

SENATE JOINT RESOLUTION 181

By Briggs

A RESOLUTION to recognize the need for mental health parity in Tennessee.

WHEREAS, more than two million people in the United States suffer from substance use disorders related to prescription opioid pain relievers. In 2013, an estimated 517,000 people had heroin dependence or abused heroin — an increase from an estimated 467,000 people in 2012, according to the Substance Abuse and Mental Health Services Administration, 2012 and 2013 National Survey on Drug Use and Health Summary of National Findings; and

WHEREAS, in Tennessee, in the year 2015, the last year for available data, it was estimated by the Department of Mental Health and Substance Abuse Services that 349,000 adult Tennesseans suffered from substance use disorder; and

WHEREAS, in Tennessee, in the year 2015, the last year for available data, it was estimated by the Department of Mental Health and Substance Abuse Services that 243,000 Tennesseans under the age of 18 misused an addictive substance such as a legal or illegal narcotic or alcohol; and

WHEREAS, in Tennessee, in the year 2017, according to the Department of Mental Health and Substance Abuse Services, 7,816 children between the ages of 12 and 17 experienced co-occurring mental health illness and substance use disorder; and

WHEREAS, in Tennessee, in the year 2017, according to the Department of Mental Health and Substance Abuse Services, 177,088 adult Tennesseans suffered from co-occurring mental health illness and substance use disorder; and

WHEREAS, in Tennessee, in the year 2017, according to the Department of Mental Health and Substance Abuse Services, 76,070 Tennesseans suffered from opioid use disorder in which the person was addicted to an opioid; and

WHEREAS, in Tennessee, in the year 2017, according to the Department of Mental Health and Substance Abuse Services, 26,045 Tennesseans addicted to opioids received services from the Department; and

WHEREAS, in Tennessee, in the year 2017, according to the Department of Mental Health and Substance Abuse Services, 6,895 children under the age of 18 suffered from opioid use disorder in which the person was addicted to an opioid; and

WHEREAS, in Tennessee, in the year 2017, according to the Department of Mental Health and Substance Abuse Services, 995 children under the age of 18 were dependent on opioid prescriptions obtained either legally or illegally and received services from the Department; and

WHEREAS, in Tennessee, there is an undeniable difference in coverage for mental health and substance abuse services for Tennesseans suffering from substance use disorder or opioid use disorder versus the way all other traditional diseases are covered and insured; and

WHEREAS, reimbursement and coverage plans for Tennesseans suffering from substance use disorder are severely underfunded or are not covered by not funding preventative or regular well visits for mental health or not offering follow-up consultations with a mental health provider; and

WHEREAS, where coverage exists for Tennesseans suffering from substance abuse disorder or opioid use disorder, artificial barriers to treatment are often put in place; and

WHEREAS, a prevalent barrier to accessing the majority of treatments for substance use disorder and opioid use disorder is prior authorization requirements or denial of preventative or follow-up care by health insurers when those services are offered by a primary care physician or no referral is given; and

WHEREAS, at least five states and the American Medical Association have taken steps to comprehensively remove prior authorization roadblocks for treatments of patients with substance use disorder and opioid use disorder; and

WHEREAS, substance use disorder and opioid use disorder are diseases as defined by the Centers for Disease Control in the same classification as hypertension, diabetes, or cancer; and

WHEREAS, the National Institute of Health states that the most effective treatment of a disease includes prevention, treatment, and follow-up care, known together as "wrap-around services"; and

WHEREAS, traditional diseases are covered by health insurance plans for both preventative visits and follow-up visits; however, many health plans do not cover preventive or follow-up services related to treatment of substance use and opioid use disorders; and

WHEREAS, the National Institute on Drug Abuse's research shows that treating substance use disorders with a combination of medication and behavioral therapies is most successful; and

WHEREAS, health insurance benefit plans currently will only cover some medication therapies or behavioral therapies; now, therefore,

BE IT RESOLVED BY THE SENATE OF THE ONE HUNDRED ELEVENTH GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE HOUSE OF REPRESENTATIVES CONCURRING, that the coverage and subsequent payment for wrap-around services for those Tennesseans treated for the disease of substance use disorder is imperative to the health of this State.

BE IT FURTHER RESOLVED, that prior authorization requirements from insurance providers are a burden and limit access to care and should be removed when a healthcare professional provides or seeks to provide medication assisted treatment to a patient with a substance use disorder.

BE IT FURTHER RESOLVED, that substance use disorder and opioid use disorder are diseases and should be insured in the same manner as other diseases such as diabetes and heart disease.

BE IT FURTHER RESOLVED, that until these mental health diseases are fully covered, and access to treatment for these diseases is meaningfully provided, the well-being of Tennesseans and the opioid crisis in Tennessee will not be put to an end.