



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

About 23 million Americans suffer from alcohol and drug addiction, but only about 10 percent get the treatment they need. Many people cannot find or afford treatment, or they 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. Consumer advocacy and monitoring is needed to maximize the benefits of these promising opportunities.

The ACA expands coverage for treatment

- **Requires states to cover treatment for all newly eligible for Medicaid.** The ACA allows states to expand their Medicaid eligibility to include low-income childless adults with nearly all of the cost paid by the federal government. These newly eligible adults receive coverage that must include mental health and substance use disorder treatment.
- **Includes substance use disorders treatment as part of “essential health benefits” in private insurance.** Under the ACA, health plans offered through the new insurance Marketplaces are required to cover mental health and substance use disorders treatment.
- **Broadens national parity law.** The Mental Health Parity and Addiction Equity Act of 2008 requires health insurance plans covering behavioral health conditions to provide mental health and substance use disorders benefits that are comparable to the medical and surgical care provided under the same plan. Under the ACA, this parity law is expanded to Medicaid plans for childless adults and to qualified health plans offered in the health insurance Marketplaces.
- **Prohibits exclusions for pre-existing conditions.** Insurers can no longer deny coverage to people with substance use disorders or mental health conditions.
- **Extends coverage under a parent’s health plan.** Young adults (up to age 26) can obtain coverage under a parent’s insurance plan. The expanded coverage is significant to the health and wellbeing of this population, as nearly 7 percent of young adults ages 18-25 in the United States have a substance use disorder.

The ACA expands access

- **Funds expansion of community health centers, including behavioral health services.** ACA funding has created 550 new health center sites across the country through 2014, with 150 more expected in 2015. Many of these centers provide substance use disorders services.

- **Brings health professionals to underserved areas.** The ACA allocated \$1.5 billion to the National Health Service Corps, a program that encourages medical professionals – including behavioral health care providers – to bring their skills to health care shortage areas around the country.

The ACA integrates treatment into overall care plan

- **Encourages the integration of primary and behavioral health at community health centers.** Community health centers are encouraged to provide primary and specialty care in one location to address all the mental and physical health needs of people with substance use disorders. As of 2014, ACA funding has added or expanded behavioral health coverage to 221 health centers across the country. These health centers hired new mental health professionals, added or improved mental health and substance use disorders services, and integrated behavioral health into the centers' primary care services.
- **Promotes Accountable Care Organizations (ACOs).** An ACO is a network of doctors, hospitals and other providers that partner to provide coordinated care to a group of consumers. The ACA established financial incentives for Medicare ACOs that successfully coordinate care, incur lower costs, and maintain high quality of care for Medicare beneficiaries. Although ACOs have been slow to include treatment for substance use disorder, doing so is likely to improve care and access to services.
- **Promotes patient-centered team approaches to care.** The ACA established a health care delivery model called the Medicaid Health Home, designed for Medicaid beneficiaries with chronic conditions (including substance use disorders and mental illness). The Medicaid Health Home involves a patient-centered team approach to health care. It integrates behavioral health services with primary care, and includes family and community-based supports.

The ACA bolsters prevention

- **Establishes a National Prevention Strategy with dedicated funding.** Preventing drug and alcohol misuse is a key priority for the National Prevention Strategy. It is supported by the Prevention and Public Health Fund, which invests in all aspects of prevention, from community-based programs to public health research and infrastructure. In 2014, \$50 million was devoted specifically to recovery supports for people with substance use problems.
- **Eliminates co-payments or cost sharing for certain screenings and referrals.** Mental health and alcohol screenings for adults are included as preventive services, covered at no cost to adult patients who have access to Medicaid, Medicare, and qualified health plans offered on the federal health insurance Marketplaces.

**Authored by,
Melissa Ough, Policy Analyst &
Tom Emswiler**

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