



The Affordable Care Act Expands Access to Treatment for Substance Use Disorders

About 23 million Americans suffer from alcohol and drug addiction, but only a fraction get the treatment they need. Most people cannot find or afford treatment or feel too stigmatized to seek help. Another 68 million Americans engage in risky use of alcohol or drugs that could lead to dependence or addiction. While the millions going without treatment are from all walks of life, substance use disorders have especially dire impact on those without insurance, with low incomes and who face discrimination because of their race or ethnicity. The cost in lives and in dollars is enormous.

The Affordable Care Act (ACA) includes many provisions to improve and expand treatment for people with substance use disorders. Some of these provisions are already being implemented in states. Others are promising opportunities but require consumer advocacy and monitoring.

The ACA expands coverage for treatment

- **Broadens national parity law.** The Wellstone-Domenici parity law (2008) requires health insurance plans that cover mental health conditions, including treatment for substance use disorders, to offer at least the same coverage as for medical conditions. Under the ACA, this parity law is expanded to new Medicaid plans for childless adults and to qualified health plans offered in the Exchange.
- **Requires states to cover treatment for all newly eligible for Medicaid.** The coverage crafted by states must include mental health and substance use disorder treatment benefits.
- **Includes substance use disorder treatment as part of “essential health benefits” package offered in state Exchanges.** These benefits also include mental health and substance use disorder treatment. Details about the number and scope of treatments covered will be determined by federal and state officials.
- **Prohibits exclusions for pre-existing conditions in 2014.** Starting that year, insurers cannot deny coverage to people with substance use disorders or mental health conditions. In the meantime, the ACA establishes a pre-existing condition insurance plan (PCIP) for citizens and legal immigrants who have been uninsured for at least six months.
- **Extends coverage under parent’s health plan.** Young adults (up to age 26) can obtain coverage under a parent’s insurance plan. This is a population with a high incidence of substance use disorders.

The ACA expands access

- **Funds expansion of community health centers, including behavioral health services.** Part of \$11 billion in new funding already being distributed to community health centers will expand treatment for substance use disorders and mental illness.
- **Authorizes training of new providers.** The law calls for training new primary care providers in behavioral health and mental health treatment, and teaching those who treat

substance use disorders about entering the Medicaid market. However, the law did not allocate funding for this training.

The ACA integrates treatment into overall care plan

- **Encourages collaboration between community mental health centers and community health centers.** Community health centers and community mental health centers are encouraged to provide primary and specialty care in one location to address all the mental and physical health needs of people suffering from substance use disorders. The law authorized funding for this collaboration, but Congress has not yet appropriated the money.
- **Promotes Accountable Care Organizations (ACOs).** An ACO is a network of doctors and hospitals that partner to provide care to patients. Folding substance use disorder treatment into an integrated care model may improve care and access to services.
- **Encourages growth of medical homes or health homes.** Medical homes or health homes are a primary-care-based team approach to coordinating care. States can enroll people with chronic conditions into health homes through their Medicaid program – people with substance use disorders and mental illness are among those eligible.

The ACA bolsters prevention

- **Establishes a National Prevention Strategy with dedicated funding.** Preventing drug and alcohol abuse is one of seven priorities identified in the strategy. The ACA also established a \$15 billion Prevention Fund to invest in all aspects of prevention. The amount devoted to substance use disorders is likely to vary from year to year.
- **Creates Community Transformation Grants.** The first round of grants has been awarded to non-profits, state and county governments or Indian tribes for prevention activities that address chronic illness, health disparities, and secondary conditions. Substance use disorders may be chosen as a secondary prevention initiative in addition to one of the top three focus areas: tobacco-free living; active living and healthy eating; and services to prevent and control high blood pressure and high cholesterol.
- **Requires substance use disorder or mental health screening and referral without a co-pay.** Screenings are included as preventive services covered at no cost to the patients who have new access to Medicaid, Medicare, qualified health plans in the Exchange, or new individual and small group plans.