

AMERICAN SOCIETY OF ADDICTION MEDICINE HEALTH CARE REFORM CONFERENCE POSITIONS

	SENATE BILL AS PASSED ON 12/24/09	HOUSE BILL AS PASSED ON 11/7/09	ASAM CONFERENCE POSITION
Inclusion of SUD in the minimum benefits package	✓ Requires SUD/MH services as part of the minimum benefit package (exempts large employers)	✓ Requires SUD/MH services as part of the minimum benefit package	✓ Support House provision
Application of Wellstone Domenici parity law to all plans	✓ Requires individual, small group and large group plans to comply with Wellstone/Domenici	✓ Requires plans in exchange (which includes the public plan), individual, small and large group plans to comply with Wellstone/Domenici	✓ Support House provision
Prohibition of Discrimination against Individuals with Pre-Existing Conditions	✓ Prohibits discrimination against individuals with pre-existing conditions	✓ Prohibits discrimination against individuals with pre-existing conditions	✓ Agreed upon
Prohibition of Discrimination against Individuals based on Health Status	✓ Prohibits discrimination against individuals based on health status (including MH/SUD)	✓ Prohibits discrimination against individuals based on health status (is silent on MH/SUD)	✓ Support Senate provision
Mental Health & Addiction Treatment Benefits for Newly Eligible Medicaid Enrollees	✓ Expands Medicaid eligibility for everyone, including childless adults, up to 133% of poverty. Newly-eligible adults would be enrolled in a “benchmark” plan that would include addiction and mental health treatment services at parity	✓ Expands Medicaid eligibility and full Medicaid benefits for everyone, including childless adults, up to 150% of poverty (page 1022). Newly-eligible adults would be provided addiction and mental health services, at a state’s option, according to the state plan ✓ Prohibits enrollment of childless adults in managed care plans unless that state can demonstrate that the plan has capacity to meet the health, mental health and SUD needs of these individuals	✓ Support expanding Medicaid eligibility to 150% (House) ✓ Support requiring that newly eligible population (childless adults) has MH/SUD benefits at parity (Senate) ✓ Support requiring plans to certify that they have the capacity to meet the health, mental health and SUD needs of the newly eligible population

	SENATE BILL AS RELEASED ON 11/18/09 (MEDED HELP/FINANCE BILLS)	HOUSE BILL AS PASSED ON 11/7/09	ASAM CONFERENCE POSITION
Inclusion of SUD workforce development funds	<ul style="list-style-type: none"> ✓ Includes a loan repayment program for individuals practicing pediatrics, child and adolescent MH/SUD services ✓ Authorizes grants to higher education institutions for MH/SUD professionals <ul style="list-style-type: none"> ○ Priority will be given to institutions in which the training focuses on the needs of vulnerable groups, including individuals with MH & SUD and where applicants have demonstrated familiarity with evidence based methods in child and adolescent mental health services including SUD prevention & treatment ○ \$8M is authorized for social work ○ \$12M for graduate psychology ○ \$10M for professional child and adolescent MH/SUD ○ \$5M for training in paraprofessional child and adolescent work at state-licensed NFP and for-profit organizations 	<ul style="list-style-type: none"> ✓ Authorizes workforce development grants for providers of MH/SUD services; authorizes \$60 million for the program. Includes report language specifying addiction physicians 	<ul style="list-style-type: none"> ✓ Support House provision
SUD screening & prevention	<ul style="list-style-type: none"> ✓ In a section authorizing community health team grants aimed at supporting medical homes, the bill includes a provision to include SUD prevention, treatment and MH service providers as eligible grantees ✓ SUDs are listed as a national priority in the report to be provided to Congress and the President by 7/1/10 by the National Prevention, Health Promotion and Public Health Council 	<ul style="list-style-type: none"> ✓ Where wellness program grants are concerned, wellness program components include: health awareness; health education; health screenings; employee engagement; behavioral change (relating to tobacco use; obesity; stress management; physical fitness; nutrition; substance abuse; depression; & mental health promotion); & supportive environment 	<ul style="list-style-type: none"> ✓ Support Senate and House provisions

	<ul style="list-style-type: none"> ✓ In the School Based Health Centers section, comprehensive primary health services means the core services offered by school based health centers (SBHC); includes MH, including SUD assessments <ul style="list-style-type: none"> ○ Preference will be given to applicants who demonstrate the ability to serve communities that have evidenced barriers to primary health care & mental health & substance use disorder prevention services for children & adolescents.; as well as populations of children & adolescents that have historically demonstrated difficulty in accessing health & mental health & substance use disorder prevention services ✓ Funds from Healthy Aging, Living Well; Evaluation of Community Based Prevention & Wellness Programs for Medicare Beneficiaries may be used to reduce tobacco use & SUD among the target population <ul style="list-style-type: none"> ○ Funds shall also be used to conduct ongoing health screening to identify risk factors, including those for mental health/behavioral health & SUDs ✓ Where demonstration projects concerning individualized wellness plans are concerned, the wellness plan may include alcohol cessation counseling services. Wellness plan risk factors shall include alcohol use 	<ul style="list-style-type: none"> ✓ Authorizes \$30M SBIRT grant program (✓ Funds from grants to Promote Positive Health Behaviors & Outcomes will be used to support community health workers to educate, guide & provide outreach in community settings regarding health problems; educate, guide & provide experiential learning opportunities that target behavioral risk factors (including poor nutrition, physical inactivity, being overweight or obese, tobacco use, alcohol & substance use) 	
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	SENATE BILL AS RELEASED ON 11/18/09 (MEDED HELP/FINANCE BILLS)	HOUSE BILL AS PASSED ON 11/7/09	ASAM CONFERENCE POSITION
Inclusion of relevant SUD agencies in federal studies or working groups	<ul style="list-style-type: none"> ✓ As part of the Medicaid “State Plan Option Promoting Health Homes for Enrollees with Chronic Conditions” program, directs states to consult and coordinate with SAMHSA in addressing prevention & treatment of MH/SUD <ul style="list-style-type: none"> ○ With regard to the state option to provide health homes for enrollees with chronic conditions, a chronic condition is defined as: “the meaning given that term by the Secretary & shall include, but is not limited to, the following: (A) a mental health condition; (B) substance use disorder; (C) asthma; (D) diabetes; (E) heart disease; (F) being overweight, as evidenced by having a body mass index of over 25” ✓ Includes SAMHSA as an agency in the “Interagency Working Group on Health Care Quality” ✓ The National Prevention, Health Promotion and Public Health Council will include the Secretaries, Administrators & Directors of various agencies, including the Director of ONDCP ✓ Includes an HHS education and outreach campaign on the benefits of prevention; section contains a requirement that the campaign disseminate information about the preventive work done by SAMHSA 	<ul style="list-style-type: none"> ✓ Adds the Substance Abuse and Mental Health Services Administration (SAMHSA) to list of agencies consulted for the development of a national prevention and wellness plan 	<ul style="list-style-type: none"> ✓ Support Senate and House provisions