

EAP ASSOCIATION
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EAP



*Where does EAP fit into
Healthcare Reform?*

Building Advocacy
EAPA Public Policy Conference





OFFICE OF THE VICE PRESIDENT
WASHINGTON

March 1994

Dear Friends:

Thank you for honoring me at your annual meeting in Washington, D.C. It is very special to be recognized by a group of individuals who are dedicated to helping people deal with some of life's most difficult problems.

I truly believe in the value of employee assistance programs. These programs provide a range of important and effective services including: health promotion, mental health and substance abuse counseling, financial planning and legal assistance.

Every day your programs demonstrate that mental health and substance abuse services make sense for both employees and employers. To the employee, these services are crucial to helping them address very real problems that often affect not only personal well-being, but employee productivity. To the employer, mental health and substance abuse services help to improve productivity, work place safety and employee morale.

The promise of health care reform presents us with a momentous opportunity to rethink the ways we deliver services to people in need. Under President Clinton's Health Security Act, for the first time ever, mental health and substance abuse services will be an integral component of the national health care system. Employee assistance programs have shown that this type of coverage makes sense.

Thank you for your efforts to improve the health and well-being of our nation.

Sincerely,

Tipper Gore

TABLE OF CONTENTS

COVER FEATURES

- 15** **Ultimate in Professionalism**
by Joseph O'Sullivan, Legislative & Public Policy Committee Chair
- 16** **EAPA Public Policy Conference**
Overheard at the Conference
- 19** **Healthcare: the View from Canada**
by Aroon Shah, EAPA Canadian Regional Representative
- 21** **Wide-Angle Lens:**
An Historical Perspective On EAPs Worldwide
by Kenneth M. Burgess and William J. O'Donnell

OTHER FEATURES

- 8** **PROfiles**
Your EAPA Chapter Presidents
- 10** **Ready or Not? Employee Assistance in Russia**
by Retha M. Buck
- 23** **Workplace Diversity and Organizational Life**
by Edward Dunbar and John Geirland

DEPARTMENTS

- 4** **President's Message**
EAPs and Healthcare Reform
- 5** **From the C.O.O.**
Vision, Viability, Vitality
- 12** **Certification**
EACC Survey
- 24** **Regions and Chapters**
D.C. Chapter, Ethics and the EAP Professional Plus, More on the L.A. Earthquake
- 26** **Infotracks**
- 26** **Conferences and Workshops**
- 28** **On the Labor Front**
Labor and Healthcare Reform '94
by Mary Lehman MacDonald
- 29** **Women's Issues**
- 30** **From the International Region**
How Will European EAPs Differ?
by Deirdre Boyd
- 31** **Conference Update**



◀ Sandra Turner, National EAPA President, presents an award to Mrs. Tipper Gore in appreciation of Mrs. Gore's work on behalf of mental health and substance abuse, during a Capitol Hill reception on March 14, part of the EAPA Public Policy Conference. Photo by Focused Images.

Cover photo: George E. Cobbs, National EAPA Vice President, presents Mrs. Gore with a jogging suit monogrammed with the EAPA logo, provided by Awards and T-Shirts, a Kansas City female-owned and union company. Photo by Beverly Foster. "Where does EAP fit into Healthcare Reform?" is the question that provided a point of focus for the EAPA 4th Public Policy Conference, the theme of this month's edition of the *Exchange*.

EAPs and Healthcare Reform



by Sandra Turner, CEAP
EAPA President

EAPA members heard some familiar concerns during their visits to the Hill as part of EAPA's fourth annual Public Policy conference. "Mental health and chemical dependency benefits are just too expensive." "It's a good idea, but the savings are in the future and the expensing is now." The same issues that you have had to educate your companies about are the ones you need now to be communicating to your legislators.

Although predictions vary widely, most speakers at the conference agreed that the current reform packages are not working toward improving the status quo in chemical dependency and mental health coverage. The Health Security Act (HSA) offers the highest level of benefits proposed, but those are not even destined to remain as proposed.

This is a time of revolution, not evolution! Our healthcare system of the last 50 years is rapidly becoming a thing of the past. Expect the HSA to be subject to change. Affected special interest groups can be expected to cover their turf and take their cases to the public with intensive media campaigns. Estimates now are that 60 percent of the bill will be passed this year. Those areas most at risk are longterm care, prescriptions and, unfortunately, mental health and chemical dependency.

Basic Elements of Plan

Employers Mandate: Requires all employers to provide insurance — hotly debated and opposed by many businesses. Other businesses realize that they are already paying, through costshifting, for employees not covered by their employers and these companies favor a level playing field.

Guaranteed Issue: Requires insurance companies to take all applicants; *no preexisting conditions* may be excluded.

Community Rating: Prohibits carriers from varying their premiums based on an individual's health status.

Universal Access: Some argue that we already have universal access; it's just that some can't afford it. The President wants universal coverage.

Health Security Cards: Raises concerns about confidentiality.

Basic Benefit Package: (Frills taxed in ten years — pressure to make immediate.) Delivery system of the last 50 years has changed forever. This component is rife with disagreement, mainly due to the data used to arrive at the cost estimates. It is said that those claiming that the benefit is not needed are looking at 1960 data; those claiming it's too expensive are using 1980 data; those saying that people should just pull themselves up by their bootstraps are not looking at any data. Many EAPs and their companies have cost estimates for mental health and chemical dependency benefits that come in well below that used in the HSA.

What is the incentive to keep an EAP positioned as a healthcare cost-cutter? The restructuring of the healthcare system into Alliances will break the link of healthcare coverage with employment. Employers can no longer be expected to manage care or select providers. The EAP's role in selecting providers and managing care will be eliminated as employers' contributions are standardized. There are obviously many employers who are opposed to mandatory participation in Alliances. So the plan structures several financial disincentives for not participating in Alliances. This is true even for large employers.

The Sherrod Brown (D-Ohio) Amendment currently being supported by EAPA would introduce a financial incentive for employers to have EAP and wellness programs. Companies who have already recognized the importance of these programs and invested resources in the mental health of their employees should receive a financial break. The Brown

Amendment agrees with many healthcare policy experts who believe that for true healthcare reform to become a reality, employees need to adopt healthier lifestyles. They feel that EAPs are best situated to make this happen because of the early availability of services, peer pressure and repetition of the message.

What EAPA Is Doing Next

The Board of Directors has re-prioritized the EAPA Strategic Plan. Our number-one goal is "Access to Employee Assistance Services: Promote access to employee assistance services for all employed persons and their families."

Strategy A: Promulgate policies and procedures providing access to prevention, assessment, intervention and follow-up services.

Strategy B: Develop a program to support the development of innovative models of services delivery, *i.e.*, consortium, small business, member assistance programs — incorporating the CEAP as a component of such models as a quality measure.

Strategy C: Develop alliances and legislative initiatives at federal, state and local levels that promote employee assistance development.

Strategy D: Promote culturally diverse employee assistance programs.

What You Need to Do

- Read everything available on the Clinton Health Security Act, as well as opposing healthcare plans.

- Familiarize yourself with EAPA's Legislative Agenda for 1994.

- Acquire the written materials available from EAPA and other organizations regarding cost/benefit data.

- Contact your U.S. Congressman/woman at home and in Washington, D.C. There is no more influential voice than that of a constituent.

- Report your accomplishments, observations, suggestions back to EAPA to help refine our legislative outreach.

Vision, Viability, Vitality

by Michael L. Benjamin
Chief Operating Officer

Vision, viability and vitality are three very important concepts which I believe apply to EAPA's growth as an association during the latter part of this decade. Indeed, during most of my recent presentations before EAPA chapters and other constituent groups, I have focused on the applicability of these concepts to EAPA's mission.

Vision. As Sandra Turner indicates in her President's message, the Board of Directors has re-prioritized, or re-focused, the vision for the Association — at the top is "Access to employee assistance services for all employed persons and their families." An important strategy is to develop legislative initiatives at the federal, state and local levels that promote employee assistance development. Building on the success of the President's Commission on Model State Drug Laws' *Model State EAP Statute* and the more recently published Department of Transportation's *Alcohol and Drug Testing Regulations* which included CEAPs as Substance Abuse Professions — the Association is making that vision a reality.

Another slice of that vision is the Sherröd Brown (D-Ohio) Congressional Resolution that would be offered as an amendment to the Health Care Bill and would provide a financial incentive to business that would have EAP/wellness programs in the workplace. (See Sandra Turner's message for greater detail.)

Yet another event that moves our vision along the pathway of actualization is a March 23 meeting with President Clinton in the White House which I attended, along with Malva Reid, EAPA Public Policy Representative for the Mid-Atlantic Region; Laura Mannis, President of the Potomac Chapter; and Rick Wall, Chairperson, Program Managers

Committee of EAPA's Board of Directors.

Viability. The March 23 meeting had 200 front-line providers from all over the country who have been active in the healthcare reform debate. The purpose was to update providers and to jump-start action on the debate. Four EAPers out of 200 shows that our field is recognized as a viable component of the healthcare solution. We enhanced that perception by having available information statements on EAPs' role in the healthcare debate. With our environment changing so rapidly, it is imperative that we seize every opportunity to demonstrate the effectiveness of EAPs.

Still in the viability mode, Jim O'Hair, Mid-Atlantic Regional Representative, and I participated in a federally sponsored work group on preventing violence in the workplace. This group of 15 consisted of ranking officials from the U.S. Departments of Labor, Health and Human Services, U.S. Postal Service, business organizations and labor. Recommendations, which focused on government/business/labor prevention policies and strategies in the workplace, indicated EAPs as a major intervention strategy for this area. We certainly welcome other evidence on this area of our viability; please let us know what you are doing to address workplace violence.

Vitality. This year's Greater Oklahoma City Chapter Spring Conference was terrific: good attendance, fielded by a very energetic conference committee, and led by the very able Kenneth Williams, Chapter President. I was privileged to be keynote speaker and, after my presentation, I was approached by two human resource directors regarding supportive data and related information on engaging EAP services. Additionally, a faculty member of a

state college inquired about the feasibility of developing an EAP curriculum and initiation of an EAP for faculty and staff.

During the EAPA-sponsored Public Policy Conference, I believe many EAPA members in attendance were revitalized by the information given and sense of urgency for each member's participation in grassroots efforts. A reception for Mrs. Tipper Gore also added vitality and further fortified our mission.

The Vice President and Mrs. Gore held a reception in April for leaders in the mental health and substance abuse fields for work related to the healthcare debate. The Association leaders were invited to this event.

These are but a few snapshots that represent what your Association through its leadership at the Association and Chapter levels is doing to further the organizational goals of EAPA. We need your continued support — we welcome your input!



From the Editor

The April edition of the *Exchange* carried a letter from a concerned member. The *Exchange*, seeking to establish a permanent Members column, encourages more letters from EAPA's membership commenting on specific articles appearing in the magazine or on issues of the field or the Association. Edited versions will be given to the author for approval. Please send or fax letters to:

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