



Questions and Answers about Health Care Reform and its Impact on the Addiction Profession

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Introduction

In the recently passed and enacted health care reform legislation, the “Affordable Health Care for America Act,” there are many provisions that concern health professionals, including substance abuse counselors. The law, for the most part, focuses on the rights of the consumer, and the role of health professionals is only addressed in one section. In order to understand the full impact of the legislation, the following presents facts and answers about all of the provisions impacting substance abuse prevention and treatment.

What Are the Basics of Health Care Reform?

Structurally, the most important part of the bill is the provision that creates "exchanges." The exchanges are state-regulated insurance marketplaces through which individuals and small businesses (and eventually any business) may buy health insurance. All plans in the exchanges have to meet some basic standards, such as providing addiction services. The exchanges, modeled on those in use in Massachusetts, will combine those difficult-to-insure groups together into a single pool, (hopefully) lowering costs while ensuring quality coverage. States are also permitted to create multi-state exchanges, which could provide an even greater benefit.

What Parts of the Law Go into Effect Within the Next 12 Months?

In the next year, some of the changes to our system will include:

- The elimination of co-pays for preventative care under Medicare and new private plans.
- Parents may keep children on their plan up to the child’s 26th birthday.
- Elimination of lifetime caps on coverage (which, through plans covered by parity, will apply to substance abuse treatment).

How Does Health Care Reform Impact Coverage of Substance Abuse Services?

The bill increases the number of citizens eligible for health care coverage by a bit over 30 million. Many of these newly insured will receive tax credits to buy insurance in the newly created exchanges, but millions of people will also be newly eligible for Medicaid. The law raises the Medicaid eligibility threshold to 133% of the federally defined poverty level. Additionally, it requires that adults without dependent children be eligible for Medicaid. In short, with more people now able to receive coverage, there will be more patients for all health professionals, including substance abuse counselors.

In the fall of 2008, the behavioral health advocacy community saw over a decade of work pay off when the Paul Wellstone & Pete Domenici Mental Health Parity Act was signed into law. Health care reform requires individual, small group, and large group insurance plans to comply with the regulations set forth in Wellstone-Domenici. In addition, substance abuse treatment is defined as a “basic service” in the legislation.

Are There Other Benefits to the Substance Abuse Profession?

There are several, including:

- SAMHSA will be included as an agency to be consulted in a wide range of areas.
- There is a workforce development program for child and adolescent behavioral health workers for which addiction professionals are eligible. They're also included as an area to be studied by a new National Health Workforce Commission.
- Grants for school health centers require screening and referral services for substance use disorders.
- Addiction prevention and treatment providers will be eligible grantees for a new medical homes program.

What Provisions Affect the Workforce?

There has been some confusion over the parts of the legislation that define who is a health professional, and most of that can be resolved by taking a closer look at Title V of the legislation.

Title V establishes several programs and sets forth definitions for which health professionals will be eligible.

“The purpose of this title is to improve access to and the delivery of health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations by—

- (1) gathering and assessing comprehensive data in order for the health care workforce to meet the health care needs of individuals, including research on the supply, demand, distribution, diversity, and skills needs of the health care workforce;*
- (2) **increasing the supply of a qualified health care workforce** to improve access to and the delivery of health care services for all individuals;*
- (3) **enhancing health care workforce education and training** to improve access to and the delivery of health care services for all individuals; and*
- (4) providing support to the existing health care workforce to improve access to and the delivery of health care services for all individuals.”*

The bill sets out definitions for a variety of health professionals. Substance abuse counselors are defined as “mental health service professionals.” The legislation reads as follows:

*“MENTAL HEALTH SERVICE PROFESSIONAL.—The term ‘mental health service professional’ means an individual with a **graduate or postgraduate degree** from an accredited institution of higher education in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, **substance abuse disorder prevention and treatment**, marriage and family counseling, school counseling, or professional counseling.”*

This definition only applies to one’s eligibility for Title V programs. In no way does this definition apply to one’s ability to provide counseling.

If I Have a Graduate Degree, How Does Title V Apply to Me?

Title V provides funding for scholarships and loan repayment programs, thus increasing the number of primary care physicians, nurses, physician assistants, mental health providers, and dentists in the areas of the county that need them most, such as rural areas and inner cities.

“(2) ADDITIONAL ELIGIBILITY REQUIREMENTS.—

The Secretary may not enter into a contract under this subsection with an eligible individual unless—

*(A) the individual agrees to work in, or for a provider serving, **a health professional shortage area or medically underserved area, or to serve a medically underserved population;***

(B) the individual is a United States citizen or a permanent legal United States resident;
and

(C) if the individual is enrolled in a graduate program, the program is accredited, and the individual has an acceptable level of academic standing (as determined by the Secretary).

(d) PRIORITY.—In entering into contracts under this subsection, the Secretary shall give priority to applicants who—

(1) are or will be working in a school or other pre-kindergarten, elementary, or secondary education setting;

*(2) **have familiarity with evidence-based methods and cultural and linguistic competence health care services; and***

*(3) **demonstrate financial need.”***

It also provides state and local governments with the flexibility and resources to develop health workforce recruitment strategies.

Are There Opportunities for Me If I Don't Have a Graduate Degree?

Those counselors without graduate and post-graduate degrees might qualify as health professionals under another defined profession in the bill: "Paraprofessional Child and Adolescent Mental Health Worker," which the legislation defines as:

"An individual who is not a behavioral health service professional, but who works at the first stage of contact with children and families who are seeking mental or behavioral health services, including substance abuse prevention and treatment services."

While this program is not open to all substance abuse counselors, it is a fairly large umbrella with vague language. Most counselors, who work with adolescents or families, especially at the screening and intake level, could qualify.

In addition, there is another section of the legislation that establishes a workforce development program for child and adolescent behavioral health workers for which some addiction professionals are eligible.

"(B) CHILD AND ADOLESCENT MENTAL AND BEHAVIORAL HEALTH. —For purposes of contracts with respect to child and adolescent mental and behavioral health care, the term 'qualified health professional' means a health care professional who—

- (i) has received specialized training or clinical experience in **child and adolescent mental health** in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, **substance abuse disorder prevention and treatment**, marriage and family therapy, school counseling, or professional counseling;*
- (ii) has a license or **certification in a State to practice** allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or **professional counseling**; or*
- (iii) is a mental health service professional who completed (but not before the end of the calendar year in which this section is enacted) specialized training or clinical experience in child and adolescent mental health described in clause (i)."*

Professionals who meet these requirements can qualify for loan repayment programs established by the legislation.

Can IC&RC as an Organization Benefit from the Legislation?

Yes. Title V provides for grants related to education, aimed at educating other health professionals in behavioral health, such as training psychologists, nurses, and physicians in substance abuse prevention and treatment. IC&RC member boards, if they position themselves correctly, can be in a position to offer training and education credits to other health professionals who wish to learn more about substance abuse prevention and treatment.

“SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

*(a) GRANTS AUTHORIZED.—The Secretary may award grants to eligible institutions of higher education to **support the recruitment of students for, and education and clinical experience of the students in—***

(1) baccalaureate, master’s, and doctoral degree programs of social work, as well as the development of faculty in social work;

*(2) accredited master’s, doctoral, internship, and post-doctoral residency programs of psychology for the **development and implementation of interdisciplinary training of psychology graduate students for providing behavioral and mental health services, including substance abuse prevention and treatment services;***

*(3) accredited institutions of higher education or **accredited professional training programs that are establishing or expanding internships or other field placement programs in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse prevention and treatment, marriage and family therapy, school counseling, or professional counseling; and***

*(4) **State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for pre-service or in-service training of paraprofessional child and adolescent mental health workers.***

(b) ELIGIBILITY REQUIREMENTS.—To be eligible for a grant under this section, an institution shall demonstrate—

(1) participation in the institutions’ programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;

(2) knowledge and understanding of the concerns of the individuals and groups described in subsection (a);

(3) any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency;

(4) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require; and

(5) with respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.

(c) INSTITUTIONAL REQUIREMENT.—For grants authorized under subsection (a)(1), at least 4 of the grant recipients shall be historically black colleges or universities or other minority-serving institutions.”

Is This the End of the Health Care Reform Debate?

Far from it. Now that Health Care Reform has become law, there is still more work to be done. All of the programs and changes it provides for must be implemented. Also, these new or modified programs must be funded, which means a whole new round of advocacy at the appropriations level – for many years to come. IC&RC accomplishes this work through participation in two coalitions: The Coalition for Health Funding (one of only two members of the coalition committed to working on addiction prevention and treatment) and the Coalition for Whole Health.

Also, as with any legislation impacting insurance, much will be played out in the courts. This is not a reference to the politically-driven suits by the states against the federal government – more so, it is a reference to individuals and groups that believe they are not receiving the benefits from their providers that are due to them by the new law. Lawsuits will also be abundant over the new parity law, and because parity is embedded in health care, as the parity landscape changes, the health care reform landscape will change. Finally, as the political landscape changes, provisions of the law will change – ranging from attempts at full repeal, to chipping away at various sections. Amendments are already being offered in Congress that eliminates very detailed provisions of health care reform, to the tune of over 2 million people being affected.

About Andrew D. Kessler

Andrew D. Kessler is founder and principal of Slingshot Solutions, LLC, a consulting firm that specializes in behavioral health policy and communications. He has over a decade of experience in Washington D.C., having worked on public health issues for the majority of his career. Kessler has written testimony published by the House and Senate Appropriations Committees, and has had comments published in the *Federal Register*. He holds a J.D. from American University, a B.A. from Washington University in St. Louis, and is a member of the Virginia bar. He is also the founder of "The Friends of SAMHSA," a non-profit organization dedicated to advancing SAMHSA's mission on a grassroots level. Andrew lives in Fairfax, Virginia with his wife and daughter. He can be reached at andrew@slingshotsolutions.net.

About IC&RC

IC&RC sets the international standards for competency-based certification programs through testing and credentialing of addiction professionals. Incorporated in 1981, IC&RC represents 73 member boards, including 44 U.S. states, the District of Columbia, two U.S. territories, and 12 countries worldwide, as well as affiliations with the U.S. Army, U.S. Air Force, U.S. Navy and Marines.

IC&RC's credentials include Alcohol and Drug Counselor (ADC), Advanced Alcohol and Drug Counselor (AADC), Certified Clinical Supervisor (CCS), Certified Prevention Specialist (CPS), Certified Criminal Justice Addictions Professional (CCJP), Certified Co-Occurring Disorders Professional (CCDP), and Certified Co-Occurring Disorders Professional Diplomate (CCDPD).

In January 2010, IC&RC announced that the number of professionals who hold its credentials has crossed the 40,000 mark. Up to half of all substance abuse professionals in the U.S. hold IC&RC certificates.

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