

Legislative News at the Federal Level

(courtesy of Richard Yanes, Executive Director
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On The Hill . . .

Funding The Government – This Year And Next

Congress returned from its holiday recess to once again take up appropriation legislation to fund the government this year. More than three months late, appropriations for most federal functions, and thousands of home-state projects, were rolled into a massive omnibus bill and sent to the President, reaching his desk for signature just weeks before he sent back to the Congress his proposed budget for next year. The fiscal year of the federal government begins on October 1 of each year.

Senate Democrats, not wanting to risk a government shut-down, capitulated on a variety of issues including food labeling, media ownership, and the Department of Labor's new rules to eliminate overtime pay for thousands of workers when the President threatened to veto the legislation if opposition wasn't removed. This year's deficit is now projected to be \$521 billion.

The four volume \$2.4 trillion proposed budget from the administration for next year provides increases of 10 percent for homeland security and 7 for defense while all other programs are limited to less than 1 percent. Added to the fiscal difficulties will be an anticipated \$364 billion deficit which does not include \$50 billion in supplemental funding for Iraq and Afghanistan, an appropriation that Congress probably won't see until after the November elections.

Republicans and Democrats alike are already anticipating that 10 of the 13 appropriation bills will not be taken up until after the elections repeating this year's and last year's scenario.

The message here is that funding for mental health programs does not look promising.

Mental Health Parity, Patient's Bill of Rights, and Privacy Rule

No movement has taken place on Mental Health Parity (HR 953 / S 486), Patient's Bill of Rights (HR 597), or the Privacy Rule (HR 1709). While the Wellstone Mental Health Act (parity bill) is supported by more than 360 national health care organizations the outlook for its passage is bleak. Congress is faced with a short year due to the elections and party conventions, appropriation bills for the next fiscal year, and Republican legislative priorities that include the energy policy legislation containing numerous tax breaks and a corporate tax package.

The Medicare Prescription Drug Bill

Everyone knows, of course, that a Medicare Prescription Drug Bill was signed into law but here's some additional information. The \$395 billion price tag is now estimated to increase by 35 percent by the time its provisions kick-in, pushing costs to more than \$530 billion. While most people will not receive any benefits until January 2006, HMOs will start tapping the \$1.3 billion set aside for them next month, an incentive the administration wanted to assure privatization of Medicare. By 2006 HMOs will be receiving 25 percent more than they have in the past.

In addition, Medicare beneficiaries will no longer be able to purchase "gap" coverage for their share of prescription drug costs. Nor will Medicare provide any payments for drug purchases that do not appear on the formulary, the list of approved drugs.

State officials are anticipating that Medicare will cover fewer drugs than Medicaid now covers and states will not be able to get the discounts and rebates they now get from manufacturers under Medicaid. The concern is that states will begin to see rising costs in other areas, such as in-hospital stays, as patients receive less than the optimal drug therapy.

Miscellanea . . .

Adequate Treatment For Depression Lacking

Researchers are reporting that only one in five Americans are getting effective treatment for depression, although most can be successfully treated, according to an article published last year in the Journal of the American Medical Association. Depression strikes about 34 million people in this country sometime during their lives and will interrupt work or their normal activities for five weeks in the year, a figure that compares to about 15 days incapacitation for people with diabetes or hypertension.

The loss of work time translates to a \$31 billion cost to employers not including disability-leave payments. Stigma and lack of access are the big stumbling blocks for most sufferers.

In another study involving a collaborative care management program, researchers found that the elderly experience similar rates of depressive disorders as other age groups and suffer as much as others from the effects of these disorders. Treatment for the elderly may be more complex, however, due to higher rates of co-occurring medical problems, stress from loss and grief, and changing living situations.

After designing and implementing an intervention program applied at seven sites throughout the country, researchers found that about half of the intervention participants

achieved a 50 percent or greater reduction in depression symptoms at 12 months, compared to 19 percent of usual care patients. Intervention participants also had higher rates of complete remission of symptoms, reported less health-related impairments, and greater overall quality of life. For additional information contact the UCLA-NPI/RAND Research Center at 310/794-3725.

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