

This issue is part of a series of periodic reports from the National Health Law Program's Washington office, reporting briefly on recent and forthcoming developments in federal policy of interest to NHeLP advocates and friends. We always appreciate your feedback and comments.

Please send them to Deborah Reid at [reid@healthlaw.org](mailto:reid@healthlaw.org). For updates and information on NHeLP publications, go to <http://www.healthlaw.org>

## **SUBJECTS COVERED**

**New Laws**

**Mental Health Parity**

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## **NEW LAWS:**

### ***Mental Health Parity***

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

President Bush signed the "Emergency Economic Stabilization Act of 2008," (H.R. 1424) into law on October 3, which included a mental health parity provision, the "Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008." Some of the Act's provisions include prohibiting separate cost sharing requirements or treatment limitations for health plans' mental health or substance use disorder benefits; preventing health plans from having more restrictive treatment limitations for mental health or substance use disorder benefits than for medical or surgical benefits; and requiring the Comptroller General to inform Congress on health plans' and health insurers' coverage and exclusion rates, patterns, and trends of mental health and substance use disorder diagnoses. The new law exempts businesses with 50 or fewer employees from its mental health parity requirements.

### ***Prenatally and Postnatally Diagnosed Conditions Awareness Act***

On October 8, President Bush signed the "Prenatally and Postnatally Diagnosed Conditions Awareness Act," (S. 1810) into law. The Act provides information and support for pregnant

women and mothers whose fetuses or newborns have been diagnosed with Down Syndrome and other prenatal and postnatal conditions. Among other provisions, the new law authorizes the Secretary of the Department of Health and Human Services (HHS) to coordinate access to existing supportive services for patients receiving a positive diagnosis of Down Syndrome or other health conditions; collect and disseminate evidence-based information on Down Syndrome and other prenatal and postnatal conditions; develop local and peer support resources; and establish a national registry of families interested in adopting newborns with Down Syndrome and other illnesses, with links to adoption agencies who place infants with such health conditions. Moreover, the new law requires that culturally and linguistically appropriate information be provided to women who receive a positive prenatal diagnosis of Down Syndrome or the family of an infant who receives a postnatal diagnosis of that health condition.

#### **BILLS OF INTEREST:**

##### ***Health Reform Healthy Americans Act***

Senators Ron Wyden (D-OR) and Robert Bennett (R-UT) originally introduced the “Healthy Americans Act,” (S. 334) in January 2007 as a means of jump-starting the health reform debate. Instead of expanding public programs (e.g., Medicaid and the State Children’s Health Insurance Program (SCHIP)) and employer-based insurance, the legislation requires states to offer at least two Healthy Americans Private Insurance (HAPI) plans that contain a benefit package initially similar to that of the Federal Employees Health Benefit Program’s Blue Cross/Blue Shield Standard Plan. In addition, except for military personnel and Medicare beneficiaries, all individuals would be required to enroll in a HAPI plan. Although states would be able to add additional benefits, HAPIs would have to include coverage for services such as preventive care, inpatient and outpatient hospital care, laboratory, surgical and medical care, and radiology.

Among other provisions, the bill requires current Medicaid and SCHIP beneficiaries to be insured through the new HAPI plans and changes those programs into supplemental wrap-around coverage. It provides sliding-scale subsidies for uninsured individuals with low-incomes from 100- 400 percent of the federal poverty level (FPL), and includes an additional standard income tax deduction. A full premium subsidy is available for those individuals with incomes below 100 FPL. The legislation also prevents insurers from charging differing premiums based on an individual’s age or health status.

Many advocates remain concerned about the bill’s treatment of Medicaid and SCHIP. Also, in

spite of the bill's subsidies, some individuals with lower incomes likely would not be able to pay for necessities such as food, housing, and utilities, if they are required to pay for premiums and cost sharing in order to have health insurance in a HAPI plan. In addition, although the legislation provides supplemental coverage for contraception, it exempts health insurers from providing abortion services if the insurer has a religious or moral objection for doing so, which would leave women without a way of knowing whether they are getting comprehensive reproductive health services that meet accepted standards of medical care. Another issue is whether low-income children with disabilities and other individuals with special health needs would receive sufficient coverage for services through a "wrap-around" supplemental coverage plan, instead of through Medicaid and SCHIP.

The Healthy Americans Act is currently pending before the Senate Committee on Finance.

#### *Status of Second Economic Stimulus and FMAP*

Congress is currently considering the possibility of a second stimulus package during a proposed November lame duck session. To date, it is unclear if the stimulus package would contain a temporary increase in the federal matching rate for Medicaid (the Federal Medical Assistance Percentage or FMAP). As the current economic meltdown increases the number of individuals who are unemployed and uninsured, more people will look to Medicaid for health care. A temporary increase in the FMAP would bring needed fiscal relief to states experiencing budgetary constraints due to the recession.

*Possible Action:* Those wishing to do so could contact their elected officials in Congress before the contemplated lame duck session to express their support of a second stimulus package that includes a temporary FMAP increase to help states provide Medicaid services to low-income communities.

#### **HUMAN RIGHTS:**

On October 14, the World Health Organization (WHO) released the World Health Report 2008 entitled, *Primary Health Care – Now More Than Ever*. The analysis focuses on primary health care to address health inequities and poor health outcomes. In addition, the report states, "inequities in access to health care and in health outcomes are usually greatest in cases where health is treated as a commodity and care is driven by profitability." Instead, the analysis recommends a holistic primary health care approach that views prevention as being as important as treatment in a continuum of care throughout an individual's lifespan. For further details, see: <http://www.who.int/whr/2008/>

[en/index.html](#)

**RESOURCES:**

NHeLP has issued a new fact sheet that answers the most commonly asked questions about Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. EPSDT provides early health screenings, preventive care, comprehensive treatment, and health education to children and young adults who are Medicaid beneficiaries. The fact sheet is located on NHeLP's website under the "What's New" section at [www.healthlaw.org](http://www.healthlaw.org).

The Kaiser Family Foundation's second comprehensive survey of post-Katrina New Orleans residents, *Low Income Adults in New Orleans in 2008: Who Are They and How Are They Faring*>, found that low-income adults are still facing financial worries and continuing health challenges, with high rates of no insurance and barriers in access to health care. For further details, go to: <http://www.kff.org/kaiserpolls/upload/7833.pdf>

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