

# Stand Up For Consumers And Force Insurers To Cover Mental Illness

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You can't blame health insurance companies for not wanting to insure people who get sick. After all, they're in business to make money and paying claims hurts profits. So every year, the industry's lobbyists try to get laws passed that allow insurance companies to further restrict your coverage, even as premiums continue to skyrocket.

This year is no different. The industry's top priority in Tallahassee is to stop legislation that would force them to cover children with autism. A second priority is to kill a bill requiring them to provide adequate coverage for people with mental illnesses.

Thankfully, Rep. Ed Homan and Sen. Victor Crist, both Republicans from Tampa, are again sponsoring legislation that would require health maintenance organizations and group health-insurance plans to cover mental health care as they do other diseases.

Ask anyone familiar with chronic depression or bipolar disorder. They'll tell you these illnesses are just as debilitating as diabetes, heart disease and cancer. Just 3 percent of mental illnesses are severe and chronic. Most people who have access to proper medications and quality care can keep their illnesses under control, without devastating swings that require costly hospital care.

The Florida Legislature has an opportunity to bring parity to mental health coverage this session. Lawmakers should stand strong to make it happen. Insurance companies claim the mental-health parity legislation will increase costs - the industry's answer to any change that gives people the care they need. A Florida Senate analysis estimates the provision would cost an average family an extra \$20 a month.

But lawmakers should consider the cost of not treating mental illnesses, which are considerably higher when you consider lost productivity, lost jobs, destroyed families and substance abuse. More importantly, treating people with mental illness is the right thing to do.

Already, more than 40 states require insurers to provide equal coverage for mental and physical illnesses. Florida has set minimum benefits for mental health coverage, but they are severely limited. Current law says carriers must cover at least 30 days of hospital care and \$1,000 for outpatient benefits. Imagine what would happen if treatment for diabetes was capped at \$1,000. Yet that's how many insurance companies treat people with diseases of the brain.

Last year, the Florida Supreme Court called on Florida to invest in and redesign its mental health care system to stop the flood of mentally ill people going into prisons and juvenile justice facilities. On any given day, the court said, about 16,000 state prisoners, 15,000 jail inmates and 40,000 people on probation suffer from mental illness. At least two-thirds of teenagers in juvenile justice facilities also are affected, as are about half of the homeless.

What Florida doesn't count is the people who muddle through, not realizing their full potential as providers and parents because of mental illness, or people who self-medicate with alcohol and drugs because of treatment barriers. Florida lawmakers face a choice. They can join the ranks of states that require insurance companies to cover the whole person, body and mind. Or they can help the industry boost its bottom line. Which is it going to be?