

ADDICTION RECOVERY



A HEALTH CARE ISSUE



RECOVERY IS THE DESIRED OUTCOME: MANAGING ADDICTION AS A CHRONIC CONDITION

It's been said that "recovery is a process, not an event." Many of us know that the growth and transformation that happens after we eliminate use of alcohol and other drugs is a lifelong process. As we move forward in our recovery journey, we experience new opportunities, achievements, and lessons. Along with these come challenges and setbacks. During these times, we may need to seek out extra help and support. This often helps to secure our recovery and prevent relapse. Sustaining our recovery requires cultivation, so that we don't fall back into old ways or active addiction.

Over the years, scientists have confirmed what many of us knew all along: addiction is a chronic condition. This means that, just like with other chronic conditions including heart disease, hypertension, and diabetes, there is not a cure that will make our addiction go away completely. This is why many of us say that we are "in recovery," rather than "recovered." We manage our condition through a process of changing how we think, behave, and (re)assemble our lives. Most of us cannot do it alone, so we seek out others to help support and cultivate our recovery journey. Recovery doesn't just automatically happen, it evolves and changes over time as we grow and mature.

ADDICTION RECOVERY AND OVERALL HEALTH

For some of us, it was useful to get help for our addiction by getting clinical treatment. In the past, effective treatment hasn't always been readily available or affordable and it has been separate from the traditional health care system. Whether or not we have had treatment, most of us need support and help from others to sustain our recovery. For many of us, a diverse network of community-based, mutual aid support has helped us find and maintain recovery. Recently, peer recovery support services — largely delivered by recovery advocates who have formed recovery community organizations — are helping people and families find, reinforce, and strengthen long-term recovery. Peer recovery support services often work in tandem with treatment and mutual aid support and address a broad range of recovery needs, strengths, and options.

Pre-existing Conditions and Other Health Issues. As we travel various pathways in recovery, an issue that inevitably arises is our overall health. Some health problems develop naturally, because people in recovery have the same health concerns as everyone else. In addition, individuals in or seeking recovery often face other costly health conditions that arise, either as a result of addiction or of low health literacy or maintenance. We may have neglected our sleep, nutrition, basic hygiene, and dental needs. We may have contracted HIV or Hepatitis C without even knowing it because we weren't seeing a doctor. Some of us had no doctor and only went to emergency rooms in a crisis.

In recovery, we may discover mental and physical health conditions that we didn't know we had. Our use of alcohol and other drugs may have affected our blood pressure or the functioning of our vital organs. In recovery, many of us begin to experience aches and pains that were previously numbed out by alcohol and other drugs. Our teeth and gums may be in bad shape and require oral and dental care.

Those of us who weren't accessing primary care often ended up in emergency rooms. Others may have been denied affordable coverage because of pre-existing conditions, like addiction, mental illness, HIV, and Hepatitis C. No matter what our personal experience was in active addiction, most of us in recovery are or will be experiencing a range of health conditions that need to be addressed and monitored, just like everyone else. ■

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HEALTH REFORM: GENERAL BENEFITS TO INDIVIDUALS AND FAMILIES

Access to effective health care services for our addiction, mental health, and/or other physical conditions will improve dramatically as a new health reform law, called the Affordable Care Act (ACA), is fully implemented in 2014. There are parts that will benefit everyone. Some of these have already taken effect:

Regulating Insurance Company Practices. One major change directly affects how much care insurance companies must deliver – they can no longer charge more than 15% for administrative costs, including things like marketing and staff bonuses. Trimming the fat means that 85% of your premium must be spent directly on your health. Already, thousands of people have received rebates from their insurance companies as the law goes into effect. Looking ahead, insurance companies will now be closely monitored so that they can't make excessive rate increases or place lifetime caps on your benefits. Children may not be denied health insurance because of a pre-existing condition and starting in 2014, adults will enjoy this same consumer protection.

Young People and Their Families. Another change directly involves young people and their families. Since 2010, families are able to keep children up to 26 years of age on their family plan. Parents and their young adult children don't have to worry about their coverage. This policy has been an important buffer for many young adults who have not completely gotten on their feet. Maybe they aren't working yet, aren't covered at work, or aren't earning enough to afford insurance. Some may still be going to college. Also, because treatment for addiction will be covered, the numbers of young people seeking addiction care is expected to grow.

Preventive Care. Health reform requires coverage for preventive care. This means that you won't be charged for things like flu shots and Hepatitis vaccines. It will also allow for early detection of health problems before they become full-blown challenges. Those of us who are experiencing serious health problems because we didn't have access or couldn't afford care understand the real value of preventive care and will be able to benefit from it. While this is currently only required for "non-grandfathered" plans, many plans are providing it anyway.



HEALTH REFORM: WHAT'S RECOVERY GOT TO DO WITH IT?

Recovery advocates were instrumental in the enactment of two groundbreaking pieces of federal legislation. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (parity) to end insurance discrimination, was signed into law in 2008 after many years of debate. It requires insurance companies to cover services for people with mental and substance use disorders on par with services for any other medical conditions. The parity victory set the stage for inclusion of addiction and mental health in the Affordable Care Act (ACA) in 2010. In addition to including addiction and mental illness, the ACA makes many changes that will ultimately benefit people seeking or sustaining long-term recovery.

Expanding Medicaid. Many people seeking or in recovery will now be able to have health insurance coverage. Previous to the ACA, Medicaid

was only available to pregnant women, children, and people with disabilities whose income fell below a state-designated level. Under the new law, you will be eligible for Medicaid based on your income, not your disability status. In states that participate in a Medicaid expansion program, anyone whose income is up to 133% of the federal poverty level will be eligible. Some people will continue to receive insurance benefits through their employers. Others with incomes above the 133% federal poverty level, as well as small employers, will be able to purchase health insurance from state health insurance exchanges. Because some states already provide Medicaid coverage for peer recovery support services, it is likely that these services will

also be provided under the Medicaid expansion in participating states.

» **Insurance providers cannot currently limit your coverage for lifetime care for substance use or mental health disorders. Starting in 2014, they will not be able to place limits on the amount of these services you receive in a given year.**

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HEALTH REFORM: WHAT'S RECOVERY GOT TO DO WITH IT? CONTINUED FROM PREVIOUS PAGE

Choosing a Health Insurance Plan. If you don't qualify for Medicaid, you will be able to purchase affordable health insurance through marketplaces that are being called *state health insurance exchanges*. These marketplaces will be available to people who are not covered under their employer's health plan and to those who work for small employers who provide their employees with multiple plan options. Once your annual income level has been determined, you will be routed to Medicaid or to the exchange.

You will be able to do comparison shopping, weighing the pros and cons of different plans to decide on an affordable plan that works best for you and your family. You will be able to make an informed choice after reviewing easy-to-understand descriptions of each plan. Materials will be presented in plain language and include information about your rights, satisfaction ratings, consumer protections, and what to do if your claims are denied.

The idea is to have an exchange/marketplace to promote competition and accountability among insurance companies. This will prevent price-gouging

and ensure that you get the best bang for your buck. In order to be included in the state exchanges, companies will have to be certified to meet standards for the benefits packages and provider networks that they offer.

Streamlining Enrollment. A single enrollment application will determine if you are eligible for either Medicaid or the state insurance exchange, based on your reported annual income. Insurance companies will not be allowed to deny anyone coverage or place a lifetime cap on what is deemed reimbursable because of a pre-existing condition.

The new policy regarding pre-existing conditions, already in place for children, has direct applications to the recovery community. Addiction to alcohol and other drugs (or a substance use disorder, as it is sometimes called) has been considered a pre-existing condition by many insurers, and used as a means to deny claims and a disqualifier for coverage. That will no longer be legal. ■



ESSENTIAL HEALTH BENEFITS

Starting in 2014 the ACA requires that private insurance plans (both inside and outside the exchanges) offer a baseline of benefits, called Essential Health Benefits (EHB). Each state exchange is mandated to include a benchmark of ten benefit categories. One of the ten categories is services for mental health (MH) and substance use disorders (SUD). It will be up to each state to determine what array of services will be provided under each of the ten required categories. Each state's benchmark plan will be reviewed by the U.S. Department of Health and Human Services (HHS), the federal agency overseeing implementation of the ACA. If HHS determines that a state's EHB plan does not sufficiently cover any or all of the 10 categories, they have the authority to require states to go back to the drawing board.

HHS is still deciding what sufficient coverage means, because it wasn't clear in the law. That means that there is an opportunity to identify the specific menu of services that should be included for MH and SUD benefits. In addition to clinical treatment services, other possible services include a range of peer and other recovery supports that help people seek help, get well and sustain their recovery. With parity in place, peer services for addiction recovery ought to be reimbursable in the same way that they are for other health conditions, such as diabetes and cancer coaches.

(For more information on Essential Health Benefits, see Issue Brief No.2)

ENROLLMENT

The ACA will make it possible for millions of Americans, many in or seeking recovery, who have been left out of the health care system, to be included for the first time. Some may have been previously enrolled in Medicaid and, for any number of reasons, disenrolled. Many people who will be newly eligible will be coming out of the criminal justice system. Others simply couldn't afford insurance. Members of the addiction recovery community — and those that are on their way — fall into all of these categories. We want to make sure that everyone in our community is able to get the help and quality care that they need to treat their addiction, manage their recovery, and focus on other health issues.

To make it easier for people to sign up for insurance, a single, online enrollment process is being set up where your eligibility for Medicaid, Medicaid expansion, or the state insurance exchange will be determined. Once that's figured out, you will be directed to information about providers and plans. Although the enrollment process is designed to be streamlined and user-friendly, it is bound to present challenges to people who aren't used to working on

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computers or dealing with complex information about things like deductibles, co-pays, and provider networks.

Navigating and Assisting the Enrollment Process.

To help people enroll, many states are setting up a system with state-employed “enrollment navigators.” It will be their job to walk people through the steps of getting enrolled. States will also be funding community-based organizations to create “enrollment assistors.” Their job will be to serve as “on-the-ground” helpers and do outreach to community members who are eligible for enrollment, including the many who may not fully understand what being eligible means or how to enroll. Their work will involve both community education efforts and one-one-one assistance to people.

Many people in the recovery community haven’t ever had health insurance or have had negative experiences with insurance companies and the health care system. For them, the idea of having health insurance or taking the necessary steps to sign up may seem overwhelming or intimidating. Some may not believe that it’s an important or meaningful thing to do. Many are reentering or have reentered the recovery community after being incarcerated for considerable amounts of time, unaware that they are entitled to insurance coverage. Other people may need to understand what they will be getting by enrolling and that it’s worth the effort.

» We can learn from the experience of people in Massachusetts, where statewide health reform has been underway for a number of years. In that state, people with addiction and mental illness were enrolled at far lower rates than the general public. Many who did enroll did not stay enrolled.

Roles for Recovery and Other Community

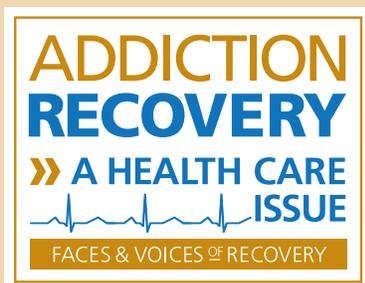
Organizations. All across the country, nonprofit community-based organizations representing health conditions (addiction, HIV/AIDS, mental health) and constituencies (women, children and families, LGBT) are organizing communities for enrollment activities. Recovery community organizations can spearhead enrollment efforts in the recovery community, making use of recovery community centers and other places to promote community education and sites for enrollment. Strategies for enrollment can include integrating enrollment activities into other programs, such as literacy and GED classes, life skills and wellness workshops, and health fairs. Recovery community organizations can incorporate enrollment activities into existing public education and awareness activities and events such as Rally for Recovery!

Recovery community organizations can also recommend and provide peer workers, trained in recovery coaching and other service roles, to receive additional training as enrollment assistors. Peer workers already have established credibility as community leaders and mentors and are adept at building relationships with a diverse spectrum of community members. Working in tandem with the state-employed enrollment navigators, they can work closely with potential enrollees and help them with the nuts and bolts of enrollment, assisting them in choosing plans that will benefit them the most. ■

To learn more about health reform, visit our resource page:

Addiction Recovery: A Health Care Issue

http://www.facesandvoicesofrecovery.org/resources/health_reform/index.php



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