

## local stories

### Pushing for parity

Local legislators tell insurance companies to treat health care and mental-health care equally

By Amy Yannello

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**Thirty-five years ago**, being treated for depression was so shameful that it forced Senator Thomas Eagleton of Missouri to resign from the McGovern ticket. Today, fewer people are shamed by mental illness, but stigma still persists--most notably in the form of insurance plans that provide less coverage for mental illness than for other physical ailments.

If insurance providers treated all illnesses equally, Sheryle Stafford may not have lost 10 years of her life to bipolar disorder.

In 1995, Stafford was 25, a young wife and new Sacramento resident. She took a job with a national pet-supply distributor that had a health plan covering all physical illnesses at an 80/20 split--all, that is, except for brain disorders. For those, employees had a \$3,000 annual cap. Had Stafford come down with heart disease or diabetes, her care would have been covered. But in 1996, Stafford found herself in a local psychiatric hospital diagnosed with bipolar disorder--manic depression. She quickly ran through her \$3,000 allotment and was released without any referrals to after-care. She didn't have the coverage.

Stafford returned to work and lasted six weeks before her illness forced her back into a psychiatric hospital--this one run by the county. She had no benefits left.

In all, Stafford experienced seven hospitalizations between 1996 and 2006, and she believes that number could have been cut in half had parity existed.

"All of this was a result of the inability to get mental-health treatment when an arbitrary \$3,000 annual cap was reached on my employer sponsored health plan. ... There is little doubt that I would have returned to work. All I needed was parity in my health plan so I could get the treatment I needed the first time I was hospitalized."

This month, Reps. Patrick Kennedy, D-R.I., and Jim Ramstad, R-Minn., introduced the Paul Wellstone Mental Health and Addiction Equity Act. The bill does not force health plans to provide mental-health coverage, but it prohibits those covering mental health from imposing stricter limits on mental illness and addiction treatment than on other health problems.

More than 250 House members joined as original co-sponsors of the measure, including Sacramento's Doris Matsui, who sponsored a field hearing on the bill at the UC Davis M.I.N.D. Institute in February. She assured the audience that with Democratic majorities in both the House and Senate this year, the bill would come to the floor for a vote--unlike previous parity attempts, which never made it out of Republican-led committees.

"The millions of Americans with mental illnesses and addictions pay their premiums just like everyone else," said Kennedy in a recent interview with SN&R. "They shouldn't discover when they get sick that, unlike everyone else, their diseases aren't fully covered. When you pay for health insurance you should get the coverage you need. Period."

Depressed workers lose 5.6 hours per week of productive work time versus 1.5 hours per week for non-depressed workers, according to the Journal of the American Medical Association, costing employers an extra \$31 billion per year. Suicides in one year cost the United States \$13 billion in lost earnings, according to the American Journal of Public Health in 2005.

Though California's own parity law, Assembly Bill 88, went into affect in July of 2000, it did not cover employees in employer self-insured plans (about 8.5 million), nor did it provide parity for substance-abuse treatment. California's law also doesn't cover conditions like post-traumatic-stress disorder. Though California's parity law was considered landmark legislation when it was passed, the state now ranks among the weakest of the 46 states with parity laws.

If the Wellstone Act passes, those in self-insured plans and the 13.5 million Californians in group health plans would gain parity.

Today, Stafford works part-time as a policy advocate and researcher for the California Association of Social Rehabilitation Agencies. She believes that parity at the federal level is the necessary next step to leveling the playing field for those with mental illness.

"Mental health is not the only invisible disability, yet it's the only one that stands out as not being worthy somehow of coverage. The messages are subtle yet clear: If you're physically broken, we'll help you get back to your baseline. If you're mentally broken, good luck, you're on your own."

A 2001 study by the Congressional Budget Office has estimated that such legislation would increase premiums by less than \$1 per month per person covered.

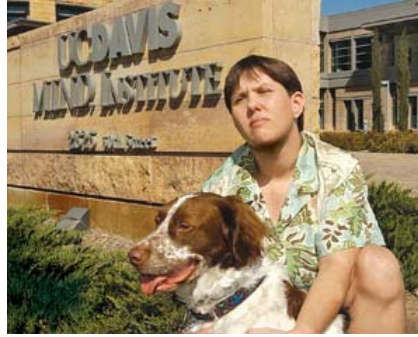
"The impact on costs is lower since more plans already have parity in place due to state law," explained Kennedy aide Michael Zamore.

Although not yet taking a position on the Wellstone Act, a spokesman for the insurance lobby said that parity was an issue that required "everyone to be at the table."

Mohit Ghose, of America's Health Insurance Plans, said that his organization has been working closely on a Senate version of the bill, but it doesn't require the same coverage the Wellstone Act requires.

According to the Government Accountability Office, nearly 90 percent of all health plans impose financial limitations and treatment restrictions on mental-health and addiction treatment.

The question posed by this legislation is this: Has the time come to end discriminatory insurance practices and agree that the brain is like any other physical organ, capable of getting sick and capable of recovery? For those like Stafford, that time is long past due.



Sheryle Stafford had insurance but it wouldn't cover treatment for bipolar disorder.  
SN&R PHOTO BY LARRY DALTON

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