

# SAFEGUARDING MENTAL HEALTH

#### **KEEP WHAT WORKS**

About 60 million children and adults in America live with a mental health condition.<sup>1,2</sup> Unfortunately, 50 percent of people with mental illness do not receive mental health services.<sup>3,4</sup> Affordable, quality health insurance is critical to people getting the mental health care they need.

As Congress looks to reform health insurance options in America, NAMI wants to make sure we *keep what works* and *make it better*. Because when people do not have access to mental health care, many seek help in emergency departments where they can wait for days, or even weeks, for psychiatric care. Others end up out of school, out of work, in jail, on the streets or—tragically—die by suicide. Over 40,000 American lives are lost every year to suicide. <sup>5</sup>

### Mental health coverage

Mental health conditions affect 1 in 5 Americans.<sup>6,7</sup> Yet, just a few years ago, individual and small group health insurance plans were not required to cover mental health and substance use disorders at all, let alone on fair and equal terms.<sup>8</sup> The current requirement that health plans cover mental health and substance use disorders—and at the same level as other health conditions (parity)—remains critical as our nation seeks to better address mental health needs and lower the estimated \$300 billion annual economic cost of mental illness.<sup>9</sup>

## **Extended coverage for young adults**

Three out of four people who live with a mental health condition have symptoms by age 24. <sup>10</sup> Young adults need consistent health coverage so that, if a mental health condition begins to emerge, they have access to mental health services and supports early, before their condition gets worse and harder to treat. Allowing families to cover young adults through age 26 on their health plans is an important option that helps keep young lives on track and experiencing success.

## Health plan safeguards

Today, everyone can get coverage regardless of whether they have a mental health condition, such as depression or anxiety (guaranteed issue). Once a person is covered, there are safeguards to ensure quality coverage and that a person can't be dropped from their plan (rescission) or turned down for renewal just because they are ill or using services (guaranteed renewability). People cannot be charged more based on their health status, have annual or lifetime limits on their coverage or be subject to exorbitant deductibles or out-of-pocket expenses.

Mental illness costs our nation an estimated \$193.2 billion in lost earnings alone every year. <sup>11</sup> Health plan safeguards are vital to help ensure that people can get and keep health coverage—and can access the mental health care they need to lead healthy, productive lives.



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