

ADDICTION MEDICINE ADVOCACY CONFERENCE (AMAC)  
AMAC-24

Resolution:

Introduced by: Dr. John Doe

Subject: Expanding Parity Protections and Coverage of Mental Health and Substance Use Disorder Care

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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;<sup>1</sup> and

Whereas, the Affordable Care Act of 2010 (ACA) provides that coverage of MH/SUD is an “essential health benefit;”<sup>2</sup> 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;<sup>3</sup> 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;<sup>4</sup> 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;<sup>5</sup> and

Whereas, the Medicare program imposes varying treatment limitations to MH/SUD services to a greater degree than those applied to medical/surgical services;<sup>6</sup> and

Whereas, some Medicare Advantage and Part D plans impose burdensome and treatment-delaying utilization management controls on MH/SUD care;<sup>7</sup> 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;<sup>8</sup> and

Whereas, Medicare does not cover freestanding community-based SUD treatment facilities, except for opioid treatment programs (OTPs);<sup>9</sup> 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;<sup>10</sup> and

Whereas, almost 2 million Medicare beneficiaries report having a SUD, yet only 11% received any SUD treatment in 2021,<sup>11</sup> and opioid overdose deaths and hospitalizations continue to increase among older adults;<sup>12</sup> and

Whereas, Black and Hispanic Medicare beneficiaries with SUD have more difficulty accessing care and have worse outcomes than White beneficiaries,<sup>13</sup> 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<sup>14</sup>

RESOLVED, that our AMAC advocate for parity of coverage for substance use disorders and mental health; and be it further

RESOLVED, that our AMAC advocate for 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); and be it further

RESOLVED, that our AMAC advocate for 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.

## **RELEVANT ASAM PUBLIC POLICY STATEMENTS:**

### **[Third-Party Payment for Addiction Treatment](#)**

## **References:**

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<sup>1</sup> Wellstone, P., & Domenici, P. (2008). Mental Health Parity and Addiction Equity Act of 2008. Pub. L. 110-343 (2008). 122 Stat. 3881. Codified as 42 USC 300gg, 26.

<sup>2</sup> Act, Affordable Care. "Patient protection and affordable care act." Public law 111 (2010): 148.

<sup>3</sup> Ibid

<sup>4</sup> <https://www.macpac.gov/wp-content/uploads/2021/07/Implementation-of-the-Mental-Health-Parity-and-Addiction-Equity-Act-in-Medicaid-and-CHIP.pdf>

<sup>5</sup> Steinberg D, Weber E, Medicare Coverage of Substance Use Disorder Care: A Landscape Review of Benefit Coverage, Service Gaps and a Path to Reform, Legal Action Center, 2021. Available at: <https://www.lac.org/resource/medicare-coverage-of-substance-use-disorder-care-a-landscape-review-of-benefit-coverage-service-gaps-and-a-path-to-reform>

<sup>6</sup> Steinberg D, Weber E, Medicare Coverage of Substance Use Disorder Care: A Landscape Review of Benefit Coverage, Service Gaps and a Path to Reform, Legal Action Center, 2021. Available at: <https://www.lac.org/resource/medicare-coverage-of-substance-use-disorder-care-a-landscape-review-of-benefitcoverage-service-gaps-and-a-path-to-reform>

<sup>7</sup> Ibid

<sup>8</sup> Ibid

<sup>9</sup> Ibid

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<sup>10</sup> Ibid

<sup>11</sup> Parish, W. J., Mark, T. L., Weber, E., & Steinberg, D. (2021). Substance use disorders among Medicare beneficiaries: Insights from analysis of the National Survey of Drug Use and Health. Working paper.

<sup>12</sup> Steinberg D, Weber E, Medicare Coverage of Substance Use Disorder Care: A Landscape Review of Benefit Coverage, Service Gaps and a Path to Reform, Legal Action Center, 2021. Available at: <https://www.lac.org/resource/medicare-coverage-of-substance-use-disorder-care-a-landscape-review-of-benefitcoverage-service-gaps-and-a-path-to-reform>

<sup>13</sup> Ibid

<sup>14</sup> Ibid