

Advocacy Day 2020 Fact Sheet

1) Fair treatment for individuals with behavioral health disorders

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing stricter benefit limitations on those benefits than on medical/surgical benefits[1]. Social workers are responsible for providing a majority of the behavioral healthcare in Ohio. We support strong parity laws and enforcement mechanisms:

1. To ensure our clients receive appropriate care free from discrimination because of the nature of their illness;
2. So administrators are not unduly burdened by benefit limitations not imposed on those who provide medical and surgical care.

NASW Ohio supports companion bills SB 254 and HB 443 which would:

- Align Ohio law with the Federal Parity Act, reducing confusion.
- Promote transparency by requiring insurance carriers to demonstrate compliance by disclosing the non-quantitative treatment limits (NQTLs) that effectively determine whether an individual gets the prescribed care
- Reduce barriers to substance use disorder treatment by removing non-quantitative treatment limitations as recommended by the Commission on Combating Drug Addiction and the Opioid Crisis

2) Ensure Ohio's most marginalized young people have access to ethical, competent behavioral healthcare.

To have a thriving, healthy society now and in the future, young people must have access to the supports they need for emotional and behavioral health. LGBTQIA+ young people face particular challenges due to the risk of familial rejection, violence and discrimination. NASW Ohio believes that all young people have a right to behavioral healthcare that is free of discrimination, rooted in evidence, affirming and supportive.

NASW requests your attention on the following legislations that will impact the quality of care that Ohio's young people can access:

VOTE YES

SB 130/HB 503 – prohibits harmful conversion “therapy” with minors

VOTE NO

HB 513 – criminalizes evidence-based gender and sexuality-affirming treatment, putting LGBTQIA+ young people at risk of increased suicidality, family rejection and long-term emotional distress

3) Social Work Workforce & Professional Issues

Strengths:

Social workers are highly educated, licensed professionals. Most social workers have a graduate-level education and license through the Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board to provide assessment and interventions at interpersonal, organizational, and community levels. Social workers are the most numerous of all the behavioral health professional types.

Barriers:

Social workers are too often overworked and underpaid. Large caseloads in school social work, child welfare, and community mental health continue to contribute to workplace stress and burnout. Social workers often carry significant student loan debt burdens with low salaries compared to national averages.

Priorities:

- Expand and protect programs specifically designed to relieve social work educational debt.
- Adequate reimbursement rates and reduce administrative burden for adequate salaries.
- Recognition of social work value in interdisciplinary settings like schools and hospitals.
- Reasonable caseloads and achievable productivity rates.

4) Telehealth Accessibility as COVID-19 Pandemic Response

The outbreak of COVID-19 is developing into an unprecedented public health crisis that exceeds the capacity of Ohio's existing social safety net. Social workers are essential to meeting the psychosocial and basic needs of Ohioans at this time. Many social work services can be delivered through telehealth, but inconsistent insurance policies around reimbursement hinder a swift transition to telehealth.

Asks:

- Pass House Bill 580 which would mandate telehealth coverage and equal reimbursement rates during public health emergencies..
- Require all state-regulated health insurance plans to reimburse telephone-only services during public health emergencies.

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