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Sandy Pasch

## Mental health parity needed

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Mental illness and addiction are genuine, treatable illnesses that directly affect one in four members of our community. We know they are not a life choice, a moral weakness or a character flaw. While research has informed us as to the physiological nature of these diseases, we have allowed ourselves to be ignorant about mental illness and addiction and consequently neglect to provide adequate treatment for them.

We would never consider other types of "carve-outs" for physical health conditions, such as cardiac and pulmonary diseases, diabetes or orthopedic problems. We provide treatment for these illnesses because not doing so leaves people in pain, unable to function, to work and care for their families. However, many continue to perceive, and dismiss, mental illness and substance abuse as character flaws. This is reflected through the appalling lack of insurance coverage for treatment.

The failure to treat mental illness drives up costs across society - on to county budgets, the workplace, the corrections system and families across the state. County budgets and taxpayers are paying for treatments and services not covered by the private insurance market. The 2006 Journal Sentinel series "Abandoning Our Mentally Ill" documented some of the consequences of underfunded treatment, notably the deplorable housing conditions for many individuals with mental illness.

The U.S. surgeon general reported that the indirect costs of mental illness imposed an estimated \$79 billion loss on the U.S. economy in 1990. The costs to business of absenteeism, lost productivity and disability and unemployed insurance claims due to mental illness and addiction outweigh any costs associated with mental health and substance abuse treatment. Findings in the medical community note that untreated depression increases the costs and decreases the rates of recovery from heart disease, strokes, diabetes and other illnesses.

Many people with mental illness, including children and adolescents, are more likely to have contact with law enforcement than with a mental health provider. And our prisons have replaced treatment facilities. In Wisconsin's prisons, 30% of the inmates - or more than 7,000 individuals - are living with mental illness. Not only must we question the costs, \$30,000 to \$100,000 per inmate per year, we also must question the morality of this situation.

The costs of not treating mental illness and substance abuse are well-documented and too great to ignore. Therefore, Sen. Dave Hansen (D-Green Bay) and I have authored legislation - Assembly Bill 512 and Senate Bill 362, otherwise known as the Wisconsin Mental Health and Substance Abuse Parity Act - that would close part of the insurance parity gap in Wisconsin. The legislation, passed by the Senate on Thursday, would require all group health plans to provide mental health and substance abuse disorder benefits at parity levels.

"Parity" is the treatment of substance abuse and mental illness in insurance benefits that are no more restrictive than benefits for medical and physical conditions. In other words, benefits cannot be offered with artificial and arbitrary limits on services or arbitrary or artificial co-pays, deductibles and co-insurance caps.

Federal legislation passed in 2008 applies to group health plans offered by employers of 51 or more employees. However, small employers with 50 or fewer employees and individual health plans are exempt from the federal legislation. Therefore, this bill would close the gap for hundreds of thousands of employees in Wisconsin.

Mental health and substance abuse parity will allow individuals with mental illness to enjoy healthier lives and be more productive members of society - providing invaluable benefits to families, businesses and local governments across the state.

*Rep. Sandy Pasch is a Democrat from Whitefish Bay.*



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