

## APA Official Actions

# Position Statement on Universal Health Care in the United States

Approved by the Board of Trustees, July 2020

Approved by the Assembly, April 2020

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### Issue:

Nearly 1 in 5 U.S. adults live with a mental illness and 1 in 12 have a substance use disorder (SUD). Approximately, 8.1 % are living with co-occurring SUD and mental illness. Any health plan (private or public) must ensure mental health care and substance use coverage equal to that of physical illnesses. Over the past two decades, several policies implemented have extended access to affordable health care coverage to millions of previously uninsured. However, there is much to be done in protecting and expanding access to effective treatment for large numbers of individuals and as debates continue at the Federal and State levels we must ensure individuals with mental illnesses and SUD receive quality care.

### APA Position:

**Health care, inclusive of mental health care, is a human right. It is the policy of the American Psychiatric Association to support universal access to health care, specifically including non-discriminatory coverage of treatment for mental illness, including substance use disorders, for all Americans. The American Psychiatric Association supports universal health care coverage in the U.S., which is informed by the following principles:**

- 1. Every American with psychiatric symptoms has the right to a comprehensive evaluation, an accurate diagnosis, and an appropriate, individualized plan of treatment that integrates treatment of substance use disorder where indicated.**
- 2. Psychiatric treatment should be based on timely access and continuous healing relationships with the whole person that encourage maximum independence and quality of life for psychiatric patients. Prevention and early intervention are critical elements as is ongoing treatment.**
- 3. All health plan networks must ensure that patients have timely access to a network of qualified psychiatric providers (including subspecialists) and facilities.**
- 4. Care deemed appropriate by treating psychiatrists in consultation with treatment team members should not be impeded by utilization management protocols, including lifetime limits and denials on pre-existing conditions.**
- 5. There must be full implementation of the Mental Health Parity and Addiction Equity Act (with the additional extension to include Medicare, which is currently exempted from the Act) and transparency as to health plan compliance with the law.**
- 6. Payment and utilization should be based on treatment and services, not on diagnosis.**

7. **Psychiatric Care should be patient and family centered, community based, culturally sensitive, readily available for patients of all ages, with attention to the specialized needs of children, adolescents, and the elderly. Disparities in the access to and quality of care for ethnic and racial minorities must be addressed.**
8. **Patients should receive care in the least restrictive setting possible that encourages maximum independence and access to a continuum of clinical services in numerous settings, including private offices, community mental health centers, specialty clinics, and hospitals as well as in the workplace, schools, and correctional facilities. Psychiatric care should be fully integrated with the rest of medicine in primary care settings and in hospitals.**
9. **Patients deserve to be treated with dignity. They should be able to choose their psychiatrist and other providers and make other decisions regarding their care, when clinically able. When they are incapable of doing so, they should receive the treatment they need.**
10. **Patients should benefit from improvements in the delivery and quality of care with electronic health records (EHRs), without being forced to relinquish the privacy and confidentiality of their personal health-related information. There should be alignment between and access to physical health and mental health records for purposes of treatment, payment and operations.**
11. **Increased resources should be devoted to the training of a diverse workforce of psychiatrists and psychiatric sub-specialists to ensure improved patient access to care.**

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