



Michigan Conference

The United Methodist Church

ADVOCACY DAY 2024

UNITED METHODISTS AND FRIENDS
ACCESS TO MENTAL HEALTH SERVICES

March 13, 2024

Believing that health care is a basic human right, our goals are to promote compassion, advocate for increased access to care, and eradicate stigma around treatment of mental health and substance use disorder treatment. Early and affordable treatment can help people prevent crises, including those that end in suicide. To that end, we ask Michigan's legislators to pass several important policy changes that we support*:

First: Pass House Bill 4707 to increase Mental Health Parity. Expansion would require insurance companies to cover mental health care at the same rates that they cover physical health care. Mental health parity was enacted at the federal level in 2008, but HB 4707 would clear up some ambiguities for Michiganians in the federal law. Significantly, HB 4707 requires insurers to cover out-of-network mental health or substance use disorder services if those services are not available in-network.

Second: Pass Bi-Partisan House Bills 5371 and 5372 to codify Certified Community Behavioral Health Clinics (CCBHCs) in state law. Services at CCBHCs are available to anyone, regardless of age, residency, ability to pay, insurance coverage, or severity of the mental illness. They enable people to start receiving care even before they are in a severe mental health crisis. If people are on a waitlist for a therapist, psychiatrist, or other mental health provider, they would be able to start receiving care at a CCBHC and then transition to that other provider once they're off the waitlist. These bills will greatly accelerate people's access to mental health services. In 2020, Michigan was approved as a CCBHC demonstration site. House Bills 5371- 5372 ensure that these clinics stay open and increase funding to expand this essential program to other parts of the state-- because mental illness knows no geographic boundaries.

Third: Increase funding in the budget for a full menu of complementary care including the number of inpatient psychiatric inpatient beds and step-down levels of care.

*This rationale is rooted in The United Methodist Social Principles, Paragraph 162.X