Breaking Down Barriers to Mental Health Access 2.0

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#WIGDistrict2District
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Access 2.0

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Screening Demographics

• In total, **2,677,734** people took a screen through MHA Screening in 2020
• **73% of screeners identified as female**, 25% identified as male and 2% identified as another gender
• 42% percent of screeners from January-December 2020 were youth ages 11-17, 31% were ages 18-24, and 15% were ages 25-34
Screening Trends

- In 2020, over 2.6 million people took a mental health screen, representing a nearly **200% increase** over the number of people who completed a screening in 2019.
- The three most popular screens taken were the **depression** screen (35% of screeners), followed by the **anxiety** screen (20%), and the **bipolar** screen (17%).
Screening Trends

- Of the 545,150 people who took an anxiety screen in 2020, 79% with symptoms of moderate to severe anxiety, nearly 5% higher than the average rate in 2019
- Of the 944,108 people who took a depression screen in 2020, 85% scored with moderate to severe symptoms of depression, with the most noticeable increases over 2019 occurring in November and December of 2020
State of Mental Health in America Report

Even before COVID-19, 19% of adults experienced a mental illness. 1.5 million people over last year’s dataset.

Suicidal ideation among adults is increasing. 15% of adults with a mental illness report an unmet need for treatment. This number has not declined since 2011.

24% of adults with a mental illness report an unmet need for treatment. Only 27% of youth with severe depression who receive some treatment receive consistent care.

60% of youth with depression do not receive any mental health treatment.

9.7% of youth in the U.S. have severe major depression. This rate was highest among youth who identify as more than one race, at 12.4%.

10.8% of Americans with a mental illness are uninsured. This increased for the first time since the passage of the Affordable Care Act (ACA) — the first numbers that reflect the Trump Administration.

To view report data by state visit: https://mhanational.org/issues/state-mental-health-america
In July 2020, the Federal Communications Commission (FCC) designated 988 as the new three-digit number for the National Suicide Prevention Lifeline.

988 will be a mental health crisis number, and calls will be handled by National Suicide Prevention Lifeline counselors.

By July of 2022, all telecommunications companies will have to make the necessary changes so individuals can access the National Suicide Prevention Lifeline using the 988 dialing code.

With broad, bipartisan support from Congress, President Trump signed the National Suicide Designation Act in October 2020. One aspect of the Act allows states to assess a fee on cell phone bills to recover the costs of the three-digit number and associated crisis services provided to individuals in crisis. A similar fee on cell phone bills supports 911 in most states.
Exemplary State Statutes

- Model State Law: [NASMHPD draft](#)
- Nevada [SB 390](#)
  - States that a monthly user fee can be used for the purposes as defined in federal law
  - Caps the fee at 35 cents
  - Allows the State Board of Health to adopt regulations to determine the exact fee amount. At the full 35 cents, it is anticipated that it would bring in $13M per year.

- Washington [HB 1477](#)
  - Requires agency to designate call center hubs, establishes standards, and funds crisis call centers at goal of 90% response rate
  - New technology platform to include coordination with 911
  - Specifies meeting needs for geographically, culturally and linguistically appropriate services,
  - Fee is 24 cents per line, per month and rises to 40 cents in 2023
  - Funds pay for the routing of calls as well as personnel and the provision of acute behavioral health, crisis outreach, and crisis stabilization services directly responding to the 988 crisis hotline
Medication Access

Policies that hurt

• **Step Therapy** requires people to be failed by (up to 4) wrong medications
• Forced Switching when insurance changes takes people off meds that are working for them, often destabilizing their lives.
• **Prior authorization**—places undue wait time in crisis
• **Limited formularies** keeps people from getting medications that are compatible with their other medications or that are safe to use in pregnancy.

Maine has the remedy

• The title of LD 1268 says it all:
  • **An Act To Provide Greater Access to Treatment for Serious Mental Illness by Prohibiting an Insurance Carrier from Requiring Prior Authorization or Step Therapy Protocol**
Telehealth and Mental Health

Telehealth = Mental Health Access
- Pandemic has increased existing unmet need
- COVID-19 loosening of regulations has increased access, lessened barriers, such as transportation, childcare, and time off from work
- Telehealth helps to relieve acute behavioral health workforce shortage, especially in rural areas, and for children, older adults and other populations
- Allow providers to practice across state lines

Colorado continues the benefits
- Act 20-212 permanently extends federal telehealth expansion beyond the pandemic emergency
- Pertains to both Medicaid AND Private insurance.
- It states that plans SHALL NOT
  - Impose an annual maximum
  - Impose specific limitations
  - Require a previous relationship or an in-person visit

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Medicaid and Audio-Only Telehealth

- **Fifteen state Medicaid** programs now allow for telephone reimbursement in some way. **NOTE:** Some states may have recently passed legislation to cover reimbursement, but proof Medicaid has implemented such a policy has not been found yet. States indicated have written Medicaid policies.
- **Brown states** are for Communications Technology Based Services (CTBS)
- Research is based on information from Feb – Jun 2021

Courtesy of the Center for Connected Health Policy
Contact Mary Giliberti

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• View our school-based mental health policy report here
Best Practices for Protecting Patients

Examples of protecting access to mental health medications

**STEP THERAPY OVERRIDE PROCESS**
More than 20 states have clear step therapy override processes for providers, helping patients access medications.

**PRIOR AUTHORIZATION EXEMPTION**
Indiana, Kansas, Michigan, & Oregon exempt mental health medications from prior authorization or step therapy requirements.

**PROVIDER TYPE EXEMPTION**
Ohio exempts psychiatrists and psychiatric APRNs to prescribe atypical antipsychotics and antidepressants without prior authorization.

**“DAW”/PRESCRIBER PREVAILS**
New York and Utah providers to override the PDL when prescribing certain medications, including those for mental health conditions.

**PRIOR USE EXEMPTION**
Connecticut & Pennsylvania exempt certain mental health medications from the prior authorization process if there is a “record of a paid claim” within the previous 90 days.
Thank You!

https://www.protectaccessstomhmeds.com/