Where We Stand:

NAMI believes that health insurance should provide comprehensive mental health and substance use disorder coverage without arbitrary limits on treatment. NAMI supports repeal of Medicare's discriminatory 190-day lifetime limit on inpatient psychiatric hospital care.

Why We Care:

Access to health care services is essential for people with mental illness to successfully manage their condition. Medicare is a lifeline for much of that care, providing health insurance for over 60 million U.S. adults, including millions of people with mental health conditions. Unlike other health coverage programs, however, Medicare is not subject to mental health parity requirements and imposes additional limitations on mental health benefits.

Specifically, Medicare restricts people to just 190 days in their lifetime for care in inpatient psychiatric hospitals — facilities that specialize in treating mental health conditions. These limits don't apply to psychiatric units within general hospitals, and they also don't apply to any other Medicare specialty inpatient hospital service.

People with serious mental illness may easily go over Medicare's 190-day limit during their lifetime, especially if they gain Medicare coverage at a younger age. People who receive

Medicare benefits in inpatient psychiatric facilities often diagnosis of have а schizophrenia, bipolar disorder or major depressive disorder — conditions that typically ongoing treatment and multiple require hospitalizations over the course of a lifetime.

NAMI supports repeal of Medicare's discriminatory 190-day lifetime limit on inpatient psychiatric hospital

care.

Limiting inpatient psychiatric care to 190-days in a lifetime is a discriminatory policy that creates barriers and disruptions to care and should be repealed.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities