

How would repeal of the Affordable Care Act affect mental health care?

Individuals with mental illness and substance use disorders could lose coverage

With the changing political landscape in Washington, there has been much talk about health care in the United States. The Affordable Care Act (ACA) is at risk for repeal or, at least, substantial change. As the debate heats up, many psychiatric clinicians wonder what repeal could mean for mental health care and treatment of substance use disorders.

To examine this issue, we need to understand what the ACA has accomplished so far. The Patient Protection and Affordable Care Act—known as “Obamacare”—was enacted on March 23, 2010. From 2010 to 2014, various provisions were implemented; more provisions are slated for completion by 2017 if the law remains in place. These provisions are at the heart of how those with mental illness or substance use disorders could be affected by repeal of the ACA.

Since the ACA’s implementation, an estimated 20 million Americans have gained health insurance.¹ The ACA includes several provisions that made this number possible, such as the expansion of Medicaid in some states. In addition to plans offered through the Health Insurance Marketplace, private insurers are required to provide insurance to some who previously fell into non-coverage gaps.¹ Young adults can remain on a parent’s plan until age 26, which is significant to mental health care because many psychiatric disorders emerge in young adulthood, and this age group is vulnerable to developing substance use disorders.

The ACA also requires private insurance plans to cover those with preexisting health conditions. This has been



Sherifa Iqbal, MD, FAPA, FASAM

Staff Psychiatrist
St. Alexius Hospital
St. Louis, Missouri

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The Affordable Care Act

Clinical Point

If the ACA is repealed, it is unclear how those with limited income or preexisting substance use disorders would access evidence-based treatment



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crucial for persons with mental illness because before the ACA, mental health disorders were the second most common preexisting condition that precipitated either an increase in the cost of a plan or coverage denial.²

These provisions have helped ensure coverage for the approximately 20% of adults in the United States who have a mental illness.³ Before the ACA, 18% of individuals who purchased their own insurance did not have mental health coverage, and more than one-third of insurers did not cover substance use disorders.⁴ According to the CDC, the uninsured rate for those with serious mental health disorders fell from 28.1% in 2012 to 19.5% in 2015.⁵ Likewise, the number of adults with mental illness who could not afford needed care decreased during the same years.⁵ A University of Minnesota study found that persons with mental illness are disproportionately represented among the uninsured.⁶ Before the ACA, 18% of individual health plans did not cover prescriptions, including those indicated for psychiatric illness.⁷ Simply put, the ACA has allowed people to seek assessment and treatment for mental health, whereas it would not have been as accessible before the legislation.

What does the ACA cover?

The ACA required health plans to cover Essential Health Benefits starting January 1, 2014. These include:

- medical services such as doctor visits
- emergency and urgent care services
- hospital physician and facility services
- prenatal, delivery, and postnatal care
- evaluation and treatment of mental health conditions
- services to address substance use including behavioral health treatment
- coverage of prescription medications
- rehabilitation services
- diagnostic tests and imaging
- preventive and wellness care and management of chronic diseases
- pediatric care.

As of March 2013, only 2% of existing health plans in the United States

provided all of these benefits required by the ACA.⁷

Required coverage of mental health care and substance use disorders increases patient access to those services. Including preventive care extends the reach of mental health screening to primary care providers, who can screen for mood disorders and substance use in adults and adolescents and for autism and behavioral issues in children.⁸

The ACA provides further expansion and enforcement of mental health parity. In 2008, the Mental Health Parity and Addiction Equity Act was passed with the intent of providing behavioral health benefits at the same level as medical care. Although this law was beneficial in theory, it did not require insurers to cover behavioral health treatment. Rather, it only required parity if large group plans already provided behavioral health coverage; parity laws did not apply to individual or small group plans. The Essential Health Benefits of the ACA specify that insurers must provide mental health and substance use treatment. Essentially, the ACA gave the parity law teeth. The law would matter very little if low-income patients, who often suffer from mental health symptoms, have no insurance coverage.

Perhaps more concerning are the implications for those battling substance use disorders. If the ACA is repealed without appropriate replacement measures, it is unclear how those with limited income or preexisting substance use disorders would access evidence-based treatment.

Opioid use disorder affects >2 million individuals in the United States and caused 33,000 overdose deaths in 2015.⁹ The Opioid Initiative, established in 2015 by the U.S. Department of Health and Human Services (HHS), has worked to improve prescribing practices, increase use of naloxone to treat overdose, and expand access to medication-assisted treatment and psychosocial support. The success of this initiative relies on accessible health insurance coverage. Medication-assisted treatment and psychosocial support services would be threatened most by repeal of the ACA.⁹ In 2016, the HHS provided

\$94 million in grants, through the ACA, for free clinics to screen and treat patients for substance use disorders.¹⁰ Continued funding for these programs would be jeopardized if the ACA was repealed without replacement.

Repair rather than replace

The ACA is not without its flaws, but perhaps the best approach is to build on its successes while repairing its weaknesses. Researcher Peter Phalen, MA, looked at changes in rates, usage, affordability, and satisfaction with services for those with moderate and severe mental illness after implementation of the ACA.¹¹ Using a nationally representative sample (N = 35,602), he discovered that those with moderate mental illness, as measured by psychological distress scales, experienced greater gains in finding affordable coverage than those without mental illness.¹¹ However, individuals with severe mental illness showed no improvement on these measures, with the exception of increased satisfaction with current coverage and care. There were no reported increases in health care use or affordability for either group.¹¹

Although the ACA requires prescription coverage, there is no regulation of what insurers choose to include in their formularies, and often brand name drugs, particularly antipsychotics, are not covered. The National Alliance on Mental Illness released a report in 2015 noting that, even with the ACA, individuals continue to experience difficulty accessing behavioral health providers in a timely manner, especially in rural areas. The report also described a lack of parity enforcement for behavioral health coverage.¹²

What if?

If the ACA is repealed, other legislative acts could continue, in some way, to address the needs of those with mental illness. The 21st Century Cures Act, which has bipartisan support, was passed in 2016 in the hope of reforming national mental health care. The American Psychiatric Association (APA)

president, Maria Oquendo, MD, PhD, indicated that the bill enhances parity laws and provides better coordination for national agencies involved in treating psychiatric illness.¹³ The APA applauded this effort and highlighted these provisions:

- reauthorizing grants to support integrated care models
- reauthorizing grants to train school staff to identify students who need mental health care
- requiring the HHS to develop a plan to enforce parity laws
- providing \$1 billion in state grants to address the opioid epidemic.¹³

The APA has voiced its concern about repealing the ACA without replacement. The APA issued a letter to Congressional leadership stating the organization's concerns, emphasizing that current law has eased the burden for Americans to access "appropriate and evidence-based mental health care."¹⁴ The APA requested that, in considering reforms to health care law, Congress does not "undo the gains which have been made over the past several years for individuals with mental illness."¹⁴ The APA noted that the proposed ACA replacement bill, released on March 3, 2017, would "negatively impact care for people with mental illness and substance use disorders."¹⁵

Since the ACA was implemented, we have taken for granted many provisions as permanent fixtures of our nation's health care system. Who now can imagine a denial of coverage for a preexisting condition? How many young adults are ready to purchase their own insurance plans immediately after high school or college if employment is not readily available? Is it reasonable that an insurance plan does not provide prescription coverage or behavioral health services? How will those with mental illness or substance use disorders have reliable access to assessment and treatment?

Repealing, replacing, or enhancing the ACA is a complicated balancing act. We must be vigilant and vocal in asking Congress to continue considering the needs of those with mental illness and substance use disorders.

Clinical Point

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