

Editorial: Equitable treatment for Michigan's mentally ill

by Grand Rapids Press Editorial
Thursday June 25, 2009, 10:08 AM

WHY IT MATTERS

Conditions that affect the mind are illnesses just like heart disease or diabetes and the mentally ill deserve comparable care.

People suffering with mental health conditions have not been served well by our health care system. Disparity persists in insurance coverage for treating illness of the mind versus diseases of the body. But depression or bipolar disorder can devastate an entire family, just as can major physical illnesses such as cancer. Michigan is one of only eight states without so-called mental health parity -- insurance coverage for mental health services that is subject to the same benefits and restrictions as coverage for physical conditions. Gov. Jennifer Granholm and the Legislature should see that reform gets passed this year.

Some 1.4 million Michigan adults have some form of mental illness, the Michigan Association of Community Health Boards reported in 2007. Some 300,000 Michigan minors, or 11.8 percent of state youth, were said to have a "serious emotional disturbance." The debate over offering comparable coverage has gone on in the state for 16 years. Legislation has stalled because of legitimate concerns about cost and continued misunderstanding about mental illness, its causes and treatments. Mental illnesses are more treatable today with more advanced therapies and effective drugs.

But the mentally ill are too often subject to things such as higher co-payments and deductibles, limited outpatient treatment and lower caps on lifetime benefits. They often have to jump through extra hoops to be reimbursed for care than they would if stricken with chronic physical conditions such as diabetes, heart disease, and hypertension.

The laws vary *widely* in states that have enacted legislation addressing mental health coverage. There are comprehensive, full and limited parity laws. There are laws that may or may not include substance abuse treatment. There are laws that may apply to all health plans sold in a state, individual or group, but exclude small group health plans. Some states fearful of skyrocketing insurance expenses cap costs. For example, Indiana has a 4 percent cost increase cap. There are states that explicitly mandate equitable coverage; others go the route of legislation in the Michigan House that "mandate if offered," which means, if mental health coverage is offered it must be on par with other medical benefits. A greater financial burden or more restrictions can't be placed on the insured.

Rep. Thomas Pearce, R-Rockford, and the other lead sponsors of this well-intentioned legislation recognize the difficulty in pushing through a clear mandate. But as written, there is a chance some may choose to drop coverage if it has to be equitable. Mental health professionals such as Judith Kovach, executive director of the Michigan Psychological Association, say other states didn't see opt outs. Still, mandating coverage is the best route.

This is a complex issue. Responsible lawmakers have to consider the expenses -- but they should consider *all* of them. Some studies indicate insurance premiums do not rise to the levels opponents suggest when parity is put in place. An actuarial analysis by PricewaterhouseCoopers showed an insurance premium impact of less than 1 percent, if Michigan had parity legislation. Lawmakers should consider the price of untreated mental illness -- including social welfare and criminal justice. They also have to look at things like decreased productivity, because mental illness has a direct impact on absenteeism and overall performance at work.

The legislation approved by Congress last year requiring insurance parity exempts businesses with 50 or fewer employees. Some two million people in Michigan will be excluded. Elected officials -- leaders -- in all but eight states have managed to figure out how to ensure comparable coverage for those with mental illness. Residents in Michigan who are mentally ill

shouldn't have to go broke to get treatment, or go without any help at all. The Legislature ought to get that needed change to the governor this year.

E-mail a letter to the editor for publication online and in print: pulse@grpress.com Please keep letters to less than 200 words and include your full name, home address and phone number.