Mental Health Liaison Group

September 19, 2017

Dear Majority Leader McConnell and Minority Leader Schumer:

On behalf of the Mental Health Liaison Group (MHLG), the undersigned organizations are writing today to express our strong opposition to a new Graham-Cassidy-Heller-Johnson (GCHJ) proposal aimed at repealing and replacing major portions of our current health care system. The GCHJ proposal fails to protect the health care coverage and consumer protections available under current law, particularly for individuals with substance use disorders and mental illness. Additionally, it would create a health care system built on state-by-state variability that would exacerbate inequities in coverage and most likely place millions of vulnerable individuals at risk of losing their health care coverage.

MHLG is a coalition of national organizations representing mental health and substance use disorder (MH/SUD) consumers, providers, family members, payers, and other MH/SUD stakeholders. Together, on behalf of the millions of Americans living with MH/SUD, their families, and communities, we advocate for public policies and funding to improve access to high-quality care.

We recognize that the GCHJ proposal would require coverage of mental health and substance use disorder treatment consistent with Health Parity and Addiction Equity Act (MHPAEA) as part of the new Medicaid Flexibility Program. However, we do not support many of the other changes to the health care system in the proposal that would result in reduced access to substance use disorder and mental health treatment, including changes that would cap federal funding for Medicaid, end the Medicaid expansion, and eliminate mental health and substance use disorder benefit protections for Americans insured through the small group and individual markets. We have serious concerns with provisions in the proposal that would allow states to easily waive Essential Health Benefit requirements, end Medicaid expansion and change Medicaid to a per-capita or block grant financing system.

The ACA’s Medicaid expansion, Essential Health Benefit requirements for mental health and substance use disorder treatment coverage, and extension of parity protections to the individual and small group market have surely reduced the burden of the opioid misuse and overdose and suicide epidemics and saved lives. Substance use disorder and mental health treatment benefits must continue to be available to Americans enrolled in the individual, small and large group markets as well as Medicaid plans and that these benefits are compliant with the Mental Health Parity and Addictio

Further, we are very concerned about rushing through any legislation to repeal and replace the ACA, including the GCHJ proposal, through the current budget reconciliation authorization, which is set to expire on October 1. Instead, we call on the United States Senate to set aside the GCHJ

National organizations representing consumers, family members, advocates, professionals and providers
c/o Laurel Stine, JD, American Psychological Association at lstine@apa.org. Angela Kimball, National Alliance on Mental Illness at akimball@nami.org and Debbie Plotnick, MSS, MLSP, Mental Health America at dplotnick@mentalhealthamerica.net
proposal and turn its focus to bipartisan efforts to stabilize the health insurance marketplaces, create competition among insurers, and lower the costs of health care.

We urge your support of the bipartisan policies being developed by the Senate HELP Committee through regular order, and stand ready to work with you and the full Senate to secure passage of legislation that would build upon the successes we have made in extending health care coverage to millions of previously uninsured individuals.

Sincerely,

American Art Therapy Association
American Association of Child & Adolescent Psychiatry
American Association for Marriage and Family Therapy
American Association for Geriatric Psychiatry
American Association for Psychoanalysis in Clinical Social Work
American Association on Health and Disability
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association (AMHCA)
American Nurses Association
American Psychiatric Association
American Psychoanalytic Association (APsaA)
American Psychological Association
American Society of Addiction Medicine
Anxiety and Depression Association
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Campaign for Trauma-Informed Policy and Practice
Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD)
Clinical Social Work Association
Clinical Social Work Guild 49-OPEIU
Confederation of Independent Psychoanalytic Societies
Depression and Bipolar Support Alliance
Eating Disorders Coalition
EMDR International Association
Global Alliance for Behavioral Health and Social Justice
International Certification & Reciprocity Consortium (IC&RC)
The Jewish Federations of North America
Mental Health America
National Association for Children’s Behavioral Health
The National Association of County Behavioral Health and Developmental Disability Directors
The National Association for Rural Mental Health (NARMH)
The National Association of Social Workers
National Association of State Mental Health Program Directors (NASMHPD)
National Alliance on the Mental Illness (NAMI)
The National Alliance to Advance Adolescent Health
National Council for Behavioral Health
National Disability Rights Network
National Eating Disorders Association
National Federation of Families for Children’s Mental Health
National Health Care for the Homeless Council
National League for Nursing
National Multiple Sclerosis Society
National Register of Health Service Psychologists
No Health Without Mental Health (NHMH)
Psychiatric Rehabilitation Association and Foundation
Residential Eating Disorder Consortium
Sandy Hook Promise
School Social Work Association of America
Treatment Communities of America
Trinity Health of Livonia, Michigan
Young Invincibles