

SAS MONTH 2008: mental health parity
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Sue Ann Thompson PHOTO
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Sue Ann Says: Learn more about mental health parity

When I was first diagnosed with breast cancer, my doctor told me I'd need six months of radiation. So picture this: My doctor then warns me that my health insurance company will only cover 10 treatments (about two weeks). After that, I either pay out of pocket or I have to stop treatment. Sounds inconceivable, right?

That didn't happen to me because – fortunately, in this regard at least – I had cancer. But the above scenario is exactly what happens to millions of Americans each year who seek treatment for mental illness and substance abuse. Many health plans aren't required to include coverage for mental illness. And if they do, they typically impose high co-payments and deductibles and sharply limit the number of treatments or hospital days allowed. The result: people go without desperately needed health care.

In October, the U.S. Congress passed the Paul Wellstone & Pete Domenici Mental Health and Addiction Equity Act. This legislation requires, for the first time, that private health insurance plans must provide equal coverage for mental and physical illnesses, called "parity." The law goes into effective January 1, 2010 for most health plans.

The fine print

My experience as First Lady of Wisconsin taught me a thing or two about the fine print. I turned to Shel Gross, director of public policy at Mental Health America of Wisconsin. Shel explains:

- The federal law does *not* require group health plans to offer coverage for mental health and substance abuse. It only requires that if mental health coverage *is* offered, it must be equal to coverage for other disorders. Fortunately, Wisconsin mandates that commercial group health insurance plans cover mental illness and substance abuse. This state law preempts federal law. (Self-funded health plans in Wisconsin are exempt from state law, although many do include mental health coverage. If they provide coverage, it now must be equal.)

- The new law applies only to health plans covering businesses of 51 or more employees.
- The new law does not mean that people with no health insurance will have mental health coverage.
- This new law does not apply to Medicare, Medicaid/BadgerCare and public health departments. The federal government recently enacted mental health parity for Medicare, which is being phased in.

Why now? And why did it take so long anyway?

“I have heard stories where patients hospitalized for severe depression had to be discharged after only a few days because they maxed out their mental health coverage,” Shel told me. “Can you imagine a heart patient being discharged while still in critical condition?”

Shel explains this insurance discrimination comes from outdated attitudes that mental illnesses and addictions are not real illnesses and their treatment less science-based than other medical conditions. But recent research conclusively shows that specific biological underpinnings, including genetics and chemical imbalances, play a major role in the development of many mental illnesses. These findings led to effective new treatment options.

What does it mean for you and me?

The new law is a real benefit to Wisconsin women. Not only do depressive disorders affect twice as many women as men in a given year, but women in Wisconsin rank among the highest in the country for the number of days per month with poor mental health. Now many Wisconsin women will find it much easier to obtain effective treatment for depression, eating disorders, alcohol and drug abuse and other mental health issues. The parity law also diminishes the discrimination and stigma long associated with mental illness and substance abuse.

What does mental health parity mean for employers? For society?

Opponents of parity often cited the high costs of providing equal coverage for physical and mental health conditions. However, studies of parity implementation in other states and in the federal employees' health plan have dispelled that myth. The Congressional Budget Office estimates that parity will increase premiums only by two-tenths of one percent.

Mental health and substance abuse disorders are major causes of worker absenteeism, workplace accidents, employee turnover, and disability. Employees who can obtain effective treatment for mental health disorders are healthier, more productive workers. "That investment in treatment will reap huge payoffs for business and for society," Shel told me. In addition, Shel notes, access to mental health and substance abuse treatment reduces domestic violence, suicide, traffic accidents, crime and the costs of incarceration. It all adds up to healthier families and stronger communities.

What can you do?

Take action! Let your employer know that mental health coverage is important to you. Learn more about mental health and substance abuse coverage by calling the Office of the Commissioner of Insurance (OCI) at 800-236-8517 or visiting the OCI Web site at oci.wi.gov. Do your part to make sure this law is implemented to the greatest benefit of all Wisconsinites.

Yours in good health,

Sue Ann Thompson
Founder & President
Wisconsin Women's Health Foundation

The Wisconsin Women's Health Foundation (WWHF) is a statewide non-profit organization whose mission is to help Wisconsin women and their families reach their healthiest potential. WWHF presents women's health education and outreach programs, funds women's health research, provides scholarships for women in academic medicine, and publishes resource materials. Your donations help WWHF reach women all over Wisconsin with the information, resources and tools they need to be healthy. To make a donation or to learn more about WWHF, visit www.wwhf.org or call 1-800-448-5148.