



2019 Advocacy Priorities

NAMI Missouri's policy priorities for the 2019 legislative session includes key objectives and policy positions to support our goal of ensuring that people living with mental illness receive the treatment and support necessary to lead full and satisfying lives as valued members of society. This list is limited to five priority items with a focus on the top three. These priorities are presented with an understanding that NAMI Missouri may also advocate to address funding and other policy issues that come up on an as needed basis.

- 1.) Protecting access to mental health medications through Medicaid and private insurance.**
- 2.) Enhancing and enforcing behavioral health insurance parity.**
- 3.) Increasing Access to Treatment and Continuity of Care for incarcerated individuals.
- 4.) Providing stable and adequate Medicaid funding.
- 5.) Increasing availability of pediatric behavioral healthcare.

2018 Advocacy & Public Policy Priorities explained

- 1. Protect access to mental health medications through Medicaid and private insurance.**

The right medications are key to recovery for many individuals with mental health conditions. Choice is important because individuals react differently to different medications. Restricting psychotropic medications shifts costs to the wrong places. Preferred drug lists, prior authorization requirements and other restrictions pose substantial risks for people with serious mental health conditions. Medication failures can lead to emergency room visits, hospitalization, school failure, job loss, incarceration and loss of life. NAMI Missouri supports protective language in statute for psychotropic medications under Medicaid.
- 2. Enhance and enforce behavioral health insurance parity.**

Current parity legislation requires health plans to provide equivalent coverage for mental health and medical care, but without appropriate enforcement, insurance companies may not comply. According to a 2015 NAMI survey, health insurers deny mental health care at nearly two times the rate of other medical care, often with no explanation. This leaves people unable to get the mental health care they need and are entitled to under their insurance. Also, Missouri's parity law does not include substance use disorders, including opioids, which have reached an epidemic level. NAMI Missouri supports legislation to enhance enforcement in Missouri to address medical management issues such as definition of medical necessity, reimbursement of mental health professionals, eligibility rules for provider networks, and expansion of the definition of parity to include substance use disorders.

3. Increase Access to Treatment and Continuity of Care for incarcerated individuals.

Missouri's incarcerated population faces additional barriers when seeking mental health treatment and supports. For offenders in local and county jail systems, access to mental health care is dependent upon whether a contract has been executed in that jurisdiction and therefore varies greatly from county to county. At all levels of incarceration, Medicaid coverage is terminated upon admission instead of suspended, which means reinstatement is not automatic upon release and may be dependent upon the individual initiating the process. This causes delays in treatment and medication refills and leads to higher recidivism rates.

4. Provide stable and adequate Medicaid funding.

Medicaid provides vital community-based behavioral health services for low-income individuals living with mental illness and substance use disorders. Medicaid increases stability and recovery, reducing reliance on hospitalization and other public services. NAMI Missouri opposes certain changes to the current system, including block grants, global waivers and managed care proposals.

5. Increase availability of pediatric behavioral healthcare.

Although 1 in 5 youth live with a mental health condition, less than half receive needed services. Undiagnosed, untreated, or inadequately treated mental health conditions can affect a youth's ability to learn, grow, and develop. Because there is a severe shortage of child psychiatrists in Missouri, many children with behavioral health issues are treated by primary care providers who have little or no formal education in this area. NAMI Missouri supports projects like the Child Psychiatry Access Project that improve access to quality pediatric behavioral healthcare for Missouri Children and Adolescents.

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