

## **Kids Would Be Hurt by Proposed Changes to H973 (Equitable Mental Health Coverage)**

The Senate passed mental health parity in 1997 42-5, and it covered the full definition of mental illness and the ability to use medical necessity and utilization review to assure only necessary treatment was covered. Now there is an effort to pass parity only for certain diagnoses, which continues the current discrimination, especially against children.

**Narrowing parity coverage to a handful of psychiatric disorders would exclude most children with emotional disorders.** Under a proposal to limit parity to 9 mental illnesses, many diagnoses used for treatment of children would not be covered, such as:

- Autism
- Anxiety
- Attachment disorders of early childhood
- Mild or moderate depression
- ADHD
- Adjustment disorders

**Parents need to get adequate help for their kids early, when the problems are more easily treatable and the diagnoses less stigmatizing.** Parents and providers are reluctant to have a label of serious mental illness placed on children for fear that it will follow them for life. Benefits are needed for all medically necessary mental illness diagnoses. Insurance companies use medical necessity criteria and utilization review to assure that people get only those services that they need.

**There is no medical or scientific basis** for providing coverage for certain mental illnesses and eliminating other from equitable coverage. Covering only certain diagnoses would be akin to having medical insurance for pulmonary disorders randomly cover emphysema and pneumonia, but not asthma or bronchitis.

### **Why are children left out when:**

- Half of all lifetime cases of mental illness begin by age 14 (three quarters by age 24)?<sup>1</sup>
- Despite effective treatments there are long delays – sometimes decades – between first onset of symptoms and when people seek and receive treatment?<sup>2</sup>
- Untreated mental disorders can lead to a more severe, more difficult to treat mental illness and to the development of co-occurring mental illnesses?<sup>3</sup>
- Early onset mental disorders that are left untreated are associated with school failure, teenage childbearing, unstable employment, early marriage, marital instability and violence<sup>4</sup> as well as increased likelihood of contact with the juvenile justice system, poverty in adulthood and a higher risk of suicide.

**It is almost impossible to make a diagnosis for a child by using a limited set of mental disorders.**<sup>5</sup> It takes time to establish a diagnosis, and the diagnosis may change. Symptoms and the course of mental disorders are often very different for children than adults.

More administrative costs are incurred in limiting diagnoses.

Support the version of H973 passed by House Insurance Committee

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<sup>1</sup> National Institute of Mental Health, *Mental illness Exact Heavy Toll, Beginning in Youth*, June 2005

<sup>2</sup> same

<sup>3</sup> same

<sup>4</sup> same

<sup>5</sup> Taylor E. *Advances in the diagnosis and treatment of children with serious mental illness*. Child Welfare. 77:311-332, 1998.