

Congress Clears Legislation Funding Mental Illness Research and Services Below Current Levels, Across the Board Cut Expected; 1996 Parity Law Extended

December 22, 2005

In its final action prior to adjournment for the year, the Senate gave final approval yesterday to legislation allocating FY 2006 funding for labor, health, and education programs including mental illness research at the National Institute of Mental Health (NIMH) and mental illness treatment and services at the Substance Abuse and Mental Health Services Administration (SAMHSA). The legislation (HR 3010), known as the FY 2006 Labor-HHS Appropriations Conference Report, represents the final agreement between the House and the Senate setting funding levels for all discretionary health, labor, and education programs (over \$142 billion in discretionary funding for FY 2006).

Overall, the legislation holds most programs at their current levels. However, an expected across-the-board cut of one percent on all discretionary programs will result in nearly all of these programs being funded below their current levels for FY 2006. It is important to note that this one percent across-the-board reduction will apply to other critical discretionary federal programs serving people with serious mental illness including housing. However, the across-the-board reduction exempts veterans' medical care.

The House passed the final bill on December 14 by a narrow 215-213 margin. The Senate passed the bill by voice vote last night -- allowing the bill to move on to the White House, where the President is expected to sign it into law. The FY 2006 Labor-HHS Appropriations bill has been the subject of controversy for weeks in the House and Senate. On November 17, the House rejected a nearly identical bill, 209-224. In the interim, congressional leaders agreed to add back \$90 million in funding for rural health programs, thereby securing the votes necessary to pass the House.

Mental Illness Research – First Reduction in Funding in More Than 20 Years

The final version of HR 3010 funds mental illness research at NIMH at \$1.418 billion. This is only \$6 million above current levels – well below the \$48.2 million increase contained in the Senate version of the legislation. The expected one percent across-the-board reduction will result in at least a \$14 million budget cut to NIMH – not only wiping out the very modest \$6 million increase, but actually leaving the agency as much as \$8 million below its current FY 2005 funding base.

Mental Illness Services – Most Programs Frozen, Suicide Prevention Funds Boosted

The final agreement on HR 3010 holds most programs at SAMHSA at current funding levels. This includes the Mental Health Block Grant (\$432.8 million), PATH (services for homeless individuals with mental illness) (\$54.8 million), Jail Diversion (\$7 million), Children's Mental Health (\$105.2 million), and protection and advocacy (\$34.3 million).

As with NIMH, all programs at SAMHSA (and the Center for Mental Health Services, CMHS) will be subject to a one percent across-the-board reduction.

The only activity at CMHS to receive a substantial increase in the final version of the Labor-HHS bill is youth suicide prevention and campus mental health programs authorized under the Garrett Lee Smith Act. Specifically, the bill increases funding for suicide prevention programs by \$10.5 million, to \$27 million. This is a remarkable accomplishment in the current budget environment, particularly considering that these programs at CMHS were funded at only \$3 million just three years ago. NAMI is extremely grateful for the leadership of Senator Gordon Smith (R-OR) in pushing for this increase in federal investment in youth suicide prevention.

The final agreement on the Labor-HHS bill also continues the State Incentive Grant (SIG) program at \$26 million for FY 2006. This will allow states that successfully competed for Mental Health transformation planning grants to access a continuation of funding in FY 2006.

Additional details on the FY 2006 Labor-HHS Appropriations bill can be found on the NAMI Web site.

[December 2, 2005](#)

[July 29, 2005](#)

1996 Parity Law Extended

Yesterday, the Senate also passed legislation extending the Mental Health Parity Act (MHPA) for an additional year. This law requires health plans to meet a standard parity for mental illnesses by having equal annual and lifetime dollar limits for all health benefits (i.e., they cannot impose lower dollar limits on an annual or lifetime basis for mental illness that do not apply to all other health benefits). The original MHPA (passed in 1996) has required renewal every year since 2001. The legislation passed by the Senate yesterday (HR 4579) extends the MHPA through 2006. The House passed the bill on December 18 and the President is expected to sign the measure. NAMI is continuing to work with the sponsors of full federal parity to bring forward separate legislation to ensure that health plans are not able to impose discriminatory durational treatment limits, cost sharing, and deductibles as applied against treatment for mental illness.