Battle Breaks Out Over Parity of Mental Health Care Coverage

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A battle is looming over a recently enacted law requiring that insurance companies treat mental health benefits the same as they do other medical conditions, according to *The New York Times*. One the side opposing benefits are the health insurance companies and their allies. On the other side are patient advocacy groups and heavy-hitting medical groups such as the American Medical Association.

Insurers and employers have already asked the Obama administration to delay implementing rules over mental health parity. The health insurance companies say they agree with the spirit of the new law, which reversed decades of discrimination against those seeking treatment for mental illness, but feel that the new law reaches too far.

The conflict boils down to defining which services and benefits would be covered under the parity rules.

According to the article, industry groups are fine with closing the gap between mental health services and other medical coverage when it comes to numerical differences such as the number of days of allowed in-patient hospital stays or visits for outpatient treatment.

But they object to so-called “non-quantifiable benefits,” such as reimbursement rates for providers and provider selection choice. Health insurance companies claim that being forced to cover these benefits will eliminate the most potent tools they have to control costs.

But Carol A. McDaid, a lobbyist for a coalition of mental health advocates, said, “Patients are not getting access to mental health care because many insurers are not paying enough to cover the cost of services.”

Insurance companies also oppose the law’s insistence that yearly deductibles must combine mental health services with other medical services. Currently most plans have two separate deductibles.

The Times reports that insurance companies are filing suit over these additional provisions in the law and are seeking ways to circumvent the law itself.

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