

Health Care

Mental health pros worry parity act might spur coverage drops

By Nicole Lucht

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For years, mental health professionals and those seeking mental health treatment have struggled with a system that did not provide equal coverage of mental health care and addiction treatment as it did physical health care.

And although the mental health parity act is touted by many as a necessary step to improve mental health care in the United States, it could actually be a step back for those hoping to afford treatment since it is not a mandate to provide coverage.

The act, tucked into the recent federal bailout, was signed in October by President George W. Bush. The law goes into effect in October 2009, meaning that parity wouldn't have to be applied until the start of health plans next coverage year. For most, that is January 2010.

For companies with more than 50 employees, it means that if they offer mental health coverage for their workers, the premiums and deductibles the employees pay have to be on par with those they pay for other medical care. It does not mean those employers have to offer it.

This could lead employers to drop coverage, when the intent of the bill is to improve it.

At Foundation for Recovery, a substance abuse treatment center in the western valley, several mental health professionals and a few dozen recovering addicts and others gathered Nov. 14 to discuss the act, which also requires addiction treatment parity.

It is possible for an insurance company or an employer to limit the type of coverage of mental health and substance abuse, said Dr. Stuart Ghertner, director of Southern Nevada Adult Mental Health Services.

"This law does not mandate behavioral health services," he said. "It mandates parity."

He said he's concerned employers will drop mental health coverage completely.

"This issue is the No. 1 reason why this country should look at universal health coverage," he said. "At the end of the day, there will be an increase in costs."

If a state has stronger mental health regulations, then the federal law doesn't apply. Because Nevada's laws are weaker, federal law trumps state regulations.

Dr. Lesley Dickson, president of the Nevada Psychiatric Association, is working with state legislators to rewrite the mental health parity law to add more diagnoses to the list of six mental illnesses covered by the existing law.

Although the federal law "looks good," she said there are some gaps she hopes will be filled by the 2009 Nevada Legislature.

State law mandates parity of six of the most debilitating of mental health diagnoses: schizophrenia, schizo-affective, bipolar disorder, major depression, panic and obsessive compulsive disorders.

"What we're going to do is figure out if there are some gaps that the state law can make up for, without it really impacting the state budget significantly because we're not going to get anywhere if it does," Dickson said. "We need to find things that are going to be beneficial and not cost any more."

She is concerned some companies will elect not to provide mental health benefits.

"Treatments these days are not very expensive for the most part," she said. "With a little education these companies will stay with it, at least that would be my hope."

The costs employers could save by dropping mental health coverage will be lost in other ways, said Dr. Rhonda Robinson Beale, chief medical officer for UnitedHealthcare's OptumHealth Behavioral Solutions, a provider of mental health and addiction care.

"Let's say an employer says, 'Well, I'm just not going to cover behavioral health at all,' " she said. "Let's look at the reality of this. That doesn't make behavioral health issues go away. It just means they go silent and go someplace else."

She cited a study of the federal health care plan that has included mental health parity on all diagnoses since 2001. That study found that costs were minimal.

"Behavioral health has a tremendous impact on absenteeism and productivity," said Robinson Beale, who was not at the panel. "If you don't cover these services, then what will happen is disability (insurance) rates will go up, (and) there is also a high percentage of people that have chronic illnesses that also have mental health issues. When you look at the data, there is a 50 to 100 percent increase in the cost for those people that have chronic medical and mental. So the employers are going to pay, no matter what."

Even so, the parity act is but a small step in the movement for better mental health and substance abuse treatment in the U.S., said Tom Coderre, national field director for Faces & Voices of Addiction, a Washington-based advocacy group for substance abuse recovery.

Coderre said it will be up to employees to advocate for mental health coverage.

But he remains optimistic the federal parity law will provide advocates the opportunity to push through stronger regulation, preferably as part of health care reform promised by President-elect Barack Obama.

"The legislation needs its full review to decide whether it's a good thing or a bad thing," Coderre said. "This is not the panacea for the issue. Just like any other group discriminated against, this is a civil rights issue."

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