

Breaking Down Barriers to Mental Health Access 3.0

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#AccessToHealthCare



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MHIA
Mental Health America
B4Stage4

What this session will cover

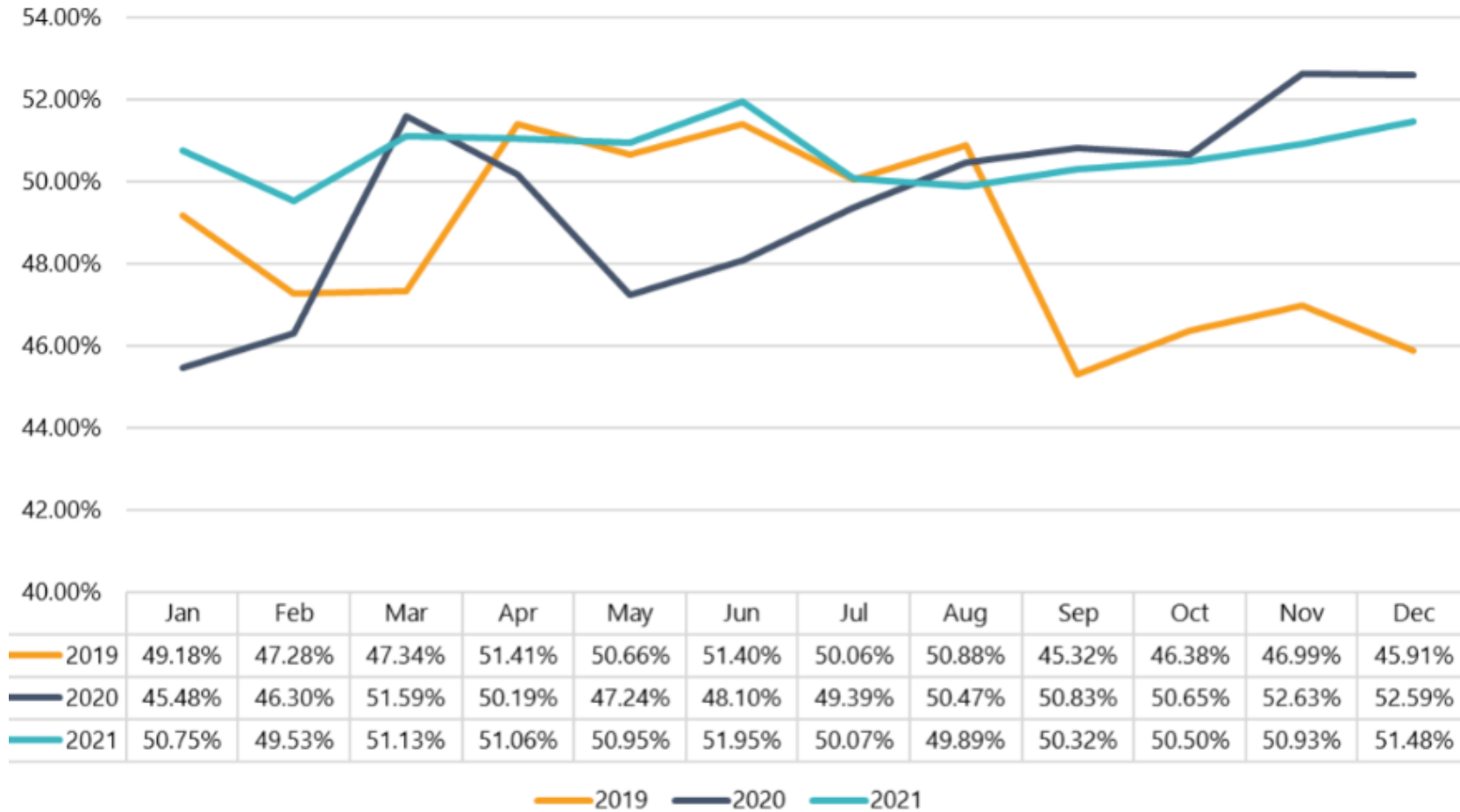
- Offer a snapshot of current mental health need
- Discuss how 988 may be the key to revolutionizing' states mental health systems
- Look at how several policy barriers may be loosened.

Overview of MHA Screening Demographics

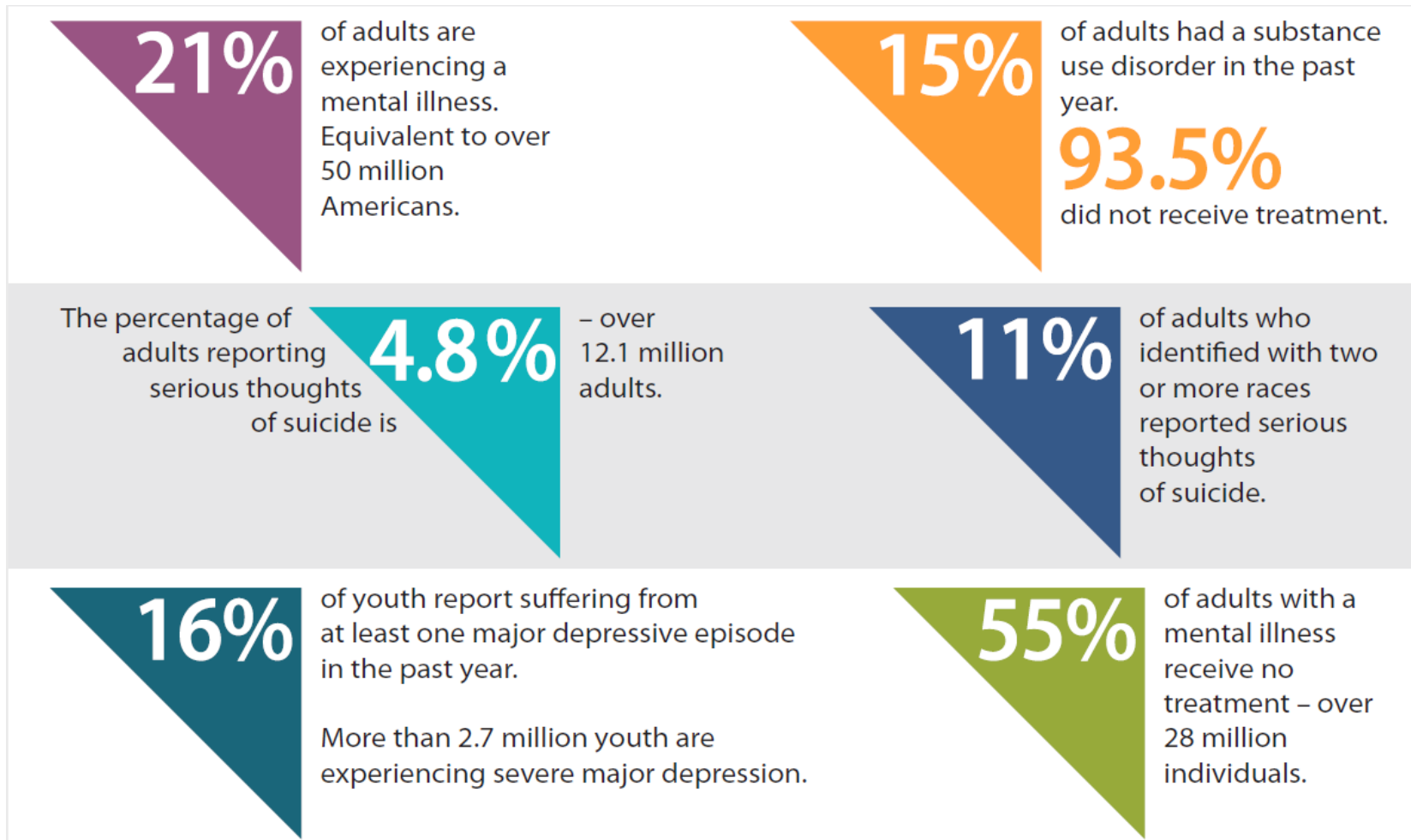
- **17 million** screeners since 2014;
 - Represent a help-seeking population for mental health conditions;
 - 6 million screeners
- 73% are female;
- Screeners screen more often for depression than any other condition;
- 47% identify as a racial/ethnic minority;
- 40% are international.
- In 2020, MHA results are consistent with the 2020 US Census Bureau Pulse Survey and CDC findings.

Suicidal Ideation Reported at Higher Rates Since June 2020

**Rates of Frequent Suicidal Ideation Among Youth (Ages 11-17):
2019-2021**



State of Mental Health in America



State of Mental Health in America

11%

(over 5.5 million) of adults with a mental illness are uninsured.

60%

of youth with major depression do not receive mental health treatment.

In the U.S., there are

350

individuals for every one mental health provider.

28%

of all adults with a mental illness reported that they were not able to receive the treatment they needed.

Most reported they did not receive care because they could not afford it.

23%

of adults who report experiencing 14 or more mentally unhealthy days each month were not able to see a doctor due to costs.

1 in 10

youth with private insurance do not have coverage for mental or emotional difficulties – over 1.2 million youth.

988

- In July 2020, the Federal Communications Commission (FCC) designated 988 as the new three-digit number for the National Suicide Prevention Lifeline
- 988 went live July,16, 2022. During its first week 96,000 calls, texts, and chats were received—a 66% increase over the same week the previous year.
- 988 calls are handled by National Suicide Prevention Lifeline counselors, around the country, **but not all locations have local call centers or 24/7 coverage**
- The [National Suicide Designation Act in October 2020](#) , the bill that authorized 988 has always had broad, bipartisan support from Congress.
- It allows states to assess a fee on cell phone bills to recover the costs of the local call centers, and associated crisis services. A similar fee on cell phone bills supports 911 in most states.
- Fees will allow for local infrastructure and community services.

Exemplary State 988 Statutes

- Model State Law: [NASMHPD draft](#)
- Nevada [SB 390](#)
 - **States that a monthly user fee can be used for the purposes as defined in federal law**
 - **Caps the fee at 35 cents**
 - **Allows the State Board of Health to adopt regulations to determine the exact fee amount. At the full 35 cents, it is anticipated that it would bring in \$13M per year.**
- Washington [HB 1477](#)
 - **Requires agency to designate call center hubs, establishes standards, and funds crisis call centers at goal of 90% response rate**
 - **New technology platform to include coordination with 911**
 - **Specifies meeting needs for geographically, culturally and linguistically appropriate services,**
 - **Fee is 24 cents per line, per month and rises to 40 cents in 2023**
 - **Funds pay for the routing of calls as well as personnel and the provision of acute behavioral health, crisis outreach, and crisis stabilization services directly responding to the 988 crisis hotline**

Medication Access

Policies that hurt

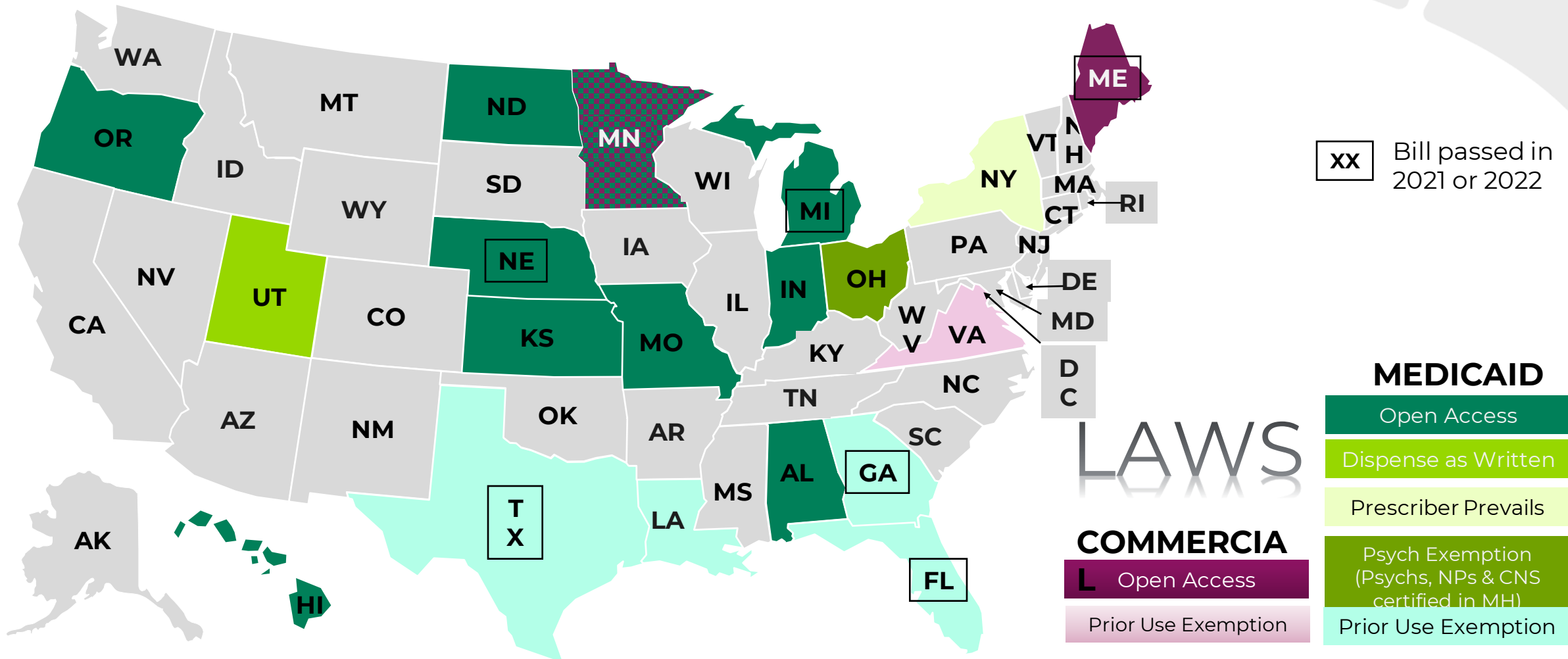
- **Step Therapy** requires people to be failed by (up to 4) wrong medications
- **Forced Switching** when insurance changes takes people off meds that are working for them, often destabilizing their lives.
- **Prior authorization**—places undue wait time in crisis
- **Limited formularies** keeps people from getting medications that are compatible with their other medications or that are safe to use in pregnancy.

Maine has the remedy

- The title of LD 1268 says it all:

An Act To Provide Greater Access to Treatment for Serious Mental Illness by Prohibiting an Insurance Carrier from Requiring Prior Authorization or Step Therapy Protocol

20+ States Have Protections for Mental Health Rx



Telehealth and Mental Health

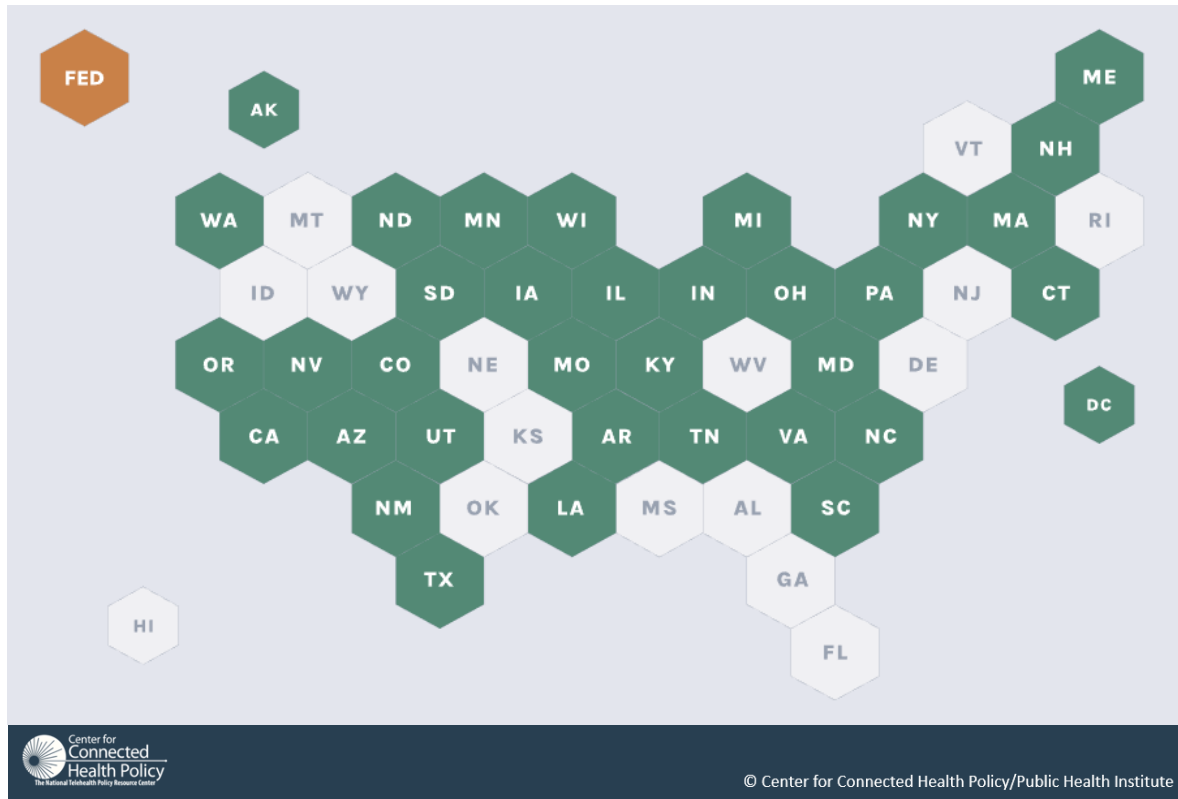
Telehealth = Mental Health Access

- Pandemic has increased existing unmet need
- COVID-19 loosening of regulations has increased access, lessened barriers, such as transportation, childcare, and time off from work
- Telehealth helps to relieve acute behavioral health workforce shortage, especially in rural areas, and for children, older adults and other populations
- Allow providers to practice across state lines

Colorado continues the benefits

- [Act 20-212](#) permanently extends federal telehealth expansion beyond the pandemic emergency
- Pertains to both Medicaid AND Private insurance.
- It states that plans **SHALL NOT**
 - Impose an annual maximum
 - Impose specific limitations
 - Require a previous relationship or an in-person visit

Medicaid and Audio-Only Telehealth



- **34 state Medicaid** programs **plus D.C.** now allow for telephone reimbursement in some way. **NOTE:** Some states may have recently passed legislation to cover reimbursement, but proof Medicaid has implemented such a policy has not been found yet. States indicated have written Medicaid policies.
- **Brown states** are for Communications Technology Based Services (CTBS)
- Research is based on information from July – September 2022

Courtesy of the Center for Connected Health Policy

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- Download MHA's State of Mental Health in America report [here](#)

Best Practices for Protecting Patients

Examples of protecting access to mental health medications

STEP THERAPY OVERRIDE PROCESS

More than **20 states** have clear step therapy override processes for providers, helping patients access medications



PRIOR AUTHORIZATION EXEMPTION

Indiana, Maine, Michigan & Oregon exempt mental health medications from prior authorization or step therapy requirements



PROVIDER TYPE EXEMPTION

Ohio exempts psychiatrists and psychiatric APRNs to prescribe atypical anti-psychotics and antidepressants without prior authorization



“DAW”/PRESCRIBER PREVAILS

New York and **Utah** allow providers to override the PDL when prescribing certain medications, including those for mental health conditions

PRIOR USE EXEMPTION

Florida, Georgia, Louisiana & Texas exempt certain mental health medications from the prior authorization process if the patient used the medication within the previous 12 months

<https://www.protectaccesstomhmeds.com/>

Thank You!