

Health Care Reform & Mental Health Checkups

Screening is a Covered Service in New Plans

Health care reform provides new coverage for mental health checkups by requiring all new health plans to provide access to certain preventive services without cost-sharing or out-of-pocket expenses:

For children and adolescents, covered preventive services will include all immunizations recommended by the Centers for Disease Control and Prevention, as well as:

- ✓ Services recommended by the United States Preventive Services Task Force (USPSTF)
- ✓ Screenings and services recommended by the Health Resources and Services Administration in the American Academy of Pediatrics (AAP) *Bright Futures*.

These services must be provided at no cost to the patient or consumer under all new health plans, including those offered in the Exchange. This policy took effect six months after enactment. For most consumers, this meant that preventive services became available without cost-sharing for health plan years beginning on January 1, 2011.

Covered preventive services include mental health checkups:

The USPSTF recommends annual depression screening for adolescents ages 12 to 18, as well as for adults, meaning all young adults covered by new plans will be eligible for this service with no out-of-pocket cost.

- ✓ “The USPSTF recommends screening of adolescents 12-18 years of age for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.”

The AAP’s *Bright Futures* guidelines also call for an assessment of psychosocial and behavioral health at all well-child visits, newborn to age 21. The AAP has stated that:

- ✓ “One of the most efficient ways for health care professionals to improve the recognition and treatment of psychosocial problems in children and adolescents is by using a mental health screening test, such as the Pediatric Symptom Checklist (PSC) or the more brief PSC-17, which can be completed by a parent in the waiting room.”

Taken together, the USPSTF and AAP *Bright Futures* recommendations will expand access to mental health checkups for thousands of individuals.

How do I know if this policy applies to my health plan?

Recommended preventive services must be provided without cost-sharing by all new health plans as the standard of care. The only plans that will be exempt are “grandfathered” plans, i.e., those health plans through which a group or individual maintains coverage that was obtained prior to enactment of P.L. 111-148 (health care reform) on March 23, 2010. Over time, more and more plans will be subject to this requirement because changes to an existing grandfathered plan will trigger this and other new consumer protections.

