



Short-Term Plans Do Not Cover Life-Saving Mental Health and Substance Use Treatment

Families USA, Mental Health America, the National Alliance on Mental Illness, and the National Council for Behavioral Health are four nonprofit, nonpartisan organizations that represent health care consumers, including those with mental health and substance use disorders. We have joined together to bring attention to a health care proposal put forth by the Trump administration that would expand short-term health insurance plans.

This proposal purports to be advantageous to individuals and families who are concerned about high premiums for health care insurance. However, instead of lowering the costs of care for individuals and families, the expansion of short-term plans would expose people to large bills when they need care. For people with mental health and substance use disorders, enrolling in a short-term plan could jeopardize their health and financial security.

Short-term plans undermine coverage for mental health and substance use treatment

Under federal law, most health insurance plans that are offered by employers or purchased by individuals must cover mental health and substance use care at parity with other benefits. Important changes in recent years have effectively eliminated decades of unequal coverage for behavioral health treatment. The nation has made great strides in covering mental

health and substance use disorder services, first by passing the Mental Health Parity and Addiction Equity Act in 2008, and then by including mental health and substance use treatment among the essential health benefits that individual and small group plans must cover under the Affordable Care Act.

However, there is a narrow exception to these protections for “short-term plans.” Presently, short-term health plans may only be sold as a temporary bridge until people can obtain comprehensive coverage. They are intended as a stopgap for situations such as when people are changing jobs, coming out of college, or otherwise between insurance plans. The proposed rule from the Trump administration, however, would expand the currently permitted maximum duration of three months for these plans, up to a period of 12 months.

Short-term plans are not subject to parity rules, nor are they required to provide essential health

benefits. In fact, coverage of mental health and substance use services within short-term plans is either nonexistent or woefully inadequate. Increasing the use of short-term health plans threatens more than a decade of progress toward health insurance equity, bringing the nation back to the “bad old days” when discriminatory health insurance plans were commonplace.

Coverage of mental health and substance use disorder treatment is insufficient in short-term plans

According to Mental Health America’s *The State of Mental Health in America 2018* [report](#), one in five adults—40 million Americans, or more than the population of Florida and New York combined—have a mental health condition. Twenty-one million

people in the U.S. have a substance use disorder, and 7 million people have both a mental health and substance use condition.

Families USA, Mental Health America, the National Alliance on Mental Illness, and the National Council for Behavioral Health looked at some of the short-term plans that are sold widely today to see how well they cover mental health and substance use treatment. As shown in the comparison tables below, we found their coverage ranged widely—from not at all, to very limited coverage. And even this limited coverage could be denied for a preexisting condition. In these policies, having ever being diagnosed with a mental health condition or having received mental health or substance use treatment within one to five years prior to the purchase of the short-term plan would lead to limitations on or outright exclusions of services.

| Short-term plan | Cover any mental health treatment? | Cover any substance use treatment? |
|---------------------------------|------------------------------------|------------------------------------|
| National General | No | No |
| Secure Lite | No | No |
| Everest Prime | Yes, limited | Yes, limited |
| Standard Life Select | Yes, limited | No |
| LifeShield | Yes, limited | Yes, limited |
| UnitedHealthOne (Medical Value) | No | No |
| UnitedHealthOne (Medical Plus) | Yes, limited | Yes, limited |

Note: There are some state variations to the plans above: a few states require some coverage.

In April 2018, [Kaiser Family Foundation](#) found that on average, 57 percent of short-term health insurance plans sold on eHealth and Agile Health Insurance websites do not cover mental health, and 38 percent do not cover treatment for substance use.

Short-term plans provide insufficient coverage for people at risk of suicide

We examined what short-term plans would cover for an individual who had attempted suicide. Suicide affects people of all age groups, and is the [second leading cause](#) of death for 15 to 34 year olds. About [8 percent](#) of high school students report trying to take their life in the preceding 12 months. On average, there are 123 suicides per day¹, including an estimated 18-22 veterans. Older adults are most likely to complete a suicide attempt, with about [19.72 per 100,000](#) adults age 45-54 committing suicide annually. But for every person who dies by suicide, 25 more attempt to take their own lives.²

With suicide rates that have increased by 28 percent over a 17-year period³, we looked at how these widely sold short-term plans cover the costs related to a suicide attempt.

What we found, unfortunately, is that the short-term plans we examined **offer no coverage whatsoever for treatment of a suicide attempt.** (See table, top right)

Short-term plans provide insufficient coverage of substance use disorders

Another public health problem facing our nation is an unprecedented opioid epidemic. Individuals across our nation also experience high rates of addiction to other drugs and to alcohol. However, as with suicide, the short-term plans we examined provide no treatment for injuries associated with alcohol or other substance use. (See table, bottom right)

| Short-term plan | Cover intentional injury/ suicide attempt? |
|---------------------------------|--|
| National General | No |
| Secure Lite | No |
| Everest Prime | No |
| Standard Life Select | No |
| LifeShield | No |
| UnitedHealthOne (Medical Value) | No |
| UnitedHealthOne (Medical Plus) | No |

Source: Plan brochures downloaded from ehealth, Agile Health, and UnitedHealthOne on 5/24/2018

| Short-term plan | Cover injury resulting from intoxication/alcohol or drug use? |
|---------------------------------|---|
| National General | No |
| Secure Lite | No |
| Everest Prime | No |
| Standard Life Select | No |
| LifeShield | No |
| UnitedHealthOne (Medical Value) | No |
| UnitedHealthOne (Medical Plus) | No |

Short-term plans contain fine-print exclusions for mental health and substance use conditions

People buying short-term plans because they think they are getting a good deal based on low premiums often don't know how little coverage they are actually getting. The exclusions described above are often buried in fine print. Here are some additional examples of how consumers may be misled by unclear details of short-term plans:

- » National General states it does cover emergency room care, urgent care, and doctor visits. However, in small print on the “exclusions” page, it states that it does not pay for sickness or injuries caused by or incurred for “intentional self-inflicted sickness or injury, whether sane or insane.” It also does not cover “treatment of mental health conditions or substance use” or “sickness or injury resulting from being intoxicated.”
- » Standard Life Select states in its benefits chart that it includes coverage for hospital inpatient and outpatient services, emergency rooms, and doctor office consultations. It states that it pays a fixed dollar amount for inpatient and outpatient treatment of “mental disorders” for 31 days inpatient, 10 days outpatient. But the exclusions page of the plan brochure indicates that it does not cover “Willfully self-inflicted Injury or Sickness,” “Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor, but not for the treatment of Substance Abuse,” and it broadly excludes treatment for “Alcoholism and Substance Abuse.” Further, it defines a “mental disorder” as being “biologically based,” which may exclude many problems for which individuals with mental health needs seek treatment.

CONCLUSION

Both consumers and government officials should be extremely leery of plans that do not provide coverage for the full range of health problems faced by families and communities. Mental and emotional well-being are essential to overall health, and it is important that the health insurance plans available to consumers support their overall health by providing them the coverage necessary to adequately treat all of their health needs, including mental health and substance use conditions.

Endnotes

¹ American Foundation for Suicide Prevention (AFSP), *Suicide Statistics* (New York, NY: AFSP), available online at <https://afsp.org/about-suicide/suicide-statistics/>.

² Ibid.

³ National Institute of Mental Health (NIMH), *Suicide* (Bethesda, MD: NIMH), available online at <https://www.nimh.nih.gov/health/statistics/suicide.shtml>.