Psychiatrists Feeling the Burden

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but awaited the exact details that would be spelled out in the regulations.

With the issuance of the interim final rules in February, all plans now have been given those details, and must comply for plan years that start July 1.

Insurers and managed behavioral companies object to the "nonquantitative treatment limits" spelled out in the interim final rules, said Kris Haltmeyer, executive director of policy for the BlueCross BlueShield Association, in an interview. The Blues did not join the suit, but is on the same page with the litigants and is seeking a delay until July 2011, Mr. Haltmeyer said.

According to the rules (see www.regulations.gov), everything must be equal between medical and surgical care and mental health care, covering in-patient/in network benefits, inpatient/out-of-network benefits, outpatient/in network benefits, outpatient/ out-of-network benefits, emergency care, and prescription drugs. On the payment side, the law covers deductibles, copayments, coinsurance, and out-of-pocket maximums.

Plans cannot employ more restrictive benefit management techniques for mental health and substance abuse treatment than for medical and surgical care. These were the nonquantitative limits. Plans also cannot charge separate deductibles, or have different levels of copayment or coinsurance for mental health care.

The Blues would argue that the parity legislation never explicitly discussed whether plans could or could not use traditional behavioral benefit management techniques, such as prior authorization or formulary tiers, and thus, the rules go beyond the intent of the legislation, Mr. Haltmeyer said.

Without those tools, plans might have to clamp down further on all health care services to achieve true parity in benefits and cost control, he said.

The new health reform law removes cost sharing for preventive services and also might result in changes in the way in which cost sharing and dollar limits are applied, Mr. Haltmeyer said. But those rules have not been issued yet. That means insurers might change benefit design now, only to be required to change it again a few months down the road.

"There's a huge burden on industry right now to comply with all these requirements," Mr. Haltmeyer said.

Psychiatrists, however, say that they increasingly are being burdened with bureaucratic requests from insurers that seem designed "to drive physicians out of the network and to block patient access," said Jennifer Tassler, deputy director of regulatory affairs for the APA, in an interview.

The association is concerned that the final rules did not appear to apply to Medicaid-managed care plans and urged the government to issue regs to cover those plans.

Plan administrators have the legal right to manage the benefit, but it's being overzealously and unfairly applied, she said. The APA has received reports that physicians are being asked in some cases to get prior authorization before every patient visit or to submit treatment plans after every few visits.

In comments to the government, the APA expressed its support for the restrictions on nonquantitative limitations and a single deductible. The organization is concerned, however, that the rules did not appear to apply to Medicaid-managed care plans and urged the government to issue regulations to cover those plans.

Overall, though, the interim final rules "went a long way to clear up what the law intended and covered," Ms. Tassler said. No one knows when final rules might be issued, if ever. The government also issues interim final rules that stand, she said.

The insurers also are aware of that possibility, which is why they are seeking a delay in implementation, Mr. Haltmeyer said. ■

Mental Health Parity's Evolution

September 1996 The Mental Health Parity Act establishes parity for lifetime and annual dollar limits.

October 2008 The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) is enacted, guaranteeing full parity with medical and surgical benefits and out-of-pocket costs.

April 2009 The federal government seeks comments on how to implement MHPAEA.

October 2009 MHPAEA goes into effect for the plan year starting January 2010.

February 2010 Interim final rules are published.

May 2010 The comment period closes for the interim final rules.

July 2010 The rules apply to all plans.

POLICY & PRACTICE

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No Smoking in Michigan

As of May 1, smoking was banned in Michigan workplaces, including bars and restaurants. According to the American Cancer Society's Cancer Action Network, Michigan is the 20th state to adopt such restrictions, with Wisconsin and Kansas ready to soon implement similar laws. With smoke-free workplaces, "workers can make a living without risking their health, patrons and tourists can enjoy time out without the hazards of second-hand smoke, and bar and restaurant owners can promote healthy environments," said the cancer network's chief executive officer John Seffrin, Ph.D. A statement from the cancer network said that almost three-quarters of the United States population is now covered by state, local, or municipal laws that restrict smoking.

Shift in Substance Abuse Patterns

From 1998 to 2008, the pattern of admissions for treatment of substance abuse changed markedly, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Admissions for alcohol abuse alone dropped from 27% of admissions to 23%, while admissions for drug abuse alone rose from 26% to 37%. Concurrent abuse of alcohol and drugs is still widespvread, but admissions for the combination declined from 44% of all admissions to 38% over the decade. Opiate-, stimulant-, and marijuana-related admissions rose, while cocaine-related admissions decreased from 15% to 11%. The majority of adolescent treatment admissions were for marijuana, and half of those admissions came through the criminal justice system. The data also revealed an economic change: In 2000 only 24% of people in treatment were unemployed, while that figure rose to 37% by in 2008. The Treatment Episode Data Set report is available at wwwdasis.samhsa.gov/teds08/teds2k8natweb.pdf.

Governor Signs Meth Law

Alabama Gov. Bob Riley (R) has signed a law intended to help law enforcement officials quickly track excessive purchases of pseudoephedrine, the chief ingredient used in the manufacture of methamphetamine. The law creates a new electronic database in an effort to modernize logs that already are kept on paper, making it possible to instantly track excessive purchases of pseudoephedrine. Every pharmacy or retailer selling ephedrine or pseudoephedrine products will be required to enter the purchaser's identifying information into an electronic database prior to any sale. The database then will notify the seller if the purchaser has exceeded the daily or monthly limit for such purchases.

Awards to Fight Kids' Trauma

SAMHSA will award $5.4 million over the next 3 years to three centers investigating treatments and services for children who experience traumatic events such as violence, natural disasters, and terrorism. Northwestern University Medical School, Evanston, Ill.; Children's Hospital, San Diego; and the Yale Child Study Center, New Haven, Conn., will receive the grants as part of the National Child Traumatic Stress Initiative. "By investing resources in improving the services offered, we can replace a lifetime of despair and disability with resiliency and hope," Pamela S. Hyde, SAMHSA administrator, said in a statement.

Providers Asked to Find 'Bad Ads'

The Food and Drug Administration has launched a program to get health care providers to detect and report misleading drug ads. The 'Bad Ad' program seeks to educate health care providers about their role in ensuring that prescription drug advertising is truthful and not misleading, the FDA said. Initially, agency officials will meet with providers at selected medical conventions and will partner with a handful of medical groups to distribute educational materials. The agency said it will then expand its collaborations with medical societies. The announcement encouraged health care professionals to report a potential violation in drug promotion by sending e-mails to badad@fda.gov. Reports can be submitted anonymously, but the FDA is asking providers to include contact information so that staff members can follow up.

AARP Tallies Big Drug Price Rise

The AARP said that brand name prescription drug prices rose almost 10% in the year ended March 31, compared with a 0.3% rise in general inflation over the same period. The seniors' advocacy group said that the increase for the 25 brand-name drugs prescribed most often to Medicare beneficiaries for chronic conditions was the largest since the organization began tracking such data in 2002. The report said that prices for a sample of generic drugs declined by about 10% over the same period. Prices of specialty drugs—which include injectables and biologics used to treat cancer, rheumatoid arthritis, and other chronic diseases—rose by about 9%. That was less of an increase than in the previous 3 years. Ken Johnson, senior vice president of Pharmaceutical Research and Manufacturers of America, said in a statement that the report is "based on incomplete information" because prices don't take into account discounts and rebates.

—Alicia Ault