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Sent: Wednesday, May 27, 2009 3:16 PM
To: EBSA, E-OHPSCA - EBSA
Subject: MHPAEA Comment

Please accept our attached comments on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. Thank you, The Idaho Mental Health Counselor's Association Board

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May 27, 2009

Re: Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

To the Departments of Labor, Health and Human Services, and the Treasury,

On behalf of the Executive Board of the Idaho Mental Health Counselor's Association I am writing to state our support for the proposed issues under consideration. We agree with the definition of mental health benefits as "benefits with respect to services for mental health conditions, defined under the terms of the plan and in accordance with applicable Federal and State law. Substance abuse disorder benefits are defined as benefits with respect to services for substance use disorders, as defined under the terms of the plan and in accordance with applicable Federal and State law."

We further support the requirement for equal financial requirements for mental health and substance abuse coverage as is offered for medical and surgical benefits. Additionally we agree that the number of visits allowed on the plan for medical and surgical benefits should be equally applied to mental health/substance abuse plans. We are in support of not having separate cost-sharing requirements that are applicable to only mental health or substance abuse treatment.

In terms of the criteria for discerning medical necessity, we are in favor of such criteria provided they are determined by qualified individuals with a background, educationally and through licensure, in the mental health and substance abuse field. Reasons for denials should be made available to both providers and patients as stated in the proposal.

Our last concern is whether employers need to provide mental health and substance abuse coverage if they offer medical/surgical coverage to employees. According to the statistics offered by Regence Blue Shield Insurance (2009), depression accounts for 70% of lost work time and productivity and accounts for 45% of overall absenteeism on the job. Small employers exempted notwithstanding, it is our contention that providing mental health and substance abuse treatment options for employees would actually increase productivity and attendance on the job and would be in the employers' best interests to provide such coverage. We would welcome such a clause in the final Bill to be considered.

Respectfully submitted,

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