

# Barriers to mental health care

Commercial insurance vs.

Medicare for All

Barriers to care	Commercial insurance	Medicare for All
<b>Choice and availability of providers</b>	<p>✗ Insurers’ mental health “networks” are so limited that patients can wait months for treatment, travel long distances, or pay high costs for care from “out of network” providers. Many give up before they get care.</p>	<p>✓ Medicare for All provides comprehensive coverage and free choice of <u>every</u> hospital and provider, including psychiatrists, psychologists, and licensed clinical social workers and counselors.</p>
<b>Treatment costs</b>	<p>✗ More than 10% of Americans with mental illness cannot afford insurance. And those with commercial plans can pay thousands of dollars in copays and deductibles before care is covered.</p>	<p>✓ Medicare for All provides full coverage for inpatient and out-patient mental health services. Patients get the care they need, when they need it, with no copays or deductibles.</p>
<b>Prescription drug costs</b>	<p>✗ Insurers have confusing “formularies” that don’t include needed medications, or require patients to pay costly copays at the pharmacy.</p>	<p>✓ Medicare for All covers prescription drugs with no copays or deductibles. No more surprises at the pharmacy counter!</p>
<b>Continuation of care</b>	<p>✗ Insurers limit or deny common treatments such as medication, therapy, and hospitalization. The yearly change in job-based insurance plans (or job loss) means patients frequently lose access to trusted providers.</p>	<p>✓ Medicare for All coverage stays with you for life and covers every hospital and provider. You can build a relationship with a trusted mental health provider and create a long-term plan for care.</p>