

Congress Works on Ending Insurance Discrimination

In late May, the House leadership sent Senate negotiators a compromise offer that they are considering. This is part of the back-and-forth process that's been going on since the House and Senate passed their respective addiction and mental health bills, H.R. 1424 and S. 558. Sponsors of the bills and Congressional leaders are hopeful that parity will be reached over the next few weeks. In the meantime, here's a brief summary outlining the key provisions in the latest House "offer" to the Senate.

S U M M A R Y of MAY 2008 HOUSE OFFER to SENATE NEGOTIATORS

- Group health plans that currently offer coverage for mental health and substance use disorders are required to provide those benefits in the same manner as benefits provided to all other medical and surgical procedures covered under the plan.
- Group health plans are prohibited from imposing discriminatory annual/lifetime dollar limits, copays and deductibles, or day and visit limits unless similar limitations or requirements are imposed for other medical and surgical benefits.

SCOPE OF COVERAGE

- Plans retain the ability to decide what conditions to cover.
- The Government Accountability Office (GAO) is required to report to Congress within three years of enactment of the bill, and a second report two years after the first, on:
 - Specific coverage rates for all mental health and substance use disorder conditions;
 - Which diagnoses are most commonly covered or excluded;
 - Whether implementation of the Act has affected trends in coverage or exclusion of mental health and substance use disorder conditions; and
 - The impact of covering or excluding specific diagnoses on participants' and enrollees' health, their health care coverage and the cost of delivering care.

OUT-OF-NETWORK BENEFITS

Extends parity to out-of-network benefits. This would mean that out-of-network benefits for mental health and substance use disorders must match those provided for medical and surgical benefits.

PROTECTING CONSUMERS WHO LIVE IN STATES WITH STRONGER CONSUMER PROTECTION

To protect consumers who live in states whose laws are stronger than the federal parity legislation, it would:

- Provide the Department of Labor with the authority to annually audit any health plan's compliance or evasion of the Act, with a requirement to report annually to Congress the results of these audits; and
- Direct the Department of Labor to provide consumers and relevant state regulators with information about the impact of the Act and its relation to state laws and any information about how to obtain assistance from relevant State agencies with regard to new consumer rights included as a result of its passage. It would also provide consumers assistance with any questions or problems with compliance.