Appendix D

Information in this document was collected from the NAIC, Centers for Medicare & Medicaid Service, National Mental Health Association, and Departments of Insurance of individual States.

Mental Health Parity

The term "parity" or "mental health parity" refers generally to insurance coverage for mental health services that is subject to the same benefits and restrictions as coverage for other health services.

Federal Mental Health Parity Act

The federal Mental Health Parity Act of 1996 (P.L. 104-204), eliminated annual and lifetime dollar limits for mental healthcare for companies with more than 50 employees. However, day and visit limits as well as higher co-payments and deductible may still be applied. The Mental Health Parity Act was to remain in effect for six years. In 2002, Congress attempted to pass the Mental Health Equitable Treatment Act, but instead voted to keep the 1996 law in effect for an additional year.

In 2003 the bill was reintroduced into the Senate and House, respectively. The new bill, the Paul Wellstone Mental Health Parity Act, if enacted, would require full parity for all categories of mental health conditions listed in the DSM. To date no action has been taken or is scheduled on these bills in any of the committees of jurisdiction. However, the Small Business Health Fairness Act of 2004 (H.R. 4281) would exempt association health plans (AHPs), also known as multiple employer welfare arrangements (MEWAs), from state regulation, including state mental health parity requirements.

State Mental Health Parity

To date, 46 states and the District of Columbia have enacted legislation addressing mental health coverage in some manner. Of those, 32 states have enacted mental health parity laws. These laws vary widely, but generally prohibit insurance companies from discriminating between mental and physical disorders.

Twelve states exceed federal requirements by mandating that insurers provide or offer minimum mental health benefits.

The National Mental Health Association and a report published by the W.K. Kellogg Foundation categorizes parity laws as comprehensive, broad-based, limited, mandated, mandated if offered, and minimum mandated.

Comprehensive parity legislation eliminates the use of different annual and lifetime dollar limits, inpatient day and outpatient visit limits, deductibles, and out-of-pocket maximums in mental health compared to general health benefits. Comprehensive parity applies to all mental illness and includes parity for substance abuse.

Four states currently have parity laws that could be described as comprehensive: Connecticut, Maryland, Minnesota, and Vermont.

Broad Based Parity generally covers most mental illness and requires covers of mental illness to be under the same terms and conditions as treatment of other physical health conditions.

Six states currently have broad-based parity: Arkansas, Indiana, Kentucky, New Mexico, Rhode Island, and West Virginia.

Limited Parity generally applies only to "severe mental illness" (SMI). SMI is defined differently by different states but includes biologically based mental illnesses such as schizophrenia, bipolar disorder, major depressive disorders, schizoaffective disorder, panic disorder, obsessive-compulsive disorder, autism, anorexia nervosa, and bulimia nervosa.

Some state statutes use the term "biologically-based brain disorders" and others use "serious mental illness." The latter term usually includes more DSM-IV R (American Psychiatric Association) diagnoses. SMI is used here to indicate either definition.

Currently 19 states offer limited parity for severe mental illness: Arizona, California, Colorado, Delaware, Hawaii, Illinois, Maine, Massachusetts, Missouri, Montana, New Hampshire, Nevada, New Jersey, Oklahoma, South Dakota, Texas, Tennessee, Utah, and Virginia.

States with ***mandated offering*** of mental health benefits require health plans to offer the choice of parity in one of its health plan options. Alabama, Georgia, and Maine limit the benefits to severe mental illness.

Six states currently have some type of mandated offering: Alabama, Georgia, Maine, New York, South Carolina, and Washington.

Mandated if offered, four states require parity if the plan offers any type of mental health coverage, but coverage itself is not mandated. Of the four states, Louisiana, Arizona, Florida, and Nebraska, only Louisiana requires coverage of severe mental illness if such coverage is offered.

Seven states and Washington D.C. have ***minimum mandated benefits*** which mandate coverage that is less that equal to coverage for physical illness. Coverage may offer visit limits as well as different co-payments, deductibles, and annual and lifetime limits. These states include Alaska, Kansas, Michigan, Mississippi, Ohio, Oregon, Pennsylvania, and Wisconsin.

Five states currently have no parity laws: Idaho, Iowa, North Dakota, Wyoming, and North Carolina. North Carolina required comprehensive parity for state and local employees until the law sunset on October 1, 2001.

Comprehensive Full Parity Laws

Comprehensive parity applies to all mental health and substance abuse disorders under private insurance plans. Generally there are no exemptions provided in comprehensive laws.

Connecticut
1999

Covers all mental disorders; the statute defines mental conditions as the mental disorders included in the most recent edition of the DSM-IV, including addictive disorders.

No substance abuse/chemical dependency

Policies may not establish terms, conditions, or benefits that place a greater financial burden on an insured for diagnosis or treatment of mental conditions than are placed on treatment of other physical conditions.

http://www.cga.state.ct.us/ps99/Act/pa/1999PA-00284-R00HB-07032-PA.htm

Maryland
1994/2002

Maryland was the first state to enact parity legislation for mental disorders and substance abuse.

The law prohibits insurers and HMOs from discriminating against any person with mental illness, emotional disorder, or drug abuse or alcohol abuse by failing to provide treatment or diagnosis equal to physical illnesses.

The law provides for at least 60 days of inpatient care, 60 days for partial hospitalization, outpatient medication management (the number of visits equal to visits for physical illnesses), psychotherapy with no annual limitations, and graduated co-payments based upon the number of outpatient visits.

Companies with 50 or more employees must provide inpatient coverage for mental health and substance abuse treatment vis-a-vis inpatient coverage for physical illnesses.

The law was amended in 2002 to include residential crisis services as a covered service.

For a full description of the benefits required in Maryland, please see the report from 2002 entitled "Report on the Regulation of Mental Health Benefits." From the home page at www.mdinsurance.state.md.us, select "News Center," then "Publications," then, "Reports." Next scroll down to "Life and Health" and select the named report.

http://mlis.state.md.us/cgi-win/web_statutes.exe
(Select Health-General-(ghg) for article, select 19-703.1 for section.)

Minnesota
1995

The law requires parity for all mental disorders and substance abuse.

Requires cost of inpatient and outpatient mental health and chemical dependency services to be no greater or more restrictive than those for outpatient and inpatient medical services.

The statute was enacted in 1995 and according to the Director of Health Care Policy for the Minnesota Department of Commerce the statute increased the cost of indemnity plans by around 5%. The cost was less than 5% for managed care and PPO providers.

http://www.revisor.leg.state.mn.us/stats/62Q/47.html

Vermont
1997

The law requires parity for mental illnesses and addictive disorders.

Health plans may not establish any lifetime or annual payment limits, deductibles, co-payments, coinsurance and any other cost-sharing requirements, out-of-pocket limits, visit limits and any other financial component of coverage that places a greater financial burden on an insured than for other physical health conditions.

Requires a single limit for mental health and physical health deductibles and out-of-pocket limits.

http://www.leg.state.vt.us/docs/1998/acts/ACT025.HTM

Broad Based Parity

Generally covers most mental illness, but subject to certain, but few, exemptions and/or limitations.

Arkansas
1997/2001

Covers all mental disorders; exempts state employees, full parity in SCHIP.

Carriers must offer full parity that provide benefits for diagnosis and mental health treatment of mental illnesses and developmental disorders under the same terms and conditions as provided for covered benefits offered under the health benefits plan for the treatment of other medical illnesses or conditions. or

Exempts small employers with 50 or fewer employees, and companies that provide the Arkansas Insurance Department with an actuarial certification with supporting documentation that costs will increase 1.5% or more. Since 1998, the Arkansas Insurance Department has received approximately 21 certifications from insurance companies certifying that costs will increase 1.5% or more

Indiana
1997
1999/2001

The law mirrors the federal mental health parity act of 1996, but includes substance abuse for state employees and provides

Requires the same treatment limitations or financial requirements on the coverage of services for mental illnesses for state employees only.

The 2001 law amends the prior law to cover "services for mental illness," as defined by a contract, policy or plan for health services.

Exempts small employers with 50 or fewer employees and provides for a 4% cost increase cap.

http://www.state.in.us/legislative/bills/1999/HE/HE1108.1.html

Kentucky
2000

Requires treatment of any "mental health condition" to be under the same terms and conditions as treatment of other physical health conditions.

Defines "treatment of a mental health condition" as including, but not limited to, any necessary outpatient, inpatient, residential partial hospitalization, day treatment, emergency detoxification or crisis stabilization services.

Defines "mental health condition" as any condition or disorder that is included in the DSM-IV or that is listed in the mental disorders section of the International Classification of Disease.

The law includes alcohol and other drug abuse but exempts group plans covering fewer than 50 employees.

http://www.nmha.org/newsroom/system/news.vw.cfm?do=vw&rid=194

New Mexico
2000

Group plans may not impose treatment limitations or financial requirements on the provision of mental health benefits if identical limitations or requirements are not imposed on coverage of benefits for other conditions.

Includes those mental health benefits described in the group health plan, or group health insurance offered in connection with the plan.

Provides for a 1.5% cost increase cap for group plans covering fewer than 50 employees and a 2.5% cost increase cap for 50 or more employees that allows employers that qualify to opt out.

Does not apply to benefits for the treatment of substance abuse, chemical dependency or gambling addictions.

http://legis.state.nm.us/Sessions/00%20Regular/bills/house/HB0452.html

Rhode Island
SMI
1994/2001

Rhode Island passed parity legislation in 1994 with some limitations on outpatient visits and includes substance abuse.

The law provides for coverage of "serious mental illness" that current medical science affirms is caused by a biological disorder of the brain and substantially limits life activities.

Requires benefits for serious mental illnesses to include the same durational limits, amount limits, deductibles and co-insurance factors as for other illnesses and diseases.

Serious mental illness is defined as "any mental disorder that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the illness."

Serious mental illness includes, but is not limited to: schizophrenia; schizo affective disorder; delusional disorder; bipolar affective disorders; major depression; and obsessive compulsive disorder.

Permits health insurers to seek information from service providers regarding medical necessity and/or the appropriateness of treatment.

West Virginia
SMI
2002

The law requires parity for co-payments, deductibles, and coinsurance.

The law further provides coverage for persons less than 19 years of age for ADHD, separation anxiety disorder, and conduct disorder.

Contains a 2% cap that triggers cost containment measurers.

Provides parity coverage for state employees for Schizophrenia and other psychotic disorders, bipolar disorders, depressive disorders, addictions, anxiety disorders and anorexia and bulimia.

http://www.legis.state.wv.us/scripts/as_web5.exe?Command=Doc&File=2002enr%2f2002ENR.ASK&DocID=1063389&Request=H+4039

Limited Parity

Parity only applies to certain groups such as those with severe mental illness (SMI) or state and local employees, or only protects against certain types of discrimination.

Arizona
1997/2001

Mirrors federal law; 50 employees exemption; 1% cost increase cap; parity for state employees.

Covers all mental disorders no substance abuse/chemical dependency

California
SMI
1999

Provides equal coverage for severe mental illnesses for persons of any age. SMI include schizophrenia, bipolar disorder, major depressive disorders, schizoaffective disorder, panic disorder, obsessive-compulsive disorder, autism, anorexia nervosa, and bulimia nervosa.

Covers children with serious emotional disturbances (SED). SED is one or more mental disorders other than a primary substance abuse disorder or a developmental disorder.

There is no small business exemption.

A study of two large employer groups in California that implemented mental health parity on January 1, 2001 showed decreases or only mild increases in overall health care costs. Employer A, which had overall service utilization rates higher than other employer populations both before and after parity, experienced a 1.9% decline in total mental health spending and large reductions in the use of outpatient, intermediate-care, and inpatient services. Employer B started out with lower rates of utilization before parity, and saw substantial increases in service use and spending. However, the increase in mental health care spending was still less than 1% of total health care spending for Employer B. Ronald Branstrom and Roland Sturm, "An Early Case Study of the Effects of California's Mental Health Parity Legislation." Psychiatric Services (Oct 2002).

http://www.leginfo.ca.gov/cgibin/postquery?bill_number=ab_88&sess=PREV&house=A&author=thomson\

Colorado
SMI
1997/2002

Provides for coverage of schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, obsessive-compulsive disorder that is no less extensive than the coverage provided for other physical illnesses.

Delaware
SMI
1998/2001

Requires health insurers to provide coverage for biologically based mental illnesses, including schizophrenia, schizoaffective disorder, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, anorexia and bulimia, under the same terms and conditions of coverage offered for physical illnesses.

The plan must treat SMI the same as any medical disorder; however, benefit management for medical necessity may be applied. Out of network services are not subject to the requirements of the mental health parity.

Delaware has seen no change in benefits due to the law.

Hawaii
SMI
1999

The law requires coverage for schizophrenia, schizoaffective disorder and bipolar mood disorder, but excludes coverage for substance abuse and other disorders, including major depression.

Establishes a task force to study the impact of adding these illnesses at a later date.

Exempts small businesses with 25 or fewer employees.

Illinois
SMI
2001

The law requires coverage of serious mental illness and minimum mandated benefits for other mental illnesses and addictions.

Requires group plans to provide annual coverage of 45 days of inpatient, 35 visits of outpatient, no lifetime limits for treatment days and parity for limits, deductibles, co-payments and coinsurance.

Exempts small business with 50 and fewer employees.

Provides for a cost benefit study of mental health coverage in years 2002, 2003, and 2004. This law sunsets on December 31, 2005.

According to the State Policy Specialist for the Illinois Department of Insurance has not seen any significant changes on coinsurance or other limits on services.

Maine
SMI
1995

Maine initially enacted a law in 1992 requiring parity for specific biologically-based mental disorders, but does not provide coverage for the treatment of alcoholism or drug dependence.

In 1995, an amendment was passed mandating health policies, in group contracts covering more than 20 persons, to provide nondiscriminatory coverage for the following mental disorders: schizophrenia, bipolar disorder, pervasive developmental disorder or autism, paranoia, panic disorder, obsessive-compulsive disorder, and major depressive disorder.

Requires other (group or individual) policies and nonprofit hospitals and health plans to offer nondiscriminatory mental health coverage.

Provides for at least 60 days per calendar year for inpatient services, and least $2,000 for any combination of day treatment and outpatient care, with a maximum lifetime benefit of at least $100,000 for the costs associated with a mental disorder.

Exempts small business with 20 and fewer employees.

Massachusetts
SMI
2000

Requires non-discriminatory coverage, prohibits annual or lifetime dollar or unit of service limitation on coverage for the diagnosis and treatment of mental disorders which is less than any annual or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and treatment of other physical illnesses.

Coverage includes non-discriminatory coverage for the diagnosis and treatment of biologically-based mental disorders, rape related mental and emotional disorders, and children and adolescents under the age of 19 for the diagnosis and treatment of non-biologically based mental, behavioral or emotional disorders.

Biologically-based mental disorders are defined as schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia,

affective disorders and any biologically based mental disorders appearing in the DSM that are scientifically recognized and approved by the Department of Mental Health.

Requires parity for co-occurring mental illnesses and addictive disorders but does not require parity for a diagnosis of an addictive disorder alone.

Small groups (1-50 employees) and non-group health plans were exempt from provisions of the bill until January 1, 2002.

Requires parity coverage *state employees only* for outpatient, intermediate and inpatient mental health and substance abuse care that the state employee plan determines to be medically necessary. The Order defines mental illnesses as the categories listed in the current version of the DSM-IV, excluding certain disorders.

http://www.state.ma.us/legis/laws/mgl/32a%2D22.htm

Missouri
SMI
1997/1999

The law covers all disorders in DSM-IV in managed care plans only, equal to that provided for physical illnesses.

Specifies that coverage for mental illness benefits can not place greater financial burdens on the insured than for physical illnesses.

The law specifies that substance abuse is covered only if the covered person also has a diagnosis of a mental illness. The substance abuse coverage can be limited to one detox session, which is not to exceed 4 days.

Benefits to individuals with co-occurring disorders are limited to 45 in-patient days.

May require different deductibles, co-pays or co-insurance terms.

Businesses can apply for an exemption if compliance with this law results in a two-percent premium-cost increase.

The law expires on January 1, 2005.

Montana
SMI
1999

Provides equitable health insurance and disability insurance for severe mental illness that is no less favorable than that provided for other physical illnesses.

Severe mental illness is defined as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism.

New Hampshire
SMI
1994/2002

In 1975 New Hampshire became one of the first states to require limited mandatory insurance benefits for mental health. The law required coverage of mental health hospital benefits on par with other illnesses under major medical coverage, partial hospitalization (unspecified amount) and at least 15 hours of treatment (after 2 visits) on an outpatient basis (non-major medical) for group insurance and HMO providers.

The law was amended in 1994 to define mental illness as "a clinically significant or psychological syndrome or pattern that occurs in a person and that is associated with present distress, a painful symptom, or disability impairment in one or more important areas of functioning, or with a significantly increased risk o suffering death, pain, disability, or an important loss of freedom."

Provides for coverage of schizophrenia, schizoaffective disorder, bipolar disorder, paranoia, and other psychotic disorders, obsessive compulsive disorder, panic disorder, and pervasive developmental disorder or autism no less extensive than coverage for physical illnesses; applies only to groups and HMOs, regardless of size.

The law was amended in 2002 to include all mental health diagnosis and addictions as a benefit in existing riders, but not at parity. Added PTSD and eating disorders to the list covered at parity.

Nevada
SMI
1999

The law mandates coverage for severe mental illness including schizophrenia, schizoaffective, bipolar, major depression, panic, and obsessive-compulsive disorders.

Requires annual and lifetime limits and out-of-pocket limits to be the same as other medical/surgical benefits. Maximum co-pays and deductibles are $18 for outpatient visits and $180 per in-patient admission.

Allows 30 in-hospital days and 27 outpatient visits per year minimums. Provides an alternative to hospitalization on a two for one exchange of the in-hospital benefits (up to 40 days), that must include crisis respite, partial hospitalization and other residential treatment.

Outpatient visits for medication management may not be counted towards mental health benefits rather toward standard medical coverage.

Exempts small employers with with 25 or fewer employees.

New Jersey
SMI
1999/2002

The law requires biologically based mental illness to be covered under the same terms and conditions as any other sickness.

As a result, New Jersey has seen benefits for non-biologically based mental illness with visit and day limits that are not also imposed on physical illness, as well as, coinsurance for non-biologically based mental illness that is higher than for physical illness.

Oklahoma
SMI
1999

The law provides equitable coverage for severe mental illness, including schizophrenia, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder and schizoaffective disorder.

Exempts small businesses with 50 or fewer employees. Additionally, businesses can apply for an exemption if compliance with this law results in a two-percent premium-cost increase.

South Dakota
SMI
1998

The law provides coverage for the treatment and diagnosis of biologically based mental illnesses, including schizophrenia, schizoaffective disorder, bipolar affective disorder, major depression, obsessive-compulsive disorder, and other anxiety disorders, with the same dollar limits, deductibles, coinsurance factors and restrictions as for other covered illnesses. Special policy limitations not applicable to other coverage are not allowed.

http://legis.state.sd.us/statutes/index.cfm?FuseAction=DisplayStatute&FindType=Statute&txtStatute=58-17-98

http://legis.state.sd.us/statutes/index.cfm?FuseAction=DisplayStatute&FindType=Statute&txtStatute=58-18-80

Texas
SMI
1991/1997

The law covers schizophrenia, paranoia and other psychotic disorders, bipolar disorder, major depressive disorder, schizoaffective disorder, pervasive developmental disorder, obsessive-compulsive disorder, and depression in childhood and adolescence.

Requires a minimum of 60 outpatient visits and 45 inpatient days annually.

Exempts businesses with fewer than 50 employees.

Covers all public state and local employees, and all teachers and university system employees for severe mental illness including schizophrenia, schizoaffective disorder, bipolar disorder, and major depression.

Tennessee
1998

The law mandates mental health coverage, but does not cover alcohol or substance abuse treatment.

Annual and lifetime limits and out-of-pocket expense limits must be equal to other medical and surgical benefits and must covers at least 20 inpatient hospitalization days and 25 outpatient visits per year. An alternative to hospitalization must be provided at two for one of the inpatient hospitalization days (up to 40 days), including crisis respite services for the consumer, residential treatment and partial hospitalization; outpatient visits for medication management do not count toward mental health benefits but are provided equal to a medical visit.

The law does not require parity for co-pays and deductibles.

Exempts small businesses with 25 or fewer employees. Additionally, businesses can apply for an exemption after 12 months if compliance with this law results in a one-percent premium-cost increase.

Utah
2000

The law limits out-of-pocket expenses for mental health coverage.

Exempts small businesses with 50 or fewer employees.

Virginia
SMI
1999

The law provides equitable coverage for schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention deficit/hyperactivity disorder, autism, and drug and alcoholism addiction.

Exempts small employers with 25 or fewer employees.

Mandated Offering

Requires employer to offer the choice of parity in one of its health plan options.

Alabama
SMI
2001

The law requires group health plans to cover the treatment and diagnosis of mental illnesses under terms and conditions no less extensive than those provided for medical treatment for other physical illnesses.

Defines mental illness as including schizophrenia, schizophrenia form disorder, schizoaffective disorder, bipolar disorder, panic disorder, obsessive-compulsive disorder, major depressive disorder, anxiety disorders, mood disorders, and any condition or disorder involving mental illness, excluding alcohol and substance abuse that falls under mental disorders listed in the International Classification of Diseases.

Exempts small employers with 50 or fewer employees.

Georgia
SMI
1998

The law covers all mental illnesses defined as brain disorders in the DSM-IV, including addictive disorders.

Requires large employers with 51 or more employees to provide mental health benefits equal to those provided for other physical illnesses. Also requires the same dollar limits, deductibles, and coinsurance factors. May not impose separate outpatient and visit limits on the treatment of mental illnesses.

Requires small employers with 2 to 50 employees to provide mental health benefits equal lifetime to the benefits offered for other physical illnesses. Provides the same dollar limits, deductibles, and coinsurance factors.

Maine
SMI
1995

Provides for coverage of schizophrenia, bipolar disorder, pervasive development disorder, or autism, paranoia, panic disorder, obsessive-compulsive disorder, and major depressive disorder in group contracts that is no less extensive than medical treatment for physical illnesses; no substance abuse.

Exempts small employers with 20 fewer employees.

http://janus.state.me.us/legis/statutes/24-A/title24-Asec2843.html

New York

South Carolina
SMI
2000

The law covers state employees only and requires the state health insurance plan to provide coverage for medically necessary treatment of a mental health condition and/or substance abuse disorder.

May not place a greater financial burden on an insured for access to treatment for a mental health or substance abuse condition than is required for access to treatment for other physical illnesses.

Any deductible or out-of-pocket limits must be comprehensive for coverage of mental illnesses, alcohol or substance abuse and other physical health conditions.

Includes a cost exemption which allows the state plan to opt out of the requirements if it can show that the total health insurance costs of the state plan increase by more than 1% at the end of the 3-year period beginning 1/1/2002 and ending 12/31/2004; or by more than 3.39% at any time beginning 1/1/2002 and ending 12/31/2004.

Washington

Mandated if Offered

If the plan offers any type of mental health service coverage, it must be equal to that of physical health coverage.

Louisiana
SMI
1999/2001

The law requires equitable coverage for severe mental illness including schizophrenia, schizoaffective disorder, bipolar disorder, pervasive developmental disorder (autism), panic disorder, obsessive-compulsive disorder, major depressive disorder, anorexia/bulimia, Asperger's Disorder, intermittent explosive disorder, post-traumatic stress disorder, psychosis (not otherwise specified) when diagnosed in a child under 17 years of age, Retts disorder and Tourette's disorder.

Plans must offer optional coverage for other mental disorders not covered in the list at the expense of the policyholder.

Minimum benefits must include 45 in-patient days, per year (an exchange of two partial hospitalization days or two residential treatment days per one in hospital day may be provided) and 52 outpatient visits, including intensive outpatient programs.

The law was amended in 2001 to provide that existing law will not require a group plan to provide mental health benefits. This amendment includes a 1% cap and a 50 or under small business exemption.

Arizona
1997/2001

Mirrors federal law, but requires parity for state employees

Exempts small employers with 50 or fewer employees exemption and includes a 1% cost increase cap.

Florida
1999

Mental Illness Insurance Parity Act

http://www.flsenate.gov/Welcome/index.cfm

Nebraska
SMI
1999

Prior to January 1, 2002 provided coverage for schizophrenia, schizoaffective disorder, delusional disorder, bipolar affective disorder, major depression, and obsessive-compulsive disorder that shall not establish any rate, term, or condition that places a greater financial burden for treatment than for a physical health condition.

After January 1, 2002: the law applies to "any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness."

Provides for lifetime and annual limits, and number of inpatient and outpatient visits. Parity was not required in co-pays, co-insurance and deductibles.

Exempts small employers with 15 or fewer employees.

Minimum Mandated Benefits

States mandate coverage that is less than equal to coverage for physical illness, including different limits, co-payments, deductibles, and annual and lifetime limits.

Alaska
1996

D.C.
1997

Kansas
SMI
1997/2001

The law requires coverage for serious mental illness defined as schizophrenia, Schizoaffective disorder, schizophreniform disorder, brief reactive psychosis, paranoid or delusional disorder, atypical psychosis, major affective disorder, cyclothymic and dysthymic disorders, OCD, panic disorder, PDD including autism, ADD and ADHD.

Requires parity for any group health plan providing mental health benefits and parity in the coverage of prescription drugs used outside a physician's office or hospital.

Annual coverage includes 45 days of inpatient care and 45 visits for outpatient care.

Requires an access, use, and cost study.

Michigan
2001

Mississippi
2001

The law requires that policies covering mental illness provide a minimum of 30 days of inpatient services, a minimum of 60 days for partial hospitalization and a minimum of 52 outpatient visits per year.

Specifies that coverage will be offered on an optional basis. The law also provides for parity for rate payment for inpatient services and caps the outpatient rate at $50 per visit.

Exempts employers with 100 or fewer employees.

Ohio
1985

House Bill (HB) 225, also known as the Mental Health Parity Bill, is similar to the federal Mental Health Parity Act in that it would eliminate the discrimination that exists

in Ohio regarding insurance coverage for mental health services. On February 4, 2004, the House passed HB 225, and now awaits consideration in the Senate.

http://www.legislature.state.oh.us/bills.cfm?ID=125_HB_225

Oregon
2000

See separate handout *Oregon Mental Health and Chemical Dependency Services.*

Pennsylvania
SMI
1998

The law requires all group plans of 50 or more employees to offer serious mental health coverage that must include, 30 days of inpatient care and 60 days of outpatient care annually. Inpatient coverage can be converted to outpatient coverage on a one-for-two basis.

Prohibits imposing lower annual or lifetime dollar limits for serious mental illnesses.

Cost sharing arrangements for serious mental illnesses, including deductibles and co-payments, can not prohibit access to care.

Exempts employers with 50 or fewer employees.

Wisconsin
1998

No Parity Laws

No state laws referring to mental health parity, minimum mandated benefits, or mandated offerings.

Idaho

Iowa

North Dakota

Wyoming

North Carolina
1991/1997

North Carolina currently has no mental health parity law in place as their law had a sunset date of October 1, 2001, as a result they do see restrictions on the number of visits to mental health providers and limits on the total annual benefit.

Previous Law passed in 1991and 1997 included comprehensive parity for state & local employees mirrored federal law.

Exempted employers with 50 or fewer employees and provided a one percent cost increase cap.

"Mental Illness" was defined as "an illness which so lessens the capacity of an individual to use self-control, judgement and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control (for adults)."

For minors, the definition was "a mental condition, other than mental retardation alone that so impairs the youth's capacity to exercise age adequate self-control, or judgment in the conduct of his activities and social relationships so that he is in need of treatment."