

## POLICY &amp; PRACTICE

**Mental Health Parity Legislation**

Mental health advocates in Congress recently introduced legislation to bring parity to insurance coverage for the treatment of mental illness. Rep. Patrick Kennedy (D-R.I.) and Rep. Jim Ramstad (R-Minn.) introduced the "Paul Wellstone Mental Health and Addiction Equity Act of 2007" (H.R. 1424) last month, and at press time more than 254 House members had cosponsored the legislation. If passed, the bill would require insurance plans that offer coverage for mental health and addiction disorders to offer the same coverage limits and terms for those services as for other medical care. The requirements would apply to all group health plans with 50 or more employees. However, the bill would not mandate that group health plans provide mental health coverage. A slightly different mental health parity bill (S. 558) was introduced in February by Sen. Pete Domenici (R-N.M.) and has been passed out of the Senate Committee on Health, Education, Labor, and Pensions.

**CMS Extends Form Deadline**

The Centers for Medicare and Medicaid Services has extended the deadline for filing Medicare claims using its new version of claims form CMS-1500, because of formatting errors on the revised form, CMS announced. The original deadline for switching to the new form—known as CMS-1500 (08/05)—originally was April 2. But CMS said last month that contractors have been directed to continue to accept the old form until the agency notifies them to stop. Additionally, the agency advised physicians who must use the form to use legacy provider numbers, as the form cannot accommodate a National Provider Identifier (NPI) number.

**Mental Health Court Cut Costs**

Mental health courts, which emphasize treatment rather than jail time, could save taxpayers some money if the experience of one Pennsylvania court is any indication. An analysis by the Rand Corp. found that participants in Allegheny County's mental health court program spent fewer days in jail and received more mental health treatment than they would have if they had been sentenced in a traditional criminal court. They also spent fewer days in jail compared with a past arrest. In the first year of the study, the cost of increased mental health services was mostly offset by the decrease in jail time. However, among a subset of participants analyzed over a second year, the cost savings were more significant. Allegheny County's mental health court was designed to help mentally ill individuals who have committed nonviolent crimes get treatment instead of jail time. Although the study looked at only one court, the researchers noted that it is likely that their findings would be applicable to many of the

other approximately 120 mental health courts around the country. The study was funded by the Pennsylvania Department of Public Welfare and the Staunton Farm Foundation.

**NIH Launches Addiction Study**

In response to the growing problem of prescription drug abuse, officials at the National Institutes of Health are launching the Prescription Opioid Addiction Treatment Study (POATS), a multisite study to be conducted under the direction of the National Institute on Drug Abuse. The researchers will examine the effectiveness of buprenorphine/naloxone (Suboxone) combined with either intensive or brief drug-counseling approaches. Investigators are planning to enroll about 648 participants at 11 sites. "Opioid analgesics were designed to help people in pain and we want to be sure that those who require them for legitimate reasons can continue to effectively manage their pain," Dr. Nora D. Volkow, director of NIDA, said in a statement. "However, we must also recognize the risk of addiction to pain medications and develop treatments for those who become addicted to them. This trial is an important first step in reaching that goal."

**FDA to Study Ads' Risk Data**

Saying that it has become more concerned about how much risk information is disclosed to consumers in print ads, and that the information is not usually in a consumer-friendly format, the Food and Drug Administration announced that it will study how to better present those data. One study will look at whether giving consumers more context—instead of a list of risks, for instance—will aid their understanding of a product's potential downside. Another will look at the usefulness of several different formats for presenting the data. FDA is accepting comments on the proposed testing until mid-April.

**Call to Action on Teen Drinking**

In its first Call to Action against underage drinking, the U.S. Surgeon General's office appealed to Americans to do more to stop the country's 11 million current underage drinkers from using alcohol, and to prevent other young people from starting to drink. Acting Surgeon General Kenneth P. Moritsugu laid out recommendations for government and school officials, parents, other adults, and young people, saying that although the use of tobacco and illicit drugs has declined significantly, underage drinking has remained consistently high. "Research shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life," Dr. Moritsugu said in a statement, adding, "new research also indicates that alcohol may harm the developing adolescent brain."

—Mary Ellen Schneider

# Lacking a National Plan, States Look for Coverage Solutions

BY JOEL B. FINKELSTEIN

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WASHINGTON — What was a trend is looking more like a wave as an increasing number of states, no longer content to wait on the seemingly glacial pace of national politics, are seeking their own comprehensive solutions to the growing ranks of the uninsured, state health care reformers said at a conference sponsored by AcademyHealth.

"Can state innovations work on a national problem? It's somewhat of a rhetorical question. There's a growing sense of insecurity among our people that more and more of our citizens ... are losing access to affordable health care. It's becoming more like a lottery with more losers," said Jim Leddy, a former Vermont senator who helped in ferrying through a sweeping health care reform law in that state.

States are coming to realize that the uninsured are a shared problem, said Kim Belshe, secretary of California's Health and Human Services Agency.

"We've seen in California that when we can draw a connection between a problem that affects a minority of people, relatively speaking, and how it relates to the broader California, that it creates a policy environment where we have a greater potential to affect meaningful reform," she said.

In California, this meant demonstrating that the uninsured were having a significant impact on others in the community such as uncompensated care, leading to higher health insurance premiums, overuse of emergency departments leading to closures, and high rates of uncontrolled chronic disease leading to lost productivity, she said.

Although states are taking this problem on themselves, they have, so far, shied away from single-payer approaches.

Instead, states are building on public programs, including the Medicaid and State Children's Health Insurance Pro-

gram, which together provide states with substantial, if still insufficient, federal funds.

If the states are to serve as laboratories for reform they will need to be empowered, not abandoned by the federal government, Mr. Leddy said. "For too long, the laboratories have been bankrupt in terms of ability of states to address problems of their citizens because we fundamentally have not had the support of our national government." Some state reform plans also include provisions to enable and even encourage companies to continue providing coverage for their workers.

"The erosion of employer-sponsored insurance plans must not be allowed to become a collapse. Whether we agree philosophically with it, we simply cannot afford a collapse of what is the foundation for what we have now," Mr. Leddy said.

Beyond expanded access, state health care reformers are focusing on prevention and wellness.

"We not only have to treat chronic conditions better, we also have to have strategies that deal with the incidence and the prevalence of these conditions, in particular diabetes and obesity," said Mr. Leddy.

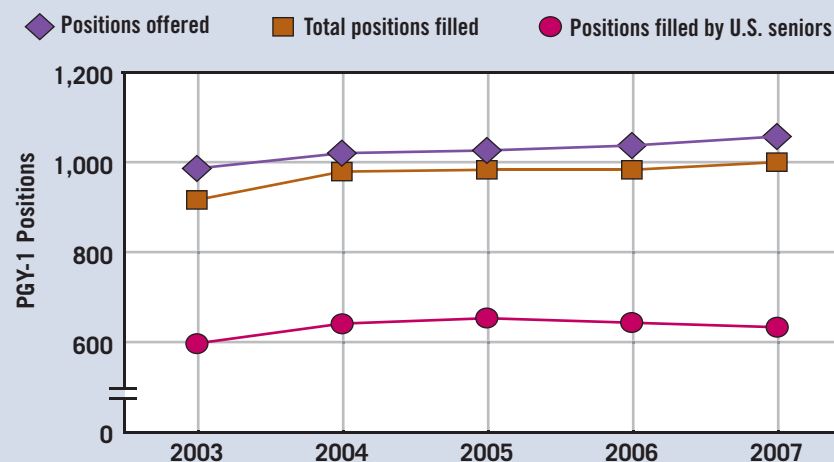
Personal responsibility has to be an important component of that equation, but that should not be interpreted as a code word for social Darwinism, or survival of the healthiest, wealthiest, and luckiest, he said.

While there remains a lot of variability between states and their ability to undertake such broad reforms, an increasing number are turning to the examples set by Vermont, California, and a dozen other states in the process of passing reform measures, not only for the lessons they hold, but also for the encouragement they provide, experts said.

"A lot of people feel if California as a state can make meaningful inroads in terms of our coverage and cost challenges, then that offers some hope and promise for other states, just given the size and the magnitude of our challenges," Ms. Belshe said. ■

## DATA WATCH

## Psychiatry Residency Positions Filled By U.S. Seniors Decreasing



Source: National Resident Matching Program