Whereas, The Paul Wellstone and Peter Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires that coverage of mental health (MH) and substance use disorder (SUD) benefits in health benefit plans be comparable to and no more restrictive than medical and surgical benefits; and

Whereas, The Affordable Care Act of 2010 (ACA) provides that coverage of MH/SUD is an “essential health benefit”; requires that non-grandfathered individual and small group market plans cover MH/SUD services, and extends MHPAEA parity protections to plans sold through state health insurance exchanges; and

Whereas, A 2016 final rule of the Centers for Medicare & Medicaid Services applies MHPAEA to Medicaid and the State Children’s Health Insurance Program (CHIP) and requires states and their managed care organizations to analyze limits placed on MH/SUD benefits in Medicaid and CHIP; and

Whereas, Medicare is now the single largest payer not subject to the mandated parity between benefits for the treatment of MH/SUD and benefits for the treatment of other medical conditions; and

Whereas, The Medicare program imposes varying treatment limitations to MH/SUD services to a greater degree than those applied to medical/surgical services; and

Whereas, Some Medicare Advantage and Part D plans impose burdensome and treatment-delaying utilization management controls on MH/SUD care; and

Whereas, Medicare places a 190-day lifetime limit on inpatient psychiatric care and burdensome documentation requirements for psychiatric hospitals that are far more stringent than documentation requirements for all other hospitals; and

Whereas, Medicare may provide coverage and payment for the least and most intensive levels of MH/SUD care, but does not cover all intermediate levels of such care, such as intensive outpatient services; and

Whereas, Medicare does not cover freestanding community-based SUD treatment facilities, except for opioid treatment programs (OTPs); and

Whereas, The aforementioned coverage gaps, limitations, and restrictions result in a denial of the full continuum of MH/SUD benefits available to Medicare beneficiaries; and
Whereas, There has been an observed increase in the number of people seeking MH/SUD services related to the COVID-19 pandemic;¹ and

Whereas, Almost 2 million Medicare beneficiaries report having a SUD, yet only 11% received any SUD treatment in 2021,¹ and opioid overdose deaths and hospitalizations continue to increase among older adults;¹ and

Whereas, Black and Hispanic Medicare beneficiaries with SUD have more difficulty accessing care and have worse outcomes than White beneficiaries,¹ and Black and Indigenous Medicare beneficiaries have experienced a significant increase in opioid-related overdoses and have the highest rate of opioid-related fatalities; therefore be it

RESOLVED, That our American Medical Association amend policy H-185.974, “Parity for Mental Illness, Alcoholism, and Related Disorders in Medical Benefits Programs,” by addition and deletion to read as follows:

Parity for Mental Illness Health, Alcoholism, and Related Substance Use Disorders in Health Insurance Medical Benefits Programs H-185.974
1. Our AMA supports parity of coverage for mental illness, alcoholism, health, and substance use, and eating disorders.
2. Our AMA supports federal legislation, standards, policies, and funding that expand the parity and non-discrimination protections of the Paul Wellstone and Peter Domenici Mental Health Parity and Addiction Equity Act of 2008 to Medicare (Parts A, B, C, and D).
3. Our AMA supports federal legislation, standards, policies, and funding that require Medicare coverage (Parts A, B, C, and D) of all levels of mental health and substance use disorder care, consistent with nationally recognized medical professional organization level of care criteria for mental health or substance use disorders. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 10/07/22

REFERENCES:
³ Ibid
⁷ Ibid
⁸ Ibid
⁹ Ibid
¹⁰ Ibid
¹² Ibid
¹³ Ibid
¹⁴ Ibid
¹⁵ Ibid
¹⁶ Ibid
¹⁷ Ibid
RELEVANT AMA POLICY

Parity for Mental Illness, Alcoholism, and Related Disorders in Medical Benefits Programs H-185.974
Our AMA supports parity of coverage for mental illness, alcoholism, substance use, and eating disorders. Citation: Res. 212, A-96; Reaffirmation A-97; Reaffirmed: Res. 215, I-98; Reaffirmation A-99; Reaffirmed: BOT Action in response to referred for decision Res. 612, I-99; Reaffirmation A-00; Reaffirmed: CMS Rep. 9, A-01; Reaffirmation A-02; Reaffirmation I-03; Modified: CMS Rep. 2, A-08; Reaffirmed: CMS Rep. 5, I-12; Reaffirmed in lieu of Res. 804, I-13; Reaffirmation A-15; Modified: Res. 113, A-16

Maintaining Mental Health Services by States H-345.975
Our AMA:
1. supports maintaining essential mental health services at the state level, to include maintaining state inpatient and outpatient mental hospitals, community mental health centers, addiction treatment centers, and other state-supported psychiatric services;
2. supports state responsibility to develop programs that rapidly identify and refer individuals with significant mental illness for treatment, to avoid repeated psychiatric hospitalizations and repeated interactions with the law, primarily as a result of untreated mental conditions;
3. supports increased funding for state Mobile Crisis Teams to locate and treat homeless individuals with mental illness;
4. supports enforcement of the Mental Health Parity Act at the federal and state level; and
5. will take these resolves into consideration when developing policy on essential benefit services. Citation: Res. 116, A-12; Reaffirmation A-15; Reaffirmed: Res. 414, A-22

Opioid Mitigation H-95.914
Our AMA urges state and federal policymakers to enforce applicable mental health and substance use disorder parity laws. Citation: BOT Rep. 09, I-19