PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

MEDICARE FOR ALL = MENTAL HEALTH CARE FOR ALL

There is no health without mental health:

- One in five Americans lives with a mental illness daily. <u>We lose over 49,000 lives each year to suicide</u>, a leading cause of death.
- Substance use disorders affect 17% annually, <u>losing over 80,000 each year to drug overdoses</u>.
- We have the highest rate of maternal mortality of any developed country in the world. Suicide and homicide are the <u>leading causes of maternal mortality</u>.

Accessing reliable mental health care is limited:

Across the country we have tremendous state by state disparities in availability of mental health and substance use treatment. Almost half of those with mental illness are not able to get care. Over 70% of those with SUD and youth with depression, cannot access treatment. Even adults with health insurance have significant difficulty finding care.

WHY CAN'T AMERICANS GET THE MENTAL HEALTH CARE WE NEED?

Commercial Insurers discriminate against mental health care:

- **Insurers pay less for mental health care:** Although parity laws require that patients may not be subjected to higher co-pays for mental health and substance use care, many insurance plans pay mental health clinicians 24% less than primary care clinicians. Mental health and substance abuse professionals often opt out of insurance networks. Only 55% of psychiatrists accept commercial insurance and Medicare. Only 43% accept Medicaid. 90% of other physicians accept commercial insurance. These payment disparities worsen clinician shortages: The majority of counties outside of core metro areas have no psychologists, and a higher percentage have no psychiatrists.
- **Insurers limit our choice of providers:** A visit to a mental health professional is six to ten times more likely to be "out of network" compared to a primary care professional. Insurance "networks" are so limited that patients are forced to wait weeks or months for appointments, travel long distances, or seek more costly care from "out of network" providers. Telehealth has boomed since the pandemic, but this is not an option for many with more serious mental illness and significant comorbid medical conditions.
- **Insurers may limit or deny common treatments such as medication, therapy and hospitalization.** Prior authorization for more costly medications, and for higher levels of care such as partial hospital, intensive outpatient, or inpatient hospitalization cause treatment delays and outright denials. These barriers often prevent patients and caregivers from trying to obtain these treatments. Claims can be denied after an emergency intervention requiring burdensome administrative work to appeal denials. Criteria for meeting "medical necessity" can be vague and arbitrary, with no national standard of care. Lifesaving care can be terminated.

Medicare for All means better health and lower costs

The evidence is clear: ignoring mental illness leads to more sickness, more death, and higher costs for everyone. Medicare for All would eliminate the greed and waste of commercial insurance and cover everybody in the US for all medically necessary care, including prescriptions and services for behavioral and mental health and substance use disorder. Coverage is lifelong, with no interruptions, copays or deductibles. And unlike commercial insurance, Medicare for All provides free choice of hospital and provider, including psychiatrist, psychologists, psychiatric nurse practitioners, and licensed counselors. It will ensure that all providers are part of our universal coverage.

It is time to invest in America's mental health- it's time for Medicare for All.

Learn more about our mission at PNHP.org