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For Immediate Release

President's FY2016 Budget Tackles Lingering Discrimination Against People Living with Mental and Addictive Disorders

NAPHS Applauds President's Proposal to Eliminate the Medicare 190-Day Lifetime Limit; Also Urges Action to Address Discrimination in Medicaid

(Washington, DC, February 2, 2015)...Although significant progress has been made to bring health benefits for mental and addictive disorders on par with those for physical disorders, both Medicare and Medicaid continue to have statutory limits that prevent people with mental and addictive disorders from accessing necessary behavioral health treatment.

The FY2016 budget released today by President Barack Obama calls for elimination of the so-called "Medicare 190-day lifetime limit," which limits Medicare beneficiaries to just 190 days of inpatient psychiatric hospital care during their lifetime.

NAPHS Applauds Medicare Action

As an association of behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) today supported the President's decision to tackle the discrimination against mental illnesses that remains in the Medicare program by ending the 190-day lifetime limit.

"The 190-day lifetime limit is problematic for patients being treated in psychiatric hospitals as they may easily exceed the 190 days if they have a chronic mental illness," said Mark Covall, NAPHS president and CEO. There is no such lifetime limit for any other Medicare specialty inpatient hospital service. "Mental illnesses are the leading cause of disability and contribute to premature death," he said. "When people experiencing a mental health or addiction crisis cannot access needed treatment, families and communities are at risk. The President's budget takes an important step forward to address arbitrary limits that prevent people from accessing the right treatment at the right time."

NAPHS Calls for Action to Address Medicaid IMD Exclusion

NAPHS also called on the Administration and Congress to take action to address another discriminatory barrier that exists in the Medicaid program. Adults (ages 21 to 64) with Medicaid do not have coverage for short-term, acute care in psychiatric hospitals because of the "Institutions for Mental Disease (IMD)" exclusion.

"The IMD exclusion is penalizing the disabled and poor," said Covall. "This policy adds to system inefficiencies and adds to the cost of care."

Congress has taken bipartisan action to address this issue.

Rep. Tim Murphy (R-PA) has developed an NAPHS-backed comprehensive mental health reform plan, the *Helping Families in Mental Health Crisis Act*, which – among a range of reforms – would create a pathway under Medicaid for people to get access to short-term acute psychiatric care. The measure, which has had bipartisan support, is slated to be reintroduced in the 114th Congress.

The Medicaid Emergency Psychiatric Care Demonstration is also now underway in 11 states and the District of Columbia to show the value of giving adult Medicaid beneficiaries this type of access. Preliminary demonstration statistics show that the length of stay in psychiatric hospitals is very short (about 8 days); readmission rates are low (with 84% not returning to the hospital); and people are able to go home or to self-care with hospitals' community partners.

Finish the Parity Job, Says NAPHS

"It's time to treat mental and substance use conditions as we do all other medical conditions," said NAPHS's Covall. "There is momentum to ending discrimination, and we urge policymakers to take action."

About NAPHS

The National Association of Psychiatric Health Systems 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. Its members are behavioral healthcare provider organizations that own or manage more than 800 specialty 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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