



## MOAR –

*Massachusetts Organization for Addiction Recovery*

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### **If Insurance Coverage for Addiction Treatment is Important To You\_ Speak Up**

As you know, the State Senate and House of Representatives recently passed health care reform legislation. Now a conference committee must work out differences between the House and Senate versions

Ask your elected legislators to contact the Health care Reform Conference Committee members, and The Mental Health Substance Abuse (MHSA) Committee Chairs. The MHSA committee will hold hearings on MassHealth Behavioral Health Medicaid Benefit. The Healthcare Reform Educational Overall Message:

- 1) Include – at minimum- the current state mandate of 30 days inpatient, \$500 outpatient for substance abuse insurance benefit coverage, as well as mental health parity that covers 8 outpatient sessions for dual diagnosis in the final bill. The House included this provision which is in current law; The Senate did not. So you would relay the House version in legislative vocabulary.

#### *Message to Legislators*

*“Support language in House Bill Section 77, subsection (d), that requires that all health plans receiving the connector seal of approval meet all the requirements of health benefit plans defined in MGL Chapter 176J, Section 1. This language would maintain all existing mandated benefits for coverage.”*

- 2) Eliminate provisions in both House and Senate bills which put a moratorium on new mandated benefits, which would jeopardize the passage of substance abuse parity legislation and Licensed Alcohol and Drug Counselor Insurance Reimbursement legislation. We need benefits that support recovery.
- 3) Assure maintenance of the current behavioral health plans in MassHealth. Cutting it up, down, or out could have *unforeseen* consequences.

#### *Legislative Contact Information for You!*

#### **Healthcare Reform Conference Committee Contact Info:**

- Senator Richard Moore                    617-722-1420 (Uxbridge)            [Richard.Moore@state.ma.us](mailto:Richard.Moore@state.ma.us)
- Senator Brian Lees                        617-722-1291 (Longmeadow)       [Brian.Lees@state.ma.us](mailto:Brian.Lees@state.ma.us)
- Senator Therese Murray                617-722-1481 (Plymouth)           [Therese.Murray@state.ma.us](mailto:Therese.Murray@state.ma.us)
- Representative Ronald Mariano        617-722-2220 (Quincy)               [Rep.RonaldMariano@hou.state.ma.us](mailto:Rep.RonaldMariano@hou.state.ma.us)
- Representative Patricia Walrath       617-722-2430 (Stow)                 [Rep.PatriciaWalrath@hou.state.ma.us](mailto:Rep.PatriciaWalrath@hou.state.ma.us)
- Representative Robert Hargraves     617-722-2305 (Groton)               [Rep.RobertHargraves@hou.state.ma.us](mailto:Rep.RobertHargraves@hou.state.ma.us)

#### **Mental Health Substance Abuse Committee Chairpersons Info;**

- Senator Steven Tolman                 617-722-1280 (Brighton)            [Steven.Tolman@state.ma.us](mailto:Steven.Tolman@state.ma.us)
- Representative Ruth Balsler            617-722-2060 (Newtion)            [Rep.RuthBalsler@hou.state.ma.us](mailto:Rep.RuthBalsler@hou.state.ma.us)

#### **State Legislator Contact Info:**

- The Main State House telephone number is 617-722-2000.
- The Address is: Senator \_\_\_\_\_ or Representative \_\_\_\_\_ The State House, Boston, MA 02133
- If you do not know who your elected legislator is – call your city hall or type in your address at <http://www.wheredoivotema.com/bal/myelectioninfo.php>.
- Questions – Call Maryanne Frangules at 617-423-6627 or email [moarfran@earthlink.net](mailto:moarfran@earthlink.net)

## **The Problem**

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- Of the 570,343 Massachusetts residents needing addiction treatment, only 82,196 were able to access it. The primary reason cited for not seeking or being able to access services was the lack of insurance coverage.<sup>1</sup>
- We fear that without a mandate for insurance coverage, and without the current behavioral health plans in Mass Health, the state would restrict access to treatment, in direct opposition to the state's strategic plan.
- In 2003, MassHealth cuts devastated the treatment system, including the closure of six detox centers. Cutting the current mandate could jeopardize treatment programs, which rely on private and public insurance reimbursement.
- Early estimates indicated that the state spent more than \$500,000 in 2005 for the treatment of privately insured patients. Though the State will not incur any cost under Substance Abuse Parity, it would prevent private insurers from shirking their responsibility to their patients and shifting the cost to the state's taxpayers.

## **Treatment Works<sup>2</sup>**

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- **Addiction Treatment Works; Recovery is an Investment.** With treatment, even hard-to-reach populations reduce their illegal drug use by 50%.
- **Addiction Treatment** reduces criminal activity by 80%.
- **Addiction Treatment** increases employment and decreases homelessness, results in marked improved physical and mental health, and reduces risky sexual behaviors.
- **Addiction Treatment** is as effective as treatments for other illnesses: diabetes, hypertension, asthma.

## **Treatment Saves Lives and Money**

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In 2004, the MA Division of Health Care Finance & Policy conducted a study of addiction treatment and parity

- The average premium increase due to substance abuse parity would be only 0.27% (under \$10 per member annually).<sup>3</sup>
- Treatment is less expensive than alternatives, such as not treating or imprisonment. Treatment costs on average \$7,000 annually; the untreated medical costs of substance abuse are \$14,000 annually.
- Massachusetts would save \$6 to \$25 million annually under parity.<sup>4</sup>

## **Insurance Reimbursement for Licensed Alcohol and Drug Counselors**

- Insurance reimbursement permits individuals and their families who suffer from, or are affected by alcohol and other drug abuse or addiction, to choose the licensed professional most appropriate to treat their substance abuse.
- Ironically, in MA, other licensed professionals without alcohol and other drug education can be insurance reimbursed.

<sup>1</sup> National Survey on Drug Use and Health and the 2002 Behavioral Risk Factor Survey for Massachusetts.

<sup>2</sup> Information from CSAT ATR – 2004

<sup>3</sup> Division of Health Care Finance and Policy, Commonwealth of Massachusetts Mandated Benefit Review, Review and Evaluation of Proposed Entitled: *An Act to Provide Equitable Coverage for Substance Abuse*, Senate Bill 872, provided for the Joint Committee on Insurance.

<sup>4</sup> The Lewin Group, Actuarial Assessment of MA Senate Bill. 872: "An Act to Provide Equitable Coverage for Substance Abuse", May 24, 2004.