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Mental health parity bills gain steam in Congress

The Senate has passed one version; the House is to vote this month on a measure similar to one championed by the late Paul Wellstone.

By [Nina Petersen-Perlman](#), Star Tribune

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Five years after the death of Sen. Paul Wellstone, a groundbreaking bill he championed requiring health insurers to cover mental health conditions in the same way as physical ailments is gaining political momentum and could finally become law.

The late senator pushed for so-called "mental health parity," in part because his brother had bipolar disorder. Last month, the U.S. Senate unanimously approved its version of the legislation. A more ambitious House bill, which has 270 cosponsors, is scheduled for a vote later this month.

Critics of the more sweeping House version -- mainly in the insurance and health care industries -- warn that it could drive up costs and even cause some people to lose benefits.

But personal experience has added to some lawmakers' conviction that the law is needed.

"Patrick Kennedy and I wouldn't be sober or alive today if we hadn't had access to treatment, and so many don't have the access we do," said Rep. Jim Ramstad, R-Minn., a leading sponsor of the bill.

Since Wellstone's death in 2002, Ramstad has led the fight to build upon a more limited 1996 law expanding mental health coverage that Wellstone had guided to passage.

Ramstad's leading ally on the bill lately has been Rep. Patrick Kennedy, D-R.I., who made headlines last year when, under the influence of prescription drugs, he crashed his car into a traffic barrier at the Capitol in the middle of the night. Ramstad, a recovering alcoholic, signed up to be Kennedy's support program sponsor.

Ramstad said his motivation in supporting the bill for all these years has been to open the doors of treatment so other Americans can enjoy the blessings of recovery.

'Parity'

The bill requires what is called mental health "parity." It means that people suffering mental health or addictive disorders would receive the same insurance benefits as those with physical maladies.

This would change many longstanding practices of insurers, such as setting limits on how many times per year a patient can see a psychiatrist, while allowing unlimited visits to an ear, nose and throat doctor, or reimbursing a smaller percentage of the costs for mental

health treatments.

Minnesota instituted its own parity law in 1995. But self-insured plans are not included, and they insure more than half of Minnesotans.

The mental illness coverage gap hit home for Kitty Westin of Chaska, whose 21-year-old daughter, Anna, committed suicide in 2000 after struggling with anorexia for years. Westin, who has made several trips to Washington to advocate for the federal mandate, said Anna felt guilty about how much her parents were spending on her intensive in-patient treatment, which doctors recommended but insurance would not cover.

"She told her sister she felt like she was a burden on our family and would be better off dead because of the cost we were paying," Westin said. "I think the issue with insurance absolutely contributed to her death."

Renée Jenson of St. Paul was diagnosed as bipolar in 2000. She can't afford to fill her prescriptions for mood stabilizers or see her therapist as often as is recommended.

If parity were required, Jenson said, "they would start treating it like a regular illness, which it is. I could prevent crises. It would be like preventing a heart attack or preventing any other crisis in any other illness.

"But if you can't go to the doctor when you're sick, you can't prevent those crises."

Insurers worried

Wellstone's name is only attached to the House version of the bill because its companion in the Senate is too weak, said Jeff Blodgett, executive director of Wellstone Action.

"The House version is a stronger bill, much more in line with what Wellstone wanted," Blodgett said.

Kennedy added: "In our bill, if you offer mental health coverage, all mental health has to be covered, including substance abuse, eating disorders and the like -- the ugly stepchildren of mental illness."

According to the Congressional Business Office (CBO), both versions of the bill would result in slightly higher premiums for employer-sponsored health care. CBO projects some employers might increase deductibles and copayments, further limit benefits under their health plans or stop offering insurance altogether to compensate for higher costs.

Several insurance companies have gone on record supporting a parity bill, but strongly prefer the Senate version. President Bush has indicated he is in favor of mental health parity, but hasn't specifically said he would sign either version.

Pamela Greenberg, president of the Association for Behavioral Health and Wellness, said one main reason her organization prefers the Senate bill is that it has more explicit language giving insurers the ability to manage the mental health benefits.

Greenberg explained that might mean setting a guideline based on a patient's weight before approving hospitalization for an eating disorder.

"That's something we need to know before we decide if the patient needs hospitalization or not," she said. "Maybe they could be OK in an outpatient setting."

She added that some depressed patients might enjoy seeing a therapist every day, but they only really need therapy once a week. Managing the care means allowing the insurer to only cover what's medically necessary, Greenberg said.

Costs or savings?

Ramstad said the private and public costs of the mandate are miniscule compared with how much it would save. Last year, untreated mental illness cost the economy \$550 billion, he said.

But cost shouldn't be a factor at all, Kennedy said.

"This could be the most expensive thing in the world and it doesn't matter, because the bottom line is that it's a moral issue," he said.

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