Care	Laboratory Services
Mental Health and Substance Use Disorder Services	Preventive & Wellness Services and Chronic Disease Management
Hospitalization	Pediatric Services

Essential Health Benefits (*cont'd*)

- The Essential Health Benefits (EHB), including SUD and MH services, must be offered:
 - By private insurance plans participating in the health insurance exchanges
 - By non-grandfathered individual and small group plans outside the exchanges
 - To newly-eligible Medicaid enrollees, including childless adults
 - Large group plans and “traditional” Medicaid do not need to meet EHB requirements

Essential Health Benefits: Who decides the specifics?

- The 10 EHB categories, including the MH/SUD category, are not defined in the ACA
 - Continuum of care for MH and SUD is not defined
- In December, the federal Department of HHS set out a framework for defining the EHB
 - Strong State role, no federal definition of EHB

Essential Health Benefits: What choices are states facing?

- States can define their EHB using one of ten options as a “benchmark” plan
 - One of the three largest small group plans in the State
 - One of the three largest FEHBP plans
 - One of the three largest State-employee plans
 - The largest HMO in the State
- For States that do not choose, largest small group is default
- Benchmark plans may need to be supplemented to ensure coverage for all 10 EHB categories
- Deadline for States to choose a plan is September 30th

Benchmarking Essential Health Benefits: What does this all mean?

- The EHB must meet federal parity and nondiscrimination requirements
 - Hugely important—plan selected must have sufficient SUD and MH coverage as compared with other benefits provided by the plan; if the plan doesn't, benefits must be added to meet parity requirements
- State-level advocates are in a strong position to educate decision-makers about the need for strong MH/SUD coverage in the EHB

An Educational Tool: The Coalition for Whole Health's Benefit Recommendations

- Consensus document as tool for the MH/SUD fields to advocate for strong MH/SUD benefits in the EHB
 - Endorsed by over 100 national, state, and local organizations
- Tool to evaluate benchmark plan benefits and advocate for services that may not be included in benchmark
 - Available at www.coalitionforwholehealth.org
- EHBs need to address:
 - Long-term recovery and a chronic care approach
 - Include prevention, treatment, habilitation and rehabilitation
 - Prescribed medications when appropriate

Essential Health Benefit Work Around the Country : What Are We Hearing So Far?

- Lots of variability—some states moving forward quickly, others are waiting
- Overarching themes
 - Concern about coverage of certain modalities and levels of care
 - Residential treatment
 - Methadone treatment services
 - Court-ordered treatment
 - Need to ensure that prevention/wellness services adequately include MH and SUD
 - Need to identify services covered for other chronic diseases that are analogous to SUD and MH services that help people to get and stay well

How Can Stakeholders in the Drug Court Community Engage in Work to Improve Coverage for and Access to Care?

- Determine the status of work to analyze your state's EHB benchmark plan options and join in efforts to educate decision-makers about the need for strong MH and SUD benefit coverage
- Identify initiatives aimed at improving eligibility and enrollment policies
 - Focus on eliminating barriers for special populations

How Can Stakeholders in the Drug Court Community Engage in Work to Improve Coverage for and Access to Care?

- Identify where the levers are and how best to engage
 - Different processes, decision-makers and leverage points in each state
- Develop new or strengthen existing relationships with your Insurance Commissioner, Medicaid Director, your federal HHS regional office, and other key decision-makers
- Learn from the experiences of allies in your state and around the country

Education and Engagement: Now More Important Than Ever

- Continued outreach and education—within and outside of our fields
- Connecting work in Washington with efforts around the country
- Speaking with one cohesive voice
- Finding the best ways to engage our champions and to cultivate new champions
- Monitoring implementation and informing our partners about successes and non-compliance
- Continued work to eliminate the barriers facing the people we serve

Questions and Discussion?

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www.coalitionforwholehealth.org/resources-for-local-advocates/