

State lawmakers want parity in mental health coverage

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Joanne Grassman thought she had great health insurance. Until her daughter became sick.

It only took a few months for Leslie, an athletic and outgoing 16-year-old junior at Monona Grove High School, to lose a third of her weight and all of her spirit. Eating made her retch. She developed an irregular heartbeat. On Easter Sunday five years ago, terrified and sobbing, she told her mother she was afraid she was dying of a terrible disease.

She was.

But she was dying of a disease most health insurance policies traditionally have not covered. Anorexia is deemed a mental illness, and until very recently, few insurance policies paid for treatment for even life-threatening mental illnesses at the same rates they paid for other conditions. A few weeks after Leslie collapsed while at bat during a softball game she needed to be hospitalized. The family's insurance policy covered only the first two days. Joanne Grassman took a second loan out on her house and raided her daughter's college fund to pay \$10,000 for the rest of Leslie's treatment. "It's not right that families must accumulate a mountain of debt to get help," she says. "If she had been suffering from cancer or an auto accident, she would have been covered."

Wisconsin legislators are proposing a new state law that would end such disparities by requiring group health plans to provide coverage for treatment of mental illnesses and substance abuse disorders comparable to what plans provide for other conditions. The Wisconsin Mental Health and Alcohol Addictions Parity Act, a bill introduced last month by Sen. Dave Hansen, D-Green Bay, and Rep. Sandy Pasch, D-Whitefish Bay, would fill a giant loophole left by a historic federal law passed a year ago. Under the federal law, which takes effect this January, all group health plans at companies with 51 or more employees that provide mental health coverage must make sure that coverage is as generous as benefits provided for other conditions. The proposed state law expands that guarantee to the 700,000 or so Wisconsin residents employed by firms with 50 or fewer workers.

Before passage of this new legislation, federal law allowed insurance companies to effectively discriminate against those with mental illnesses by setting higher co-payments and stricter limits on mental health benefits. In Wisconsin, most policies currently cap mental health benefits at \$7,000 a year, a minimum established by state law more than 20 years ago. It can be much less for purely outpatient treatment. "Maybe that would buy you something in 1985, but today it doesn't get you anywhere," Hansen says. Nearly 70 percent of adults and 80 percent of children requiring mental health services in America have not received treatment because of such insurance barriers, according to figures kept by Mental Health America, an advocacy organization.

Similar parity legislation has been proposed nearly every year in Wisconsin for over a decade, and it's been repeatedly beaten back by the Republican-controlled Legislature. But now Democrats control both houses of the Legislature, and both opponents and critics agree the bill is likely to pass -- possibly as early as this January, when sponsors expect it will come to the floor. Wisconsin is one of only seven states that has not yet passed some kind of mental health parity law, according to data collected by the American Psychological Association. This bill would make Wisconsin's parity laws among the toughest in the country.

Supporters say the bills would reverse decades of institutionalized discrimination against the one out of four Americans, or an estimated 1 million Wisconsin adults, who suffer from some sort of mental illness in any given year.

Science is now proving what advocates for the mentally ill have long argued: that mental illness is not a lifestyle choice or a moral weakness or character flaw, and the afflicted can't get better by willing their sickness away or pulling themselves up by their bootstraps. "It shouldn't be a stigma anymore to say you are mentally ill," Hansen argues. "It is a physical illness, and it should be treated as such. Nobody is bipolar because they want to be. Giving people the assistance that they need to recover and be productive -- to me, that is pulling people up by their bootstraps."

The many vets returning from Iraq and Afghanistan with mental disorders should also help to break down this stigma, Hansen says.

Research now points to biological causes for numerous mental conditions, and to successful treatments for many of them. "We now know that the brain is the source of mental illness," says Pabst, who before coming to the Legislature worked as a psychiatric nurse. "We don't fail to cover other body parts. We wouldn't think of saying to someone with a diseased heart, 'Knock it off.' Well, a person with a mental illness cannot heal their brain without treatment any more than a person can heal a broken heart or a broken limb without treatment."

Critics of the bill agree that helping those with mental illnesses and addictions is a noble goal. The problem, they say, is that this particular legislation unfairly puts the brunt of that social reform on the backs of those least able to afford it right now: small businesses already struggling with escalating health care costs and a terrible economy. "It's patently unfair to target small businesses," says Bill Smith, a spokesman for the Wisconsin Chapter of the National Federation of Independent Businesses. "In this environment when we have such a difficult economy, we need to be looking at how we can stabilize rather than increase the rates of health care

costs and premiums."

Small businesses will be forced to raise premiums, reduce salaries or cut back on other coverage, critics add. And they question how the state can forge ahead with yet another health insurance mandate on the heels of bills this year requiring coverage of cochlear implants and hearing aides, autism treatment and contraceptives, without a clear picture of costs. "What reasonable person takes on new responsibilities without first putting pencil to paper and figuring out how much it will cost?" asks R.J. Pirlot, a lobbyist with Wisconsin Manufacturers & Commerce.

But bill proponents cite national research that suggests parity laws in other states have actually saved businesses money by giving people the help they need, and thereby reducing absenteeism and increasing productivity.

Leslie, now 22, says she is living proof that treatment for mental illnesses works. She may still be paying back loans as a result of her medical care, she says, but she recovered years ago and is now happy and successful. She has graduated from college and is a graphic artist in Madison. Last winter, she got married. "I'm a productive member of society now," she says with a laugh. "I'm giving back."

But she is so indignant that the same health policy that paid for her sinus infections, sprained ankles and acne treatments wouldn't cover a disease that nearly killed her that she recently offered testimony in support of the bill. "If you have something wrong with your stomach, they give you antibiotics and treatment," she says. "But if you have something wrong with your brain, they tell you you're crazy. When I was sick, people would tell me to just eat. They didn't understand that I had no control over it -- that I needed treatment."