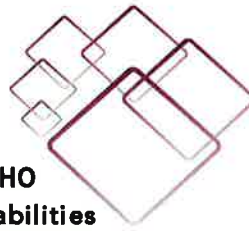


# DISABILITY RIGHTS

IDAHO

Protection & Advocacy for Individuals with Disabilities



A.H. 8

## H277 Will Create Serious Barriers to Coverage for Mental Illness and Other Disabilities

### **Private Health Insurance policies do not cover essential Mental Health Services**

H277 will be much worse for people who have serious mental illness. The difference between Medicaid coverage for mental health services and the insurance exchange policy coverage is huge. While exchange policies will cover physician services and prescription drugs, they do not cover community mental health services like community based rehabilitation services (CBRS), intensive outpatient therapy (IOT), partial hospitalization, mental health case management, peer supports, assertive community treatment (ACT) teams, or mobile crisis services. If people with serious and chronic mental illness are limited to private insurance coverage, they will not have access to these services unless the state provides them from the general fund. We do not know how many of the thousands of Idahoans with serious mental illness will fall into the 100-138% of FPL range, but we believe there will be many. In order to avoid cutting services, some (probably most) of the savings removed from the adult mental health appropriation would need to be restored. Even then, the services would fall far short of those covered by Medicaid. These evidence based services are essential to the treatment of serious and persistent mental illness.

### **Work and Paperwork requirements will exclude many people with Mental Illness**

People with mental illness, or many other health conditions, experience intermittent and episodic symptoms which can limit the number of hours they can work if they can work at all. Some weeks they can work more than 20 hours and some they cannot work at all. This causes them to move in and out of eligibility and always at risk of being found out of compliance for losing a job or failing to provide the proper paperwork.

The paperwork requirements are only imposed on people who are working or seeking employment, or getting training. People who are exempt do not have to file periodic paperwork, and their status is not threatened. This is a powerful incentive to people with disabilities or chronic health conditions to avoid employment which threatens their coverage, especially if that employment often dips below the 20 hour/week threshold.

### **Subsection (8)(c)(ii) does not include Mental Illness.**

Under §56-253(8)(c)(ii), a person with a disability is exempt only if they are “**physically or intellectually unfit for employment**”. The subsection would include some disorders such as

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dementias and intellectual disability. However, people with serious and persistent mental illness cannot meet this standard, since most major mental illnesses are neither physical nor intellectual impairments. Some people with, for example, schizophrenia have very high intellectual ability. The same may be true for people with bi-polar disorder, schizoaffective disorder, and most other Axis I diagnoses. Although this language can be found in Idaho SNAP rules, it is very poor language and should not be replicated in Idaho Code.

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