





Seeking Equal Coverage for Mental Health

BY PAUL J. SEIFERT, J.D., & PETRINA CHONG HOLLINGSWORTH

The National Institute of Mental Health estimates that more than 57.7 million people in the United States suffer from mental health disorders, including attention-deficit/hyperactivity disorder (AD/HD), depression and substance abuse disorders.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2005 approximately 5.7 million adults did not receive treatment or counseling for an existing mental health problem in the past year.

Lack of insurance

Why do so few receive the necessary professional help? Of the 5.7 million adults in the SAMHSA report who reported a need for mental health services and did not receive treatment, 46.8 percent said that lack of insurance or concerns about cost were the main reason they did not seek medical treatment for their mental health disorders.

Congressional leaders, mental health advocates and organizations such as CHADD have been working for mental health parity—insurance coverage for mental disorders equal to levels of other medical coverage. In 1996, the U.S. Congress took an important first step to address the inequalities of coverage with the Mental Health Parity Act. That law required insurance companies to set caps on mental health services that were equal to those for other medical services. Unfortunately, the law allowed employers, health plans and insurance companies to impose financial limits on the payment of mental health benefits.

“Most health insurance plans in America treat mental disorders in a

INSURANCE COVERAGE FOR MENTAL HEALTH



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discriminatory fashion when compared with physical disorders,” said E. Clarke Ross, CHADD’s CEO. “Efforts to enact mental health parity help fight the stigma associated with mental disorders by acknowledging that these are real illnesses and that the health care costs are valid.”

Limitations on coverage

In 2002, CHADD conducted a survey of its members to delve into patterns of insurance coverage. The results of the survey showed severe limitations on AD/HD treatment coverage even for those with comprehensive health insurance. Only 76 percent of the respondents’ health plans covered treatment for AD/HD, and 83 percent of those plans contained limitations, including annual limits on number of treatment visits, limiting counseling treatment to the individual with AD/HD and not family members, and no reimbursement for behavioral therapy. (For more information on the results of the CHADD survey, see the December 2002 *Attention!*® magazine CEO column.)

Despite bipartisan support, legislation to close these loopholes and curb the limitations insurance companies can impose on coverage has previously stalled in Congress. The Paul Wellstone Mental Health and Addiction Equity Act was reintroduced in 2003 in the House by Representatives Jim Ramstad (R-MN) and Patrick Kennedy (D-RI). However, the leadership at the time blocked passage of the bill.

Encouraging news

With new leadership in the Congress, advocates are encouraged that the bill will finally come to pass, possibly during this session. The bill would address discrimination in group health plans against individuals with mental or substance use disorders.

Named after the late Senator Paul Wellstone, who was a strong advocate of equal rights for individuals with mental disorders, the legislation would expand the Act of 1996 by prohibiting group health plans from imposing treatment or financial limitations on men-

tal health benefits that are different from those applied to medical/surgical services. The legislation closes the loopholes that allow discrimination in the co-payment, co-insurance, deductible, maximum out-of-pocket limit, and day and visit limits. However, it excludes health plans sponsored by employers of fewer than 50 people.

As this article was going to press, Senators Edward Kennedy (D-MA), Mike Enzi (R-WY), and Pete Domenici (R-NM) were introducing their version of the Mental Health Parity Bill in the U.S. Senate.

How you can help

The prospects for passing a comprehensive mental health parity law are better now than ever before. Go to www.chadd.org and click on "Influence Policy" to see the latest on where our efforts stand and how you can help. ■

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FOR MORE INFO

Mental health parity and equal rights for individuals with AD/HD are currently hot topics before policymakers. Much is changing on a day-to-day basis. To find out the latest developments in Congress and state legislatures, please visit the public policy section of CHADD's Web site (www.chadd.org and click on "Influence Policy").