Congress Should Protect Coverage for Mental Health and Substance Use Disorder Treatment

With our country facing an ongoing opioid epidemic and alarming increases in the rates of serious mental illness and suicides, the American Psychological Association urges Congress to ensure Americans continue to have access to comprehensive, affordable mental health and substance use disorder coverage in Medicaid and private health insurance plans through the Affordable Care Act (ACA).

- An estimated 133 million non-elderly adults (51%) have a pre-existing condition that could be used by insurers to charge higher premiums or deny coverage.
- Two out of every five adults with a mental illness, and half with a serious mental illness, forego the mental health care they need because they cannot pay.

Mental health and substance use disorder benefits are essential health benefits

- Since 2014, most health plans are required to cover mental health and substance use disorder benefits under the ACA’s Essential Health Benefit (EHB) rules.
- ACA-compliant plans may not deny coverage or charge more for pre-existing conditions.
- Prior to the ACA’s EHB requirements, 38% of individual and small-group health plans did not cover mental health while 45% did not cover substance use disorder care.
- Currently, short-term health plans are not subject to EHB requirements: one study of available plans shows as many as 43% exclude mental health care while 62% exclude substance use disorder services.

Before ACA’s essential health benefits requirement, of those with health insurance bought through the individual market...

1 in 3 weren’t covered for substance use services...

and almost 1 in 5 weren’t covered for mental health services.


To ensure access to mental health and substance use disorder treatment, Congress should not weaken coverage for mental health and substance use disorder benefits, and should prohibit coverage denials and premium increases for individuals with pre-existing conditions.
Medicaid is critical for our nation’s mental health and for battling the opioid crisis

- Medicaid is the nation’s largest payer of mental health services, providing coverage to 27% of adults with a serious mental illness, many through Medicaid expansion under the ACA.
- Among nonelderly adults with opioid addiction, those with Medicaid are significantly more likely than those with private insurance or those who are uninsured to receive treatment.
- Medicaid benefit cuts, eligibility restrictions, and reporting requirements would roll back gains made in access to mental health and substance use care: for example, over 18,000 people in Arkansas were disenrolled from Medicaid for failure to comply with work requirements in 2018.
- Medicaid expansion dramatically reduces the proportion of hospitalizations for mental health and substance use disorders that occur without insurance coverage.

“...Medicaid expansions have the potential to curb the opioid epidemic through reductions in the treatment gap and shed light on the importance of preserving government spending on treatment to fund care for the remaining uninsured or for key services not covered by Medicaid.”