Where We Stand:

NAMI believes that all people with mental health conditions deserve accessible, affordable, and comprehensive health care. NAMI opposes public policies and laws that undermine or eliminate coverage expansions or consumer protections established by the Patient Protection and Affordable Care Act (ACA).

Why We Care:

Before the ACA, comprehensive health insurance was inaccessible for millions of people in the U.S., including many people with mental illness. Health insurers could offer health plans that did not cover mental health services. Health insurers could deny, cancel, or charge more for coverage for people with conditions like mental illness. Medicaid, the public health insurance safety net, was limited to certain categories of low-income individuals and varied across the states. This meant that many people with mental illness were not eligible for public health insurance, could not afford private health insurance, could not find health insurance that included mental health coverage or were denied health insurance due to their mental illness.

NAMI opposes public polices and laws that undermine or eliminate coverage expansions or consumer protections established by the Patient Protection and Affordable Care Act (ACA).

In 2010, the ACA was passed into law and included a variety of coverage expansions and consumer protections to help improve the quality and affordability of health insurance and end many discriminatory practices. These include:

- Expanding Medicaid coverage for adults with incomes up to 133% of the federal poverty level.
- Mandating coverage of mental health as one of ten essential health benefits in nearly all health plans.

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- Applying mental health parity protections to all new small group and individual market plans, so that coverage of mental health and substance use disorder services is on par with medical and surgical benefits.
- Ending health insurers' ability to cancel, limit, outright deny, or charge more for coverage of people with pre-existing health conditions (including mental illness).
- Prohibiting yearly and lifetime spending caps, so that people are not cut off from critical mental health services during periods of great need.
- Extending family coverage up to age 26, giving young adults more coverage options at a time when many mental health conditions first appear.
- Requiring coverage of a wide range of preventive services at no out-of-pocket cost.
- Providing tax credits and cost sharing subsidies to make health insurance more affordable for individuals and families.

As a result of the ACA, people with mental health conditions are more likely to have comprehensive health coverage and receive needed mental health services.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities