Mental Health Reform

Support meaningful mental health reform provisions that expand access to psychiatric services and provide appropriate resources to support these services.

For years, state support for mental health resources has been on the decline and services for psychiatric patients in the United States are simply inadequate. As a result of this diminishing support, psychiatric patients are more and more often turning to emergency departments for their acute care needs. Unfortunately, it takes three times as long to find an inpatient bed for a psychiatric patient rather than a medical patient after the decision to admit has been made. These psychiatric patients require more physician, nurse and hospital resources than other patients and, thus, diminish our ability to evaluate and treat other medical patients who are awaiting emergency care services.

The prevalence of mental illness in this country, combined with a lack of resources to care for these individuals in the most appropriate setting, is a national crisis. Systemic changes are needed in the way individuals with mental illness are cared for in this country.

In order to help ensure that resources are made available to conduct vitally-needed research on this issue and to fund additional inpatient and outpatient treatment beds with the corresponding professional staff, ACEP supports enactment of legislation that includes the following provisions (many of which can be found in H.R. 2646 and S. 1945):

- Creation of an Assistant Secretary for Mental Health and Substance Use Disorders and the National Mental Health Policy Lab,
- Extension of the Assisted Outpatient Treatment (AOT) grants,
- Promotion of telemedicine services,
- Liability protections for volunteers at Community Health Centers and Community Behavioral Health Centers,
- Expansion of the mental health workforce,
- Clarification of HIPAA privacy rules for patients with mental illness and their caregivers,
- Elimination of the Medicaid same-day and IMD exclusions, and
- Efforts to implement mental health parity in health plans.

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