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APA Applauds Passage of Mental Health Parity Legislation
House Bill is Positive Step Toward Ending Mental Health Discrimination

Arlington, Va. – House passage of legislation that would put mental illnesses on an equal footing with physical illnesses for 113 million Americans is a positive step toward ending insurance discrimination against individuals with mental illnesses, said American Psychiatric Association (APA) President Carolyn Robinowitz, M.D.

Robinowitz applauded the U.S. House for approving the Paul Wellstone Mental Health and Addiction Equity Act, H.R. 1424. The House passed the measure today by a vote of 268 to 148. The bill must now be reconciled with similar legislation approved in the Senate.

“The health care system in this country doesn’t work for people with mental illness,” Robinowitz said. “We commend the House of Representatives for making the sound decision to pass H.R. 1424 and for its continued effort to enact legislation that will end discrimination against patients with mental illness. It is crucial that we raise health insurance coverage for mental illnesses to an equal footing with coverage for physical illnesses.”

“The American Psychiatric Association has worked tirelessly with Congress over the past 10 years to enact comprehensive federal parity legislation. With House passage of H.R. 1424, we are closer to this goal,” Robinowitz said.

The Paul Wellstone Mental Health and Addiction Equity Act, H.R. 1424, would extend coverage to approximately 113 million Americans, including the nearly 82 million covered under the Employee Retirement Income Security Act (ERISA) who are unable to benefit from state parity laws. H.R. 1424 works to end the discrimination against mental health coverage by building upon the Mental Health Parity Act of 1996. While the 1996 Act prohibited health insurance plans from exacting lower annual and lifetime dollar limits for mental health care, the bill passed today by the House of Representatives would expand the reach of parity to include fair treatment of the cost-sharing requirements (such as co-pays, deductibles and coinsurance) and treatment limitations (such as day and visit limits) required of patients with mental illnesses.

“Far too often, patients with mental illnesses such as depression, anxiety, or substance-use disorders are required to pay higher co-payments, allowed fewer doctor visits or days in the hospital, or forced to pay higher deductibles than those with other illnesses and injuries,” said Robinowitz. “It is a travesty that health insurance coverage in America today could so openly discriminate against a patient by diagnosis.”

When left untreated, mental illnesses can cost our society over \$200 billion each year in lost productivity and increased burden on public safety net programs and family caregivers. In

addition, treatment success rates for mental disorders often exceed rates for treatment of other chronic physical illnesses. The National Institute of Mental Health has found that treatment of depression carries a success rate as high as 80 percent, exceeding that of many other non-psychiatric medical conditions.

“Enactment of comprehensive mental health parity legislation will save lives, improve the nation’s health and well-being, and increase economic productivity,” said Robinowitz. “Research has shown that enactment of mental health parity results in no significant cost increase to health insurance plans or beneficiaries. In short, the costs of not passing parity legislation are too high to ignore.”