Mental Health Parity
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Health Policy Fellowship 2004-2005

Abstract

The enactment of mental health parity legislation in 1996 sought to eliminate disparities in access to care for mental illness. Nevertheless, incomplete and often inaccurate conceptions of mental illness and the cost of treatment have made the enactment of coherent public policy and parity in coverage exceedingly difficult. Some groups, such as The National Alliance for the Mentally Ill (NAMI) and the National Mental Health Association (NMHA), advocate strongly for nothing less than full parity for mental health and substance abuse treatment. Equally adamant are the National Association of Independent Businesses (NFIB), American Benefit Council (ABC) and National Restaurant Association (NRA), who oppose parity because they believe it will lead to increases in health care costs and an eventual increase in the number of uninsured.

Millions of people with mental illness - approximately half of those diagnosed with these conditions - go untreated. Failure to provide access to treatment results in over $180 billion in losses as the result of decreased productivity and absenteeism. Mental illnesses are strongly associated with poor quality of life, suicide, and homicide victimization.

I support the enactment of further legislation, similar to The Senator Paul Wellstone Mental Health Equitable Treatment Act, which would expand access to mental health services by correcting areas not clearly defined in the language of the original Mental Health Parity Act of 1996.