



HEALTH CARE REFORM: WHAT DOES IT MEAN FOR PEOPLE LIVING WITH SERIOUS MENTAL ILLNESS

MIRA SIGNER

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) VIRGINIA
PRESENTATION TO SENATE FINANCE HHR SUBCOMMITTEE

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Part One **OVERVIEW**

Prevalence

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- About 298,000 adult Virginians have a serious mental illness at any time during a given year
- About 102,000 children and adolescents in Virginia have a serious emotional disturbance in a given year, and 65,000 of them are extremely impaired.

Mental Illness and the Uninsured

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- According to the 2005 SAMHSA National Survey on Drug Use and Health, one in five people with a serious mental health condition are uninsured.
 - Without insurance, people with mental illness or addictions disorders are at an increased risk of hospitalization, poor health outcomes, and diminished quality of life.
 - People without insurance are also more likely to rely on more expensive emergency room care.

Virginia Overview – MH Resources

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- 48th nationally in Medicaid per capita expenditures.
- 31st in Medicaid spending per enrollee, slightly less than the national average.
- 33rd in per capita spending on mental health (2005)
- 9th in spending on state mental hospitals
- 40th in spending on community-based mental health services.

Lower Life Expectancy

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2006 NASMHPD Study

- Adults with serious mental illness in public care die an average of 25 years earlier than the general population, largely of preventable and treatable medical conditions.

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Part Two

**WHAT HEALTH CARE REFORM MEANS FOR
PEOPLE LIVING WITH SERIOUS MENTAL ILLNESS**

Hampton

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My 31-year old daughter is uninsured. She was diagnosed with bipolar disorder in 2002. She isn't ill enough to qualify for disability, isn't poor enough to qualify for Medicaid, and was denied coverage for private insurance. I've been paying for doctor appointments when I could afford them, along with medications. But now I can't afford to pay at all. In order to see a doctor, she goes to the emergency room.

When I last checked to see about insurance, I found out that a diagnosis of bipolar disorder is a disqualifier for insurance. And because she's overweight, that's another disqualifier.

I live in constant fear that she will get cancer or diabetes or something else like that.

Fairfax

Our adult son was rejected for health insurance coverage from a private insurance company because of his bipolar diagnosis.

He looked for coverage under other companies and one quote was \$1,200/month. He is very stable but needs his medications which we have helped pay for.

He tried going to the CSB but was told they didn't have any availability for him because of their limited resources. He tried the local free clinic but there's a waiting list. He tried signing up for Medicaid but doesn't qualify. We're at a loss for what to do.

Franklin

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I have dealt with major depression for as long as I can remember. I begin working with hope and optimism, but eventually my mental health suffers, which also causes me physical symptoms.

Because I have no health care coverage, I have been unable to seek medical help. Because I can't afford medical help, I am too ill to work a meaningful job with a livable wage.

I am now 32 years old and in worse health than ever. I have never had a job with health care or that paid more than \$10 an hour. I have, however, had thousands of dollars of medical bills.

It is incredibly stressful to live a life with no health insurance. It is hard not to be hopeless when you have no money, bad health, and no end in sight.

Roanoke

I have gotten services at my local CSB on and off for the past 6 years. They helped me stabilize but it has not been easy. I had some relapses and burned bridges with a lot of people who cared about me. I'm on the road to recovery and it feels good. After a long struggle including homelessness I was diagnosed with bipolar disorder. In my darkest days I spent many awful nights homeless. I'm much better now.

I don't have Medicaid. I was told I don't qualify. When I need to go to the doctor I pay a sliding scale. I now have a part-time job that I love so I make small payments for my appointments. It's hard to keep up with the payments but I try my best.

Virginia Beach

I have Medicare Parts A, B and D. I have just reached the donut hole in the Medicare Part D plan so [one] medication now costs over \$300 per month.

Because of this I have discontinued using the medication because I can't afford it. This subjects me to severe withdrawal. I have also had to discontinue another medication for the same reason and don't know if my psychosis will return.

Receiving SSDI and working a minimum wage job does not afford me the luxury of taking the drugs I need.

How Health Care Reform Will Help

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- By 2014, Medicaid eligibility will be expanded to 133 percent of poverty for non-elderly individuals
 - An individual with an income of about \$14,404 will be eligible for coverage
 - \$29,327 for a family of four will be eligible for this coverage
- By 2014, insurers may not deny coverage, charge a higher premium, or provide coverage that excludes essential health benefits due to a pre-existing medical condition or past history of a medical condition

How Health Care Reform Will Help

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- By 2014, state-based exchange will provide a range of health plans with mental health coverage.
- Coverage for young adults up to age 26 on parent's insurance; prohibits pre-existing condition exclusions for children under age 19.
- In 2010, \$250 rebate available for Medicare Part D enrollees who reach the prescription drug coverage gap, or "donut hole."

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Part Two

**WHAT DOES IT COST NOW TO TREAT THE UNINSURED WITH
BEHAVIORAL HEALTH DISORDERS
AND WHERE ARE PEOPLE GETTING COVERAGE?**

Pressure on Public and Private Systems

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- Virginia's historically low Medicaid eligibility for aged, blind, and disabled populations places pressure on public and private health care systems and other state systems.
- About one-half of the people with serious mental illness served by CSB/BHAs are not eligible for Medicaid resulting in under or untreated problems, support through state General Funds or, by default, expensive crisis care in private hospitals.

Hospital Admissions – Nationwide Data

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- In 2007, 12.0 million emergency room visits involved a diagnosis related to a mental health and/or substance abuse condition, accounting for one out of every eight ER visits in the US.
 - MH/SA ED visits were 2.5 times more likely to result in hospital admission than ED visits related to non-MHSA conditions—nearly 41 percent of MHSA-related ED visits resulted in hospitalization
 - Uninsured population accounted for 21% of all of these MH/SA ED visits

Disproportionate Share Hospital Payments

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- Medicaid disproportionate share hospital (DSH) payments provide financial assistance to hospitals that serve a large number of low-income patients, such as people with Medicaid and the uninsured
- Medicaid DSH payments are the largest source of federal funding for uncompensated hospital care
- Virginia's Federal Medicaid DSH Allotment for FY 2009 alone was \$87 million
- Approximately \$1.0 billion+ GF to VCU and UVA in past decade to serve Virginia's uninsured.

Cost Shifting

- Incarceration and Homelessness
 - 18.5% of jail inmates have a serious mental illness (2007).
 - Studies show that people with mental health disabilities are over-represented within the homeless population.
 - And they are more likely to have repeated episodes of homelessness, remain homeless for longer periods of time, and utilize high-cost resources such as emergency rooms.

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Part Three

**WHAT DOES RECOVERY LOOK LIKE FOR A PERSON WITH
SERIOUS MENTAL ILLNESS?**

Mental Health Recovery

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National Consensus Statement

- **“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”**

Tom, Hampton

When “Tom” was diagnosed with schizoaffective disorder he was 28 and had just completed two college degrees and several years in the United States Air Force. He started down the road of a long journey of numerous hospitalizations and treatments.

After finding the right care, treatment, and supports he needed to get and stay well, Tom has become a mentor and peer to others, helping to educate and support others in their own journey to recovery and wellness. He has been well for more than a decade, crediting access to health insurance and meaningful community work with helping him to get and stay well.

Shannon, Falls Church

As a child, “Shannon” experienced debilitating anxiety and panic attacks, affecting her ability to relate and spend time with others. She struggled through adolescence and young adulthood without seeking help.

Eventually the illness took a huge toll. She would go on to be hospitalized 29 times over a 9 year period. During periods of wellness she was able to go to college, and eventually earned two degrees, learning more about mental illness through psychology courses.

Shannon describes a turning point in her life when she was able to obtain health insurance for low-income people. This allowed her to access doctors, therapists, medications, and outpatient mental health supports. Eventually she got a part-time job and became a community volunteer helping others with mental illness overcome their challenges. Shannon believes entering the health insurance program was a major step forward enabling her to get educated about her illness and obtain the services she needed to get and stay healthy.



www.namivirginia.org
(804) 285-8264