

Mental Health Liaison Group

February 19, 2015

The Honorable Michael Enzi
U.S. Senate
Washington, DC 20510

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

The Honorable Bernard Sanders
U.S. Senate
Washington, DC 20510

The Honorable Chris Van Hollen
U.S. House of Representatives
Washington, DC 20515

The Honorable Orrin Hatch
U.S. Senate
Washington, DC 20510

The Honorable Paul Ryan
U.S. House of Representatives
Washington, DC 20510

The Honorable Ron Wyden
U.S. Senate
Washington, DC 20510

The Honorable Sandy Levin
U.S. House of Representatives
Washington, DC 20510

Dear Chairmen and Ranking Members:

The undersigned national organizations support inclusion in your FY2016 Budget proposal eliminating the discrimination against mental illnesses that continues to exist in the Medicare program as Medicare beneficiaries are still limited to 190-days of inpatient psychiatric hospital care during their lifetime. There is no such lifetime limit for any other Medicare specialty inpatient hospital service.

Through passage of *Affordable Care Act of 2010* and the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*, coverage for mental health and addictive disorders is now required to be on par with other medical disorders. We must now finally give Medicare beneficiaries the full parity that other individuals now have under the law.

The Mental Health Liaison Group supports the provision in the President's FY2016 Budget that eliminates the Medicare 190-day lifetime limit for psychiatric hospital care. This provision would improve access to inpatient psychiatric care by allowing Medicare patients' coverage in psychiatric hospitals. The elimination of the 190-day limit will equalize Medicare mental health coverage with private health insurance coverage, offer beneficiaries the choice of inpatient psychiatric care providers, increase access for the most seriously ill, improve continuity of care and create a more cost-effective Medicare program.

We look forward to working with you to eliminate discrimination against Medicare beneficiaries with mental health and substance use disorders. We invite you to contact our MHLG Steering Committee member, Nancy Trenti at 202/393-6700 with comments or with questions.

National organizations representing consumers, family members, advocates, professionals and providers
c/o Chuck Ingoglia, National Council for Behavioral Health at chucki@thenationalcouncil.org,
Laurel Stine, American Psychological Association at lstine@apa.org
and Debbie Plotnick, Mental Health America at dplotnick@mentalhealthamerica.org

Sincerely,

Alliance for Strong Families and Communities
American Association for Marriage and Family Therapy
American Association on Health and Disability*
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Nurses Association
American Association of Child and Adolescent Psychiatry
American Group Psychotherapy Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
American Orthopsychiatric Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Clinical Social Work Association
Clinical Social Work Guild
Confederation of Independent Psychoanalytic Societies
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Families USA
Mental Health America
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association for Alcoholism and Drug Abuse Counselors
National Association of Anorexia and Associated Disorders, ANAD
National Association of Psychiatric Health Systems
National Association of Social Workers
National Association of State Mental Health Program Directors, (NASMHPD)
National Council for Behavioral Health
National Disability Rights Network
National League for Nursing
National Federation of Families for Children's Mental Health
No Health without Mental Health
Schizophrenia and Related Disorders Alliance of America
NJ Society for Clinical Social Work, CSW Guild 49 OPEIU-AFL-CIO**
The Jewish Federations of North America
The National Alliance to Advance Adolescent Health

* *MHLG Observer*

** *not a MHLG member*

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President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20501

Vice President Joe Biden
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20501

Dear Mr. President and Vice President:

On behalf of the millions of Americans living with mental and substance use disorders, their families and communities, the undersigned mental health organizations want to thank you, Vice President Biden and your Administration for including in your FY2016 Budget the elimination of the Medicare 190-day lifetime limit, which limits Medicare beneficiaries to just 190 days of inpatient psychiatric hospital care during their lifetime.

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing consumers, parents and family members, advocates, providers, and mental health experts, is dedicated to building better lives for the millions of Americans affected by mental illness.

In the FY2016 Budget you propose to eliminate the discrimination against mental illnesses that continues to exist in the Medicare program as Medicare beneficiaries are still limited to 190-days of inpatient psychiatric care during their lifetime. There is no such lifetime limit for any other Medicare specialty inpatient hospital service.

Through passage of *Affordable Care Act of 2010* and the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*, coverage for mental health and addictive disorders is now required to be on par with other medical disorders. We must now finally give Medicare beneficiaries the full parity that other individuals now have under the law.

The elimination of the 190-day limit will equalize Medicare mental health coverage with private health insurance coverage, offer beneficiaries the choice of inpatient psychiatric care providers, increase access for the most seriously ill, improve continuity of care and create a more cost-effective Medicare program.

Mr. President, MHLG thanks you for your leadership and stands ready to work with you and the Administration to eliminate this discrimination against Medicare beneficiaries with mental health and substance use disorders. We invite you to contact our MHLG Steering Committee member, Nancy Trenti at 202/393-6700 with comments or with questions.

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American Association for Marriage and Family Therapy
American Association on Health and Disability*

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The National Alliance to Advance Adolescent Health

cc: Secretary Sylvia Mathews Burwell, U.S. Department of Health and Human Services

** MHLG Observer*

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