



**MICHIGAN  
PARTNERS  
FOR PARITY**

**Honorable Senators and Representatives:**

**We write to state our support for ending discrimination and inequality in medical care for all of Michigan's citizens with mental, emotional or developmental disorders. We believe this can only be accomplished by enacting comprehensive, broad-based mental health insurance parity legislation in Michigan.**

**The pain felt by individuals and families experiencing autism is heartbreaking. If Michigan already had a general mental health parity law and that statute were not strong enough to protect persons with autism, we would advocate correcting that form of discrimination. But Michigan is one of only seven states without a general mental health parity law. All mental illnesses, developmental disabilities and addictions are real medical conditions with neurological, neurochemical and genetic bases. Simply calling one brain disorder a "biologically-based, neurological disorder" does not make it more valid, more responsive to treatment or more cost-effective to treat than others. We all should be aware that in trying to avoid the societal stigma attached with these conditions, we can contribute to it.**

**The Partners for Parity coalition has existed for over a dozen years and has worked to refine the language of the pending parity bills to address concerns raised. We have always promoted the bills as providing much-needed coverage for autism, and we have always been willing to clarify this point as necessary.**

**The lack of insurance parity for all mental illnesses, developmental disabilities and substance use disorders perpetuates the discrimination against over one million Michigan citizens. We believe comprehensive parity bills better address that discrimination – and better promote and protect the public's health – than do bills targeting a single condition from the array of mental disorders. In addition, many states and the federal parity law demonstrate that parity can be effectively achieved without a mandate.**

**Legislators now have the opportunity to see that autism gets the coverage it needs as well as equally important anti-discrimination protection for other brain disorders.**

**The premium cost impact of parity has been actuarially established, projected by the Congressional Budget Office, and confirmed by the experience of 43 states and ten years of the Federal Employee Health Benefits Program to be less than one-half of 1%. We can afford to provide equal coverage for all children.**

**We can't afford to pick winners and losers among Michigan's children.**

**Thank you for your thoughtful consideration of our views.**

***--The Sixty-four Organizational Members of Partners for Parity***

**Listing of the full Partners for Parity coalition is on the reverse**



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## Michigan Partners for Parity

American Academy of Pediatricians-MI  
AFSCME Council 25—MI Chapter  
Agoraphobics in Motion (AIM)  
Alliance for Mental Health Services  
Association of Behavioral Healthcare of Michigan  
Association for Children's Mental Health  
Association for Licensed Substance Abuse  
Organizations  
Birmingham Maple Clinic  
CHADD Michigan  
The Comfort Zone  
Common Ground Sanctuary  
Community Connections of SW Michigan  
Consumer Advisory Council, Washtenaw Community  
Health Organization  
Council of Catholic Women, Archdiocese of Detroit  
Depression and Bipolar Support Alliance—Grand  
Rapids  
Depression and Bipolar Support Alliance—Metro  
Detroit  
Elder Law & Disability Rights Section, State Bar of  
Michigan  
Epilepsy Foundation of Michigan  
Grand Rapids Children and Adults with Attention  
Deficit Disorder  
International Association for Psychosocial  
Rehabilitation Services, Michigan Chapter  
Kadima  
Katherine's Quality Cleaning Service  
League of Women Voters of Michigan  
Mental Health Association in Michigan  
Michigan Association for Children with Emotional  
Disorders  
Michigan Association of Alcoholism and Drug  
Abuse Counselors  
Michigan Association of Community Mental Health  
Boards  
Michigan Association of Program Directors of  
Substance Abuse  
Michigan Association of School Psychologists  
Michigan Association of School Social Workers  
Michigan Association of Substance Abuse  
Coordinating Agencies  
Michigan Association of Suicidology  
Michigan CAT  
Michigan Council for Maternal and Child Health  
Michigan Counseling Association  
Michigan Disability Rights Coalition  
Michigan Federation for Children and Families  
Michigan Jewish Conference  
Michigan League for Human Services  
Michigan Legal Services  
Michigan Mental Health Consumers Forum  
Michigan Nurses Association  
Michigan Occupational Therapy Association  
Michigan Protection and Advocacy Service, Inc.  
Michigan Psychiatric Society  
Michigan Psychoanalytic Society  
Michigan Psychological Association  
Michigan Rehabilitation Association  
Michigan Society of Addiction Medicine  
Michigan State Medical Society  
Michigan Universal Health Care Access Network  
Michigan Women Psychologists  
Ministry in Mental Illness, Webster Church UCC,  
Dexter  
National Alliance on Mental Illness for the State of  
Michigan  
National Association of Social Workers—Michigan  
Chapter  
National Council on Alcoholism and Drug  
Dependence of Michigan  
Oakland County Council for Children and Adults  
with Psychiatric Disabilities  
Proaction Behavioral Health Alliance  
Rose Hill Center  
R&S Foods, Inc.  
School-Community Health Alliance of Michigan  
Society for Social Work Leadership in Health Care  
West Michigan Addiction Consultants, P.C.

**Autism laws in states using a mandated autism-only parity model**  
*(note: all 3 states have a mental health parity law)*

**Massachusetts:** <http://www.malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter207>

Massachusetts 2010 autism statute covers state employees and certain groups and requires:

- **Nondiscriminatory benefits that do not have annual or lifetime dollar or unit of service limits on coverage for the diagnosis and treatment of autism spectrum disorders which is less than an annual or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and treatment of physical conditions.**
- **Prohibits limits on benefits that are otherwise available to an individual under a health insurance policy.**  
*[redundant--not necessary]*
- **Prohibits limits on the number of visits an individual may make to an autism services provider.** *[ambiguous—arbitrary limits are already prohibited—this language may interfere with appropriate management of benefits]*
- **Specifies that the law's provisions shall not affect an obligation to provide school-based services and that school-provided services are not subject to health plan reimbursement**
- **An exemption provision for plans that document certain cost increases of more than 1%.**

The law contains Autism Speaks' model law definitions for "Autism Spectrum Disorders," "Applied Behavior Analysis," and "Habilitative or rehabilitative care" etc...but differs from the model in that the law does not specify specific treatments that must be provided and does not specify annual dollar maximums or minimums.

Therefore, the Massachusetts law is a mandated autism-only parity model—*in a state with a mental health parity law.*

**Indiana:** <http://www.state.in.us/cgi-bin/ai/parser.pl/0303/www.in.gov/legislative/ic/code/title27/ar8/ch14.2.html>

The Indiana 2001 statute requires group and individual health policies to:

- **Provide coverage for the treatment of a pervasive developmental disorder of an insured.** *[PDDs include all autism spectrum disorders]*
- **Coverage must be prescribed by the insured's treating physician in accordance with a treatment plan.**
- **An insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage on an individual under an insurance policy solely because the individual is diagnosed with a pervasive developmental disorder.**
- **Coverage may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally.**
- **No mandated treatments or maximum or minimum dollar limits.**

**Indiana also has a state mental health parity law.**

**Texas:** the 2009 statute covers only large employers of 51 and above, who are already subject to the federal parity law. The statute requires "generally recognized services" which may include Applied Behavior Analysis and other therapies.

**Texas also has a state mental health parity law.**

## **States with Autism Mandates—some with parity models –and – Federal law implications - 2011**

28 states with autism coverage laws enacted are listed on Autism Speaks website— [www.autismvotes.com](http://www.autismvotes.com)

15 of those states (AK, CA<sup>1</sup>, CT, CO, IL, KY, ME, MO, MT, NH, NJ, NM, NV, SC, WI, WV) have:

- a mandate that covers small groups (9 of these states also cover the individual market)
- mandated coverage of Applied Behavior Analysis (ABA)
- coverage caps...maximums or limits, some based on age, ranging from \$12,000 to \$50,000 annually, with the majority covering \$36,000 annually, some with lifetime limits.

2 states (IA, KS) cover state employees only.

6 states (AZ, FL, LA, PA, TX, VA) cover large groups (51+) only—these groups come under the federal parity law which prohibits any enacted minimums or limits. This may invalidate coverage limits for mandated ABA .

4 states (IN, MA, TX, VT) mandate coverage but do not specify dollar limits, following a mandated autism-only parity model. *IN, MA and TX do not mandate ABA treatment.—*

*—SEE REVERSE FOR DETAILS*

In addition, the Kaiser Family Foundation identifies an additional 4 states (GA, NY, OR, TN) plus the District of Columbia that specifically mandate coverage of autism in state mental health parity laws (some of the above 28 states also cover autism under state parity laws).

**Of the states listed as having an autism coverage law—24 out of 28 also have state mental health parity laws.**

### **Federal law implications:**

The federal parity law, which became effective in 2009, covers only large groups (51+) and does not mandate coverage or treatment. If mental health and substance use disorder treatment is covered, it must be on par with general medical with respect to cost-sharing and treatment limits. Health Plans are not prohibited from excluding disorders, but indications are that most of the larger plans are managing rather than excluding disorders.

The Patient Protection and Affordable Care Act also phases out benefit limitations, with lifetime limits prohibited now and annual limits phasing out beginning next year. In addition, treatment for Autism Spectrum Disorder would have additional protections as an "Essential Benefit" which is defined in Section 1302 of the Act to include "(E) Mental health and substance use disorder services, including behavioral health treatment." and "(G) Rehabilitative and habilitative services." This may invalidate state enacted coverage limits for mandated ABA.

Only the most recent state autism mandate laws acknowledge the conflict with the federal PPACA law: the 2011 Arkansas Act 196, Virginia's Acts of the Assembly Chapter 876 of 2011, California SB 196 of 2011.\*

<sup>1</sup> \*California's new law is only effective from 2012 until 2014, when PPACA essential benefits become effective.

## Mental Health Parity Facts 2011

- Michigan parity bills are needed to protect the 2 million Michigan citizens who are not covered by the federal parity law because they work for businesses that employ fewer than 51 people.
- An autism only bill would cover a small percentage of children with emotional disorders.
- The Center for Disease Control (2006) reported that autism affects 1 of every 110 children. Just over 20 percent (or 1 in 5) children, either currently or will have a seriously debilitating mental disorder. The data support the observation from surveys of adults that mental disorders most commonly start in early life. *J Am Acad Ch Adoles Psychiatry: 2010 Oct, 49(10), 980-989.*
- The same study found that the percentage of youth suffering from mental disorders is even higher than the most frequent major physical conditions in adolescence, including asthma or diabetes. The results reiterate the importance of developing prevention strategies and promoting early intervention for at-risk children and adolescents.
- Data from the CDC's National Health and Nutrition Examination Survey show that only approximately half (50.6 percent) of children with mental disorders had received treatment for their disorder within the past year. There were some differences between treatment rates depending on the category of mental disorder.
- Autism is not a single disorder and involves a number of different brain systems, resulting in comorbidities, i.e., more than one disorder present at the same time. Mood disorders and autism spectrum disorders are often seen together. When the mood disorder is treated along with autism, symptom alleviation is greater. If coverage is limited to "only" autism, other components of the disorder are left untreated. (Glovinsky, I, PhD, 2009)
- Autism should be included in a comprehensive parity bill. A preliminary scan of health plans in Michigan indicate that in administering the new federally required parity benefits, plans and employers are not choosing to exclude autism, but rather to develop and apply specific medical policy and medical necessity criteria.
- Forty-seven states have some level of mental health parity legislation. A comprehensive parity bill covers pervasive developmental disorders, including the autism spectrum disorders. Children suffer disproportionately from lack of mental health coverage. Passage of a comprehensive bill in Michigan would cover all children.
- New England J. of Medicine (March 30, 2006): study by Goldman, Frank et al compared FEHB plans with matched set of health plans without parity: Results: "Implementation of parity in insurance benefits for behavioral health care can improve insurance protection *without increasing total costs.*"

- The CBO now puts the average gross premium increase from parity at 0.9 percent (\$1.32 pm/pm), with a net increase in total premiums of only 0.4 percent. (Barry et al, Health Affairs, May/June 2006)

**Concerned that 1 of every 110 children has been diagnosed with autism in Michigan?**

**The prevalence of children with depressive and anxiety disorders is much higher.**

Data from the National Institute of Mental Health 2011 tells us:

**Bipolar Disorder in Children and Adolescents:**

- A large, nationally representative survey shows that at least half of all cases of bipolar disorder start before age 25.
- Scientists and doctors now know that, while having co-occurring disorders can hinder treatment response, **treating bipolar disorder can have positive effects on treatment outcomes and recovery from co-occurring disorders as well.**

**11 percent of adolescents have a depressive disorder by age 18**

**Anxiety Disorders in Children and Adolescents:**

8 percent of teens ages 13-18 have an anxiety disorder, with symptoms commonly emerging around age 6. However, of these teens, only 18 percent received mental health care.

**Anxiety affects 8 in 100 children**

***Want to learn more about why covering just Autism Spectrum Disorders short-changes Michigan children diagnosed with autism?***

**Scientific Studies of Co-morbidity of Bipolar Disorder and Autism Spectrum Disorders**  
George Washington University School of Medicine, 2007

- Bipolar spectrum disorder symptoms were widespread in this sample of children and adolescents with autism spectrum disorder
- Bipolar spectrum disorders are underdiagnosed in individuals with autism spectrum disorders.

**Weissman, Adam, M.D. Co-morbid Autism Spectrum Disorders and Bipolar Disorder in Youth**

- Research suggests a high prevalence of bipolar disorder (BD) in children with autism spectrum disorders (ASD), as well as some striking genetic and neurobiological correlates between the two disorders

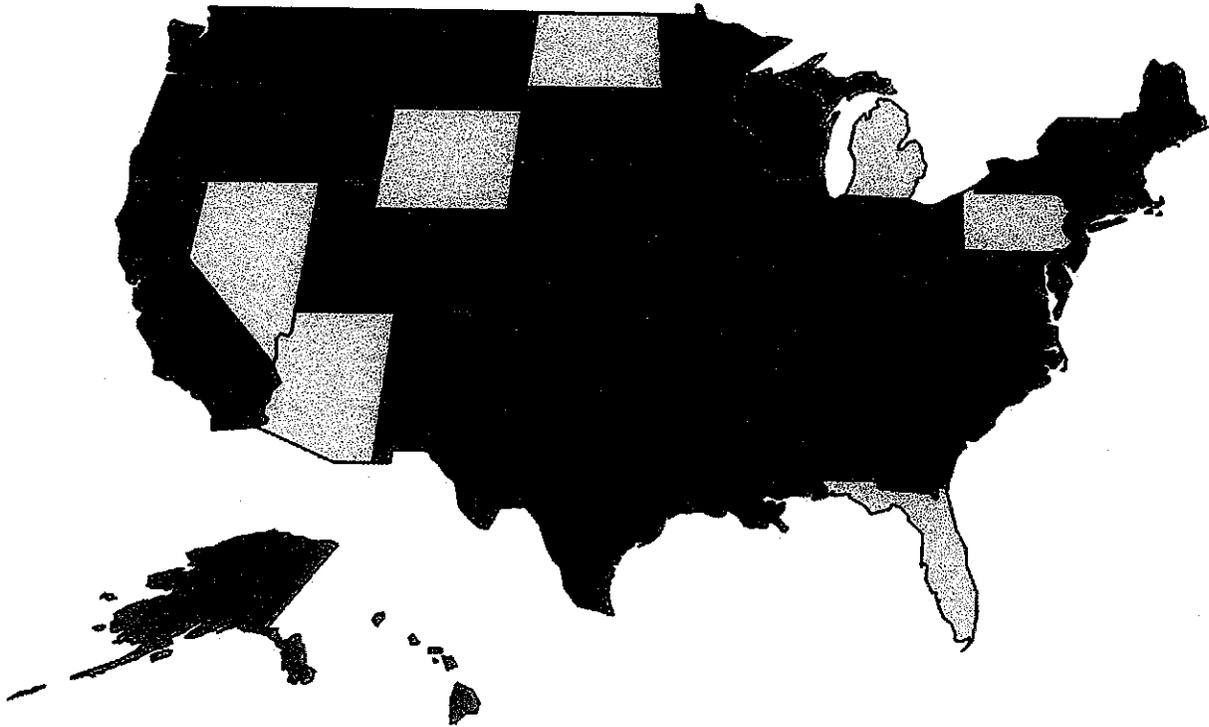
**International Meeting for Autism Research, 2009**

- BP is not a rare co-morbid condition in youth with diagnosis of ASD . Differential diagnosis of BPD disorder in subjects with ASD seems crucial in establishing an effective treatment program, and therefore improving mental health outcomes.

**Journal of the American Academy of Child and Adolescent Psychiatry, 2008 (47)**

- Psychiatric disorders are common and frequently multiple in children with autism spectrum disorders... [and] provide targets for interventions.

## What is wrong with these states?



**43** states have enacted mental health parity laws as of January 2012.

Michigan stands with the **7** states who have not yet ended mental health discrimination.

From 1991 to 2010, the following states enacted varying approaches to uphold fairness in insurance coverage of mental illnesses:

Alabama, Alaska, Arkansas, California, Colorado, Connecticut\*, Delaware, Georgia, Hawaii, Idaho, Illinois\*, Indiana, Iowa, Kansas\*, Kentucky, Louisiana\*, Maine, Maryland\*, Massachusetts, Minnesota, Mississippi, Missouri\*, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island\*, South Carolina, South Dakota, Tennessee, Texas\*, Utah, Vermont\*, Virginia, Washington, Wisconsin and West Virginia.

In 2008, the President signed a Federal Mental Health Parity Act which was supported by the U.S. Chamber of Commerce. Unfortunately, this still leaves all Michiganders who work for an employer of less than 51 employees without mental health parity.

No state has repealed such laws because of cost issues. In fact, several states\* have broadened the parity coverage because of cost savings.

## When will mental health discrimination end for Michiganders?



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