

How the Healthcare Reform Law Impacts Your Patients

Expansion of Access to Mental Health Care/Services/Research

School-Based Health Clinics: Authorizes a grant program for the operation and development of School-Based Health Clinics, which will provide comprehensive and accessible preventive and primary health care services to medically underserved children and families. Preference will go to communities that show barriers to primary and behavioral health services for children and youth. *Effective Date:* 2010-2013.

Coordinated and Integrated Care: Grants up to \$50 million for coordinated and integrated services through the co-location of primary and specialty care in community-based mental and behavioral health settings. *Effective Date:* when appropriated.

Youth Suicide Prevention: Creation of a demonstration project to test the use of telemental health services in suicide prevention, intervention, and treatment of Indian youth through: the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment; training for frontline health care providers working with Indian youth; training and related support for community leaders, family members, and health and education workers who work with Indian youth; the development of culturally relevant educational materials on suicide; and data collection and reporting. *Effective Date:* 2010-2013.

Centers of Excellence for Depression: Creation of centers of excellence for the study of depression to translate academic treatment advances into clinical care and establish a sustainable national resource for public and professional education and training.

Insurance and Coverage Changes

Individual Mandate: Requires individuals to have minimum coverage or pay a penalty. Families with incomes between 133 and 400 percent of the FPL will be eligible for subsidies to help them purchase coverage on the exchanges. *Effective Date:* 2014.

No Preexisting Condition Exclusion: No group health plan or insurer offering group or individual coverage may impose any pre-existing condition exclusion; also a temporary insurance program has been created with financial assistance for those who have been uninsured for several months and have a pre-existing condition.
Effective Date: 9/23/2010 or start of plan year for children; 1/1/2014 for adults.

Rescissions: Bars insurers and group health plans from retroactively revoking health insurance coverage except in cases of fraud. Requires guaranteed renewability of coverage regardless of health status, utilization of health services or any other related factor.
Effective Date: 9/23/2010 or start of new plan year.

Lifetime and Annual Benefit Limits: Health plans are prohibited from adopting lifetime or annual limits on the dollar amount of essential health benefits. *Effective Date:* 9/23/2010.

Patient Protections: Guarantees individual and group health plan participants the right to select the primary care provider of their choice, so long as the provider participates in the plan and is accepting new patients. Prohibits health plans from charging different copays or coinsurance for emergency care received out of network. *Effective Date:* 9/23/2010 or start of new plan year.

Dependent Coverage Extension: Parents may cover their dependent children up to age 26 on their health insurance plan. This includes foster children. *Effective Date:* 9/23/2010 or start of plan year.

Expansion of Medicaid and SCHIP: All children in families with incomes under 133 percent of the Federal Poverty Level (133% of the 2010 FPL for a family of four is \$29,327). *Effective Date:* 2014 & onwards. States are required to maintain current income eligibility levels for CHIP through 2019.

State-Based Insurance Exchanges: State-based insurance exchanges are intended to provide a central online marketplace for individuals and small businesses to purchase health insurance. HHS has announced the availability of \$51 million in grants. (\$1 million for each state) to being planning. *Effective Date:* 1/1/2014.

Essential Benefit Package: Any health plan must provide essential health benefits, in at least the following general categories plus the items and services covered within the categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services, and devices, laboratory services, preventive and wellness services and chronic disease management, pediatric services, including oral and vision care.

Preventive Services: Requires all plans to cover preventive services and immunizations recommended by the U.S. Preventive Services Task Force and the CDC, and certain child preventive services recommended by the Health Resources and Services Administration, without any cost-sharing. This includes depression screenings for adolescents and screening for autism. *Effective Date:* 9/23/2010.