

**SUPPORT H.R. 1424, THE PAUL WELLSTONE MENTAL HEALTH AND ADDICTION
EQUITY ACT OF 2007**

Achieving parity in insurance coverage for alcohol, drug and mental health treatment is imperative at a time when the Robert Wood Johnson Foundation has estimated the annual economic cost of alcohol and other drug problems in America to be more than \$400 billion. The PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007 will improve access to lifesaving mental health and addiction treatment by limiting the discriminatory barriers that have kept thousands of Americans with mental health and substance use disorders from receiving the care they desperately need.

Addiction is a chronic disease, like diabetes, asthma or hypertension, and paying for its treatment yields as good a return as paying for treatment for other chronic illnesses. Yet, according to the 2005 National Household Survey conducted by the Substance Abuse and Mental Health Services Administration, 20.9 million people needed but did not receive alcohol and/or drug treatment. 44.4 percent of individuals who made an effort to receive treatment but were unable to, reported that cost or insurance barriers prevented them from gaining access to treatment. When privately insured individuals exhaust or are unable to access their benefits, they turn to the public sector for treatment, which increases costs to federal, state, and local governments.

H.R. 1424 will:

- Require meaningful equity with medical and surgical benefits in provision of alcohol/drug and mental health benefits for both in- and out-of-network benefits;
- Require parity for benefits for treatment of the full range of substance use disorders and mental health conditions in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition (DSM-IV);
- Require that plans make medical necessity criteria and reasons for any denials of reimbursement available to participants and beneficiaries upon request; and
- Specify that state laws which provide better protections remain in effect and are not preempted by this new federal law.

Although the Senate companion parity bill does not include these key provisions, it is critical that these provisions remain in the final version of the legislation. Retaining these provisions after negotiations between the House and Senate are complete is necessary to ensure that improved access to and utilization of treatment for addiction and mental illness will truly be achieved.

Providing alcohol and drug and mental health treatment services on par with services for other physical illnesses will decrease health care and other costs for employers and society by increasing productivity; reducing accidents, absenteeism, and crime; and supporting healthier parenting. Passage of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, will help eliminate a number of inequitable and counter-productive barriers imposed by insurers and help thousands of Americans with mental health and substance use disorders receive the care they need.