

The following chart reflects WHG's analysis of key provisions of the proposals for mental and behavioral health reform, including those to address the opioid crisis, that have been released by Democratic presidential candidates thus far.¹ Specifically:

- **Sen. Elizabeth Warren (MA)** proposes in the Behavioral Health Coverage Transparency Act ([S. 1576](#)) to strengthen parity in mental health and substance use disorder benefits and to establish a consumer parity unit to address violations. She also proposes in the Comprehensive Addiction Resources Emergency Care Act ([S. 1365](#)) to provide \$10 billion each year over 10 years to support efforts to address the opioid crisis. Sens. Cory Booker (NJ), Bernie Sanders (VT), Kamala Harris (CA), and Amy Klobuchar (MN) are cosponsors of both bills.
- **Sen. Amy Klobuchar (MN)** proposes to “combat addiction and prioritize mental health” through prevention and early intervention initiatives, expanded access to treatment, including strengthened mental health parity, criminal justice reforms, and economic opportunities.²
- **Mayor Pete Buttigieg (South Bend, IN)** proposes to “ensure least 75 percent of people who need mental health or addiction services receive the care they need” and to “prevent 1 million deaths of despair by 2028” by strengthening mental health parity, increasing access to treatment, among other initiatives.³

Though not reflected in the chart below, other presidential candidates have issued broad policy proposals regarding their respective positions on mental and behavioral health reform, including:

- **Vice President Joe Biden** proposes strengthening enforcement of mental health parity laws and expanding access to mental health care, including through increased funding for such services.⁴
- **Sen. Kamala Harris (CA)** proposes expanding coverage of mental health services in her Medicare for All plan.⁵
- **Sen. Bernie Sanders (VT)** proposes in the Medicare for All Act of 2019 ([S. 1129](#)) coverage of mental health and substance abuse treatment without cost sharing.⁶

¹ This analysis includes only candidates that qualified for the fourth Democratic presidential debate on October 15.

² <https://medium.com/@AmyforAmerica/amys-plan-to-combat-addiction-and-prioritize-mental-health-b0207531c9ab>

³ https://peteforamerica.com/wp-content/uploads/2019/08/Mental-Health-and-Addiction-Plan_White-Paper.pdf

⁴ <https://joebiden.com/healthcare/>

⁵ <https://kamalaharris.org/medicare-for-all/>

⁶ <https://berniesanders.com/issues/health-care-for-all/>

- **Rep. Beto O’Rourke (TX)** proposes in the Medicare for America Act ([H.R. 2452](#)) strengthening mental health parity and coverage of behavioral health services, including mental health, substance use disorder services, and intensive home and community based services.⁷
- **Former Housing and Urban Development Secretary Julián Castro** proposes strengthen mental health parity in all insurance plans and publicly-run programs.⁸

Mental and Behavioral Health Plans

Democratic Candidate	Sen. Elizabeth Warren (MA)	Sen. Amy Klobuchar (MN)	Mayor Pete Buttigieg (South Bend, IN)
Insurance Reforms	<ul style="list-style-type: none"> • Strengthens parity in mental health and substance use disorder benefits by: • Directs the Secretaries of HHS, Labor, and Treasury to issue regulations requiring insurers to submit an annual report on parity compliance, including its application of nonquantitative treatment limitations (NQTL) to mental health, substance use disorder, medical, and surgical benefits; • Directs the Secretaries to conduct random audits of insurers (minimum of 12 plans per year) as well as audits of plans for which formal complaints have been filed; • Requires Secretaries to collect information on the rates and reasons for denials by insurers of claims for outpatient and inpatient mental health and substance use disorder benefits compared to the rates for denials of claims for medical and surgical benefits and submit such information to Congress; and • Establishes a consumer parity unit to collect monitor, and respond to consumer complaints regarding 	<ul style="list-style-type: none"> • Enforces mental health and addiction parity 	<ul style="list-style-type: none"> • Enforces mental health and addiction parity (e.g., requires health plans to annual report parity activities, imposes fines and statutory penalties); • Establishes mental health and addiction parity in Medicare and Medicaid¹⁰; • Requires insurers to provide free annual mental health check-ups; • Requires insurers, including Medicare and Medicaid, to cover all three types of medication-assisted treatment (MAT); • Prohibits insurers from using utilization management for MAT; and • Eliminates the Medicaid rule that denies people Medicaid coverage upon imprisonment.

⁷ <https://betoorourke.com/#plans?p=health-care&tab=universal-high-quality-guaranteed-health-care>

⁸ <https://issues.juliancastro.com/health-care/>

¹⁰ Acknowledging jurisdictional limitations, Mayor Buttigieg, as president, would encourage states to require Medicaid parity. He would also encourage states to end “Medicaid carve-outs.” Additionally, he would remove the 190-day lifetime limit on inpatient psychiatric admissions in Medicare.

Democratic Candidate	Sen. Elizabeth Warren (MA)	Sen. Amy Klobuchar (MN)	Mayor Pete Buttigieg (South Bend, IN)
	violations of mental health parity laws. ⁹		
Delivery Reforms	See Opioid Crisis below	<ul style="list-style-type: none"> • Increases access to mental health and substance use disorder treatment through community-based services, telehealth, and a fully integrated health system¹¹; • Repeals the IMD exclusion in Medicaid; and • Increases access to MAT in federal prisons and expands treatment in state and local prisons. 	<ul style="list-style-type: none"> • Increases reimbursement for mental health and addiction care, including via telehealth and virtual care (presumably for both Medicare and Medicaid)¹²; • Repeals the IMD exclusion in Medicaid; • Increases the number of clinicians able to prescribe MAT¹³; • Establishes national guidelines for addiction treatment; • Increases access to MAT in rural or medically underserved areas through grants for mobile clinics and clinician access to longer-lasting forms of MAT; • Incentivizes mental health and primary care integration through alternative payment models and value-based contracting; • Expands Medicaid services to support health-related social needs (e.g., housing, employment, non-medical transportation); and • Expands trauma-informed care.¹⁴
Public Health and Workforce Initiatives	See Opioid Crisis below	<ul style="list-style-type: none"> • Expands access to naloxone (e.g., increases federal support for purchase of naloxone by state/local health departments¹⁵ 	<ul style="list-style-type: none"> • Expands access to naloxone (e.g., increases federal support for purchase of naloxone by state/local health departments, encourages co-

⁹ The Secretaries of HHS, Labor, and Treasury will be required to deliver a report to Congress on the complaints received by the consumer parity unit by March 31 of each year. In addition, the bill directs the consumer parity unit to share data with applicable federal and state agencies.

¹¹ The plan proposes increasing the number of beds in mental health and substance use treatment centers, supporting public and nonprofit entities, and expanding Certified Community Behavioral Health Clinics and treatment facilities.

¹² The plan proposes to encourage states to increase Medicaid reimbursements for MAT through Section 1332 state innovation waivers.

¹³ The plan proposes amending the Controlled Substances Act to allow prescribes with controlled substances licenses to prescribe buprenorphine without requiring additional training (i.e., receiving a practitioner waiver through SAMHSA); and expanding the types of clinicians able to prescribe MAT.

¹⁴ The plan proposes directing the U.S. Surgeon General to study the effects on trauma and to work with agencies on policies and tools to address trauma; funding research on best practices for trauma-informed care; ensuring Medicare beneficiaries receive trauma-informed care; incentivizing states to pay for trauma-informed care (e.g., Integrated Care for Kids model); expanding funding for local efforts to train clinicians to provide trauma-informed care; and increasing access to mental health resources for caregivers.

¹⁵ The plan proposes directing the federal government to negotiate a discounted price for naloxone.

Democratic Candidate	Sen. Elizabeth Warren (MA)	Sen. Amy Klobuchar (MN)	Mayor Pete Buttigieg (South Bend, IN)
		<ul style="list-style-type: none"> • Launches a national campaign to support prevention and early intervention strategies for people with substance use disorders, alcoholism and mental health illness¹⁶; • Launches national suicide prevention and mental health awareness campaign, including a focus on veterans, farmers, LGBTQ, and tribal communities; • Expands early intervention and treatment programs for drugs including cocaine and methamphetamine; • Improves training for health care professionals and expand the mental health and addiction workforce¹⁷; • Requires doctors and pharmacists to use prescription drug monitoring programs¹⁸; • Launches a national initiative to promote safe disposal of unused prescription medications and controlled substances; • Supports incentives for states to enact ignition interlock laws for those convicted of drunk driving; • Supports efforts to decriminalize mental illness and addiction; and 	<p>prescribing of naloxone with opioids); and</p> <ul style="list-style-type: none"> • Removes legislative and regulatory restrictions on the use of federal funds for syringe service programs • Expand the mental health and addiction workforce¹⁹; • Establishes the Healing and Belonging grant program (\$10 billion/year over 10 years)²⁰; • Establish a grant program to provide local organizations with resources and training to end stigma around mental illness and addiction; • Promotes student mental health by requiring schools to teach Mental Health First Aid courses²¹; • Launches a National Health Equity Strategy to address health disparities; • Establishes the CAPABLE program to support older adults age at home²²; • Increases investment in veterans suicide prevention; • Supports efforts to decriminalize mental illness and addiction.

¹⁶ The plan proposes expanding funding for states and localities to detect and respond to mental health conditions (e.g., mental health programming and resources for schools, including initiatives focused on alcohol addiction) and expanding training for pediatricians and primary care physicians.

¹⁷ The plan proposes improving training for mental health and substance use health professionals through several initiatives, such as training clinicians to administer MAT.

¹⁸ This proposal is based on the Prescription Drug Monitoring Act of 2019 ([S. 516](#)), introduced by Sen. Klobuchar.

¹⁹ The plan proposes addressing workforce shortages through several initiatives, such as training clinicians on how to care for patients with substance use disorders, including veterans; expanding loan repayment programs for mental health and addiction professionals; increasing the number of residency programs and fellowship for mental health and addiction clinicians; and creating a three-digit suicide hotline.

²⁰ Healing and Belong grants would be available to local communities to support interventions in clinical and community settings.

²¹ Mental Health First Aid courses teach people how to identify and respond to mental illness and addiction in themselves and in others. The plan also proposes training teachers and school staff on how to identify students with mental health needs and enhancing the provision of mental health in schools.

²² The CAPABLE program involves teaming up a nurse practitioner, an occupational therapist, and a handyman to improve an older adult's home environment and independence.

Democratic Candidate	Sen. Elizabeth Warren (MA)	Sen. Amy Klobuchar (MN)	Mayor Pete Buttigieg (South Bend, IN)
		<ul style="list-style-type: none"> Provides economic and housing opportunities and supports on-going recovery in communities. 	
Research	See Opioid Crisis below	<ul style="list-style-type: none"> Funds research at the National Institutes of Health on the impact of substance use on the brain and body and the development of additional treatments; Funds research and development of pain alternatives to opioids; and Funds public health surveillance and biomedical research to help develop substance use treatments. 	<ul style="list-style-type: none"> Funds research on early intervention and treatment; and Funds research to develop medication to treat other types of drug dependence disorders (e.g., methamphetamine).
Opioid Crisis	<ul style="list-style-type: none"> Provides \$10 billion per year over 10 years, which includes funding for states and localities to fight the opioid crisis; public health surveillance, biomedical research, and training for health professionals; and treatment, recovery, and harm reduction services, including Naloxone. 	<ul style="list-style-type: none"> Works with law enforcement to help stop synthetic opioids from being shipped from foreign countries to the United States; Places a two-cent fee on each milligram of active opioid ingredients in a prescription pain pill to be paid by the manufacturer or importer (funds will be used to provide and expand access to substance use and mental health treatment); and Crafts a Master Settlement Agreement that provides money directly to states for the cost of addiction treatment and social services (funded by opioid manufacturers and hedge fund managers). 	<ul style="list-style-type: none"> Works with state Attorney General to support state-level lawsuits against drug manufacturers; and Revamps the Drug Enforcement Administration's role in monitoring prescription of controlled pharmaceuticals.