

Board of Trustees Endorses HR 3200

BY ALAN F. SCHATZBERG, M.D.

APA's Board of Trustees meeting on September 11 and 12 was highly productive. We discussed a number of key issues for the organization, and I will be highlighting some of the discussions and decisions over the next few issues. Of particular note, we spent considerable time discussing what APA's positions on health care reform should be, particularly whether we should support HR 3200, America's Affordable Health Choices Act. Previously we had sent a letter commenting to the key House committees on aspects of the proposed legislation. At the Board meeting, we formally and unanimously voted to endorse the bill, including the so-called public option.

Although no bill is perfect and there may be elements that may be less attractive to one or another constituency, we recognized that overall HR 3200 offers many positive benefits for psychiatrists and other physicians and, most importantly, for our patients. Among these benefits:

- Requiring a basic benefit package for all qualified health benefit plans in the Health Insurance Exchange proposed in HR 3200. Of particular note, mental health and substance-use disorder treatment is included within the basic benefit package, and this coverage requirement would be extended to all health insurance plans within five years.

The Health Insurance Exchange would be a grouping of health insurance plans for individuals, families, and certain small employers offering a choice of plans in a competitive environment. Uninsured or underinsured Americans would be pooled together to balance the risk of illness and cost of coverage across a large number of individuals. The exchange also could be used to ensure access to affordable, portable health insurance coverage.



- Blocking insurance discrimination based on individuals' health status and preexisting conditions.

- Requiring a public health insurance option in the exchange. We were particularly pleased that the bill as amended by the Energy and Commerce committee clarifies that physician participation in the public plan is voluntary and that no penalties

may be levied for not participating.

- Establishing meaningful requirements for employers and individuals to obtain qualified health insurance coverage.

- Eliminating the pending 21 percent reduction in the Medicare payment update and addressing the flawed sustainable growth rate formula that is used to determine physician reimbursement fees each year.

- Preserving the recent advances in parity for mental health and substance-use disorder treatment, as well as extending the physician fee schedule mental health add-on as enacted in the Medicare Improvements for Patients and Providers Act of 2008. Under this act, the discriminatory 50 percent copay for psychiatric services is being phased out so that patients will have the same 20 percent copay for such care as they do other types of medical care.

As you can see, the bill preserves the gains we have made in regard to parity and provides major benefits for our patients, including prior illness protection and the elimination of proposed reductions in Medicare reimbursement.

We joined a number of major medical societies, including the AMA, in supporting both the bill and a public plan. We also commended the AMA Board of Trustees and advocacy staff for showing leadership in ensuring that APA has an active role in

crafting meaningful solutions to the country's health insurance crisis.

In our Board discussions last month, it was clear that the Board believes that a public option can provide a competitive force in the marketplace, and many of our patients are already covered under existing public plans. The Board was clear, however, that our members' participation in a public plan should be purely on a voluntary basis.

We were aided in the discussion with the presence of Dr. Bob Cabaj, the chair of APA's Council on Advocacy and Government Relations. One key action of the Board was to clarify its oversight on responses to proposed legislation that often come at short notice. The president, president-elect, and the council chair will be consulted by Dr. Jay Scully, APA's medical director, and APA's Government Relations staff. This will allow for more rapid responses on key issues. The Executive Committee and Board will continue to be consulted as needed.

We expect to be involved with our coalition partners in sending Congress numerous letters and other communications over the next few months as work on health care reform unfolds. For example, since the Board met, we sent a letter to the Senate Finance Committee on its bill commending Sens. Max Baucus (D-Mont.), chair of the committee, and Charles Grassley (R-Iowa), ranking minority member, for including coverage of mental illness and substance-use disorders within the basic required benefit package under the Health Insurance Exchange. However, we also pointed out serious concerns we have about the bill, such as its failure to include a long-term fix to Medicare's physician payment formula and issues related to the new federal parity law. The letter is posted at <www.psych.org/dgr/apasfherltr>.

We will keep you informed of APA's progress with regard to health care reform in *Psychiatric News* and on APA's Web site under "Advocacy." ■

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