

## Statement to the Obama Health Care Transition Team

(Dec. 22, 2008)

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Steering Com., of National Coalition of Mental Health Consumer/Survivors

*(the following is a statement that I shared with the Obama Healthcare Policy transition team, Dec. 22, 2008. Transition team members who attended were: John Podesta, Co-Chair of the team, Kareem Dale, head of outreach to the disability community, Public Liaison division of the transition team, Elizabeth Engle, Healthcare Policy Transition Team, and also health policy aide to Senator Harry Reid, Henry Claypool, and Marcie Roth. There were also reps from about 12 other national disability groups, such as National Council on Independent Living, NAMI, ADAPT, Consortium for Citizens with Disabilities...)*

Parity is a good step in coverage of acute care for privately insured persons, however, as stated in “Changing the Course of Mental Health” By Peter Harbage, Bren Gorman, Melissa Shannon, Center for American Progress December 18, 2008 [our good luck, John Podesta is chair of the Center, and when I said I was going to read the quote, he said he hoped it was good, and it was]:

“ In 2001, public programs financed 63 percent of total mental health spending in America, compared to just 45 percent of all health care spending. Medicaid and other state and local programs together provided 81 percent of that public funding for mental health care.

“ While the mental health parity bill is a critical step in moving private insurers toward covering mental health care, many individuals will continue to rely on the public safety net. Therefore, any attempt to expand mental health coverage in the United States must recognize the serious challenges those with mental illness face in receiving the treatment they need to live normal lives. **Reform not only must build on mental health parity requirements; it should also support individuals and their families living with mental illness by making community-based services easier to access and afford.**”

### **Recommendation 1: Medicaid and Medicare Mental Health coverage reform:**

a. In short term, There needs to be better application of the community waivers through the Deficit Reduction Act, which would allow funding of community mental health programs for rehabilitation, wellness and recovery,

b. **Reverse the proposed regulations by Centers for Medicare & Medicaid Services 42 CFR Parts 440 and 441 [CMS 2261-P] RIN 0938-A081**

**Medicaid Program; Coverage for Rehabilitative Services, regulation of Aug, 13,2007 which unduly restricts the types of community rehab services which case managers and other community workers can supply by its wording:** “For the first time in federal policy, this proposed rule would prohibit federal financial participation for services deemed “intrinsic elements” of other programs. Under this rule, Medicaid would not pay for services furnished through a non-medical program as a benefit or administrative

activity.” [Liz Engle, policy person for the Team, told me that reversing this policy was a high priority of the new administration]

c. In long term: **Make community coverage as much an expectation as institutional care, through the Community Choice Act with a Recovery and Empowerment focus, so that there is no longer a need to gain a waiver for rehabilitation and recovery services; develop in conjunction with SSA a insurance for long term health care, paid into by all citizens, which would provide flexible community funding of health care, education, and rehabilitation of the type Medicaid alone cannot provide.**

### **Recommendation 2. Health Care Reform:**

Mental Health Consumer advocacy groups are eager to assist Secretary select Daschle in **Health Care Reform. Improve the efficiency and effectiveness of mental health care through Whole Health care by seeing each person as a unified being, whose biopsychosocial needs are all addressed in an integrated fashion.** This can be carried out by making it **person centered, with shared decision making, personal care assistants for mental health, and peer support including (these are portions of the Medicaid regulation, of Aug. 13, 2007 cited above):** this will involve engaging mental health consumers and family members in a recovery and wellness-based training, evaluation and policy formation at the federal and state levels

### **Recommendation 3: SAMHSA reauthorization:**

- a. Mental Health Consumers have lived experience of recovery and SAMHSA should expand the **education and training of mental health providers, families, and consumers, to bring about a recovery and wellness focus of the education**
- b. SAMHSA should expand the provision of TA to states and mental health consumers and families to enable **consumer and family driven evaluation of mental health services based on recovery and wellness**
- c. SAMHSA should expand the involvement of mental health consumers and families in **planning and policies of MH services and expenditure of block grant money in CMHS** and ensure the funds are used for recovery-based, consumer and family driven services and supports

### **Comments by transition team members there:**

John Podesta (Co-Chair of the transition team): said he wants to ensure that persons with disabilities have an opportunity to work under the new economic stimulus package; Obama administration will have a chief technology officer, and he recommends there be a meeting with us soon after his appointment

Kareem Dale: Obama administration will work to integrate a variety of voices in planning and policies from the start; Schedule health care meetings across the country; Inform members, that they have a seat at the table, through our website

John Podesta: He liked the idea of using stimulus funds to incentivize states to provide more community based care.