



NEWS RELEASE

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MILLIONS OF DISABLED AND POOR AMERICANS ENCOUNTER DISCRIMINATION WHEN THEY FACE MENTAL OR ADDICTIVE DISORDERS, SAYS NAPHS

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#### **NAPHS Applauds House Oversight Hearing on Challenges Facing Families in Mental Health Crisis**

(Washington, DC, March 26, 2014)...Mental illnesses are the leading cause of disability and contribute to premature death, but millions of Americans face discrimination when they most need help, according to the National Association of Psychiatric Health Systems (NAPHS). NAPHS President and CEO Mark Covall detailed the challenges in a letter submitted today for the record to the U.S. House of Representatives' Energy and Commerce Oversight Committee hearing on "Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage." The letter was submitted to Oversight Subcommittee Chairman Rep. Tim Murphy (R-PA) in response to two key questions raised in the March 26 hearing:

- Why are psychiatric patients often boarded in emergency departments? and
- What short-term and long-term options are available to mitigate the harmful impacts of psychiatric boarding?

Medicaid is the single largest funding source for those living with mental illnesses, NAPHS noted in the letter, but a little-known provision in the law called the Medicaid Institution for Mental Diseases (IMD) exclusion prevents adult Medicaid enrollees (ages 21 to 64) from accessing short-term, acute care in psychiatric hospitals. "The IMD exclusion is penalizing the disabled and poor," wrote Covall. "And people are not getting the psychiatric hospital treatment they need, putting families and communities at risk. In the end, this is – pure and simple – a fairness issue," he said. "A Medicaid insurance card covers hospital treatment for all other conditions, but adults with mental illnesses cannot use their Medicaid insurance card for inpatient care in a psychiatric hospital. No other disorder limits their choice of hospitals in the way the IMD exclusion does."

NAPHS has called on Congress to modify the IMD exclusion. Making this type of change is both "the right thing to do" and "will result in more timely access to life-saving inpatient treatment, reduce emergency backlogs, and make the system more cost-effective," said NAPHS.

In addition, NAPHS noted that early intervention and support services are also important to help people better manage their mental illness, thereby reducing the need to seek emergency psychiatric care. "It is paramount that a full continuum of services is available so that people living with mental illnesses can receive the right care at the right time, thereby improving outcomes and saving money," said Covall.

NAPHS thanked Rep. Murphy for holding the hearing and introducing the *Families in Mental Health Crisis Act* (H.R.3717), which would (among other things) modify the IMD exclusion. "We look forward to working with you and all members of Congress and the Administration to make the mental health and addiction care delivery system more responsive to the needs of people living with these disorders," NAPHS wrote.

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**ABOUT NAPHS**

NAPHS ([www.naphs.org](http://www.naphs.org)) advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. NAPHS members are behavioral healthcare provider organizations that own or manage more than 700 psychiatric hospitals, general hospital psychiatric and addiction treatment units and behavioral healthcare divisions, residential treatment facilities, youth services organizations, and extensive outpatient networks. The association was founded in 1933.

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