

# NEWS & NOTES

## House Passes Historic Mental Health Parity Bill

On March 5, 2008, the U.S. House of Representatives passed H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. This historic legislation, which was sponsored jointly by Congressman Patrick J. Kennedy (D-R.I.) and Congressman Jim Ramstad (R-Minn.), is named after the late Senator Paul Wellstone. It aims to realize Senator Wellstone's vision to establish equality in terms of mental health and addiction coverage.

The legislation was cosponsored by 274 members of Congress and passed with a strong bipartisan vote of 268 to 148. Forty-seven Republicans joined 221 Democrats in voting to pass the bill; three Democrats and 145 Republicans voted against passage.

The new legislation seeks to expand the 1996 Mental Health Parity Act, which requires equality only for annual and lifetime limits. H.R. 1424 requires parity across the terms of the health plan. For example, the plan or coverage must ensure that any financial requirements that are applied to mental health and addiction benefits

(for example, deductibles, copayments, and out-of-network charges) are no more restrictive or costly than those applied to comparable medical and surgical benefits that the plan covers.

Members of both houses must now work to reconcile H.R. 1424 and the Senate's Mental Health Parity Act of 2007 (S. 558). Unlike the Senate bill, the House version would mandate coverage for all mental and substance use disorders listed in the *DSM*, which is the same standard of the Federal Employee Health Plan that members of Congress use. Critics say that provision would force companies to finance treatment for disorders such as caffeine addiction. Advocates argue that broad coverage prevents "discrimination by diagnosis." Medical necessity requirements and other managed care techniques can be used to limit costs and services, even if all conditions in the *DSM* are covered. This is how costs are contained for general medical services in insurance in which all health conditions are typically covered. <sup>1</sup>

## AHRQ's Annual Reports on Health Care Quality and Disparities

The Agency for Healthcare Research and Quality (AHRQ) has released the *National Healthcare Quality Report 2007* and the *National Healthcare Disparities Report 2007*. These reports, which are fifth in an annual series, measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The reports compile information from numerous sources and present it in the form of graphs and bulleted points.

Data presented in the 136-page *National Healthcare Quality Report 2007* indicate that quality is improving at a modest pace, although the rate of improvement appears to be slowing. On the basis of core measures from 1994 to 2005, the average annual rate of improvement is 2.3%, whereas over the past two years the rate has slowed to 1.5%. In the area of mental health and substance abuse treatment, the report highlights three core measures of quality: death rate from suicide, receipt of treatment for illicit drug use, and receipt of treatment for depression.

From 2000 to 2004 the suicide death rate increased for the population as a whole—from 10.4 to 10.9 deaths per 100,000 population—moving farther away from the Healthy People 2010 target of 5.0 suicide deaths per 100,000. On the measure of treatment for illicit drug use, 17.0% of persons age 12 to 44 who met criteria for needing such treatment received it in 2005, a rate that has not changed significantly since 2002. Among children age 12 to 17 the treatment rate for drug use was lower (11.3%). Data in the report indicate much higher treatment rates for depression. In 2005 among adults age 18 to 64 who had a major depressive episode, 65.6% received treatment. Older adults were more likely than adults age 18 to 44 to receive depression treatment (75.5% compared with 58.7%). These rates were similar in 2004.

## Alan Schatzberg Chosen APA President-Elect, Nada Stotland to Become APA President in May

Alan Schatzberg, M.D., a well-known researcher and president of the Board of Directors of American Psychiatric Publishing, Inc., has been chosen president-elect of the American Psychiatric Association (APA), receiving 59.6% of the votes. Dr. Schatzberg has been chair of the Department of Psychiatry at Stanford University since 1991 and is familiar to most psychiatrists as coauthor of the *Textbook of Psychopharmacology* and the *Manual of Clinical Psychopharmacology*.

David Fassler, M.D., who practices in Burlington, Vermont, was elected secretary-treasurer. Dr. Fassler, who won 59.3% of the votes, is completing his second three-year

term as a trustee-at-large.

Of three candidates running for trustee-at-large, Dilip Jeste, M.D., from the University of California, San Diego, was elected.

A total of 10,053 APA members voted in this year's election—or 31% of those eligible to cast ballots, up from 29% last year. About a third of voters chose online balloting this year, similar to the proportion in 2007.

President-elect Nada Stotland, M.D., M.P.H., a Chicago psychiatrist, will succeed current president Carolyn Robinowitz, M.D. Dr. Stotland and her newly elected colleagues will take office at the conclusion of the association's annual meeting in Washington, D.C., May 3–8. <sup>1</sup>

Data in the 244-page *National Healthcare Disparities Report 2007* indicate that there has been little progress in reducing disparities overall since the first report in the series five years ago. For black, Hispanic American, American Indian and Alaska Native, Asian, and poor populations, the number of measures for which disparities are significantly worse or remain unchanged is higher than the number for which disparities are significantly better. The report cites lack of insurance as a major barrier to reducing disparities.

On measures of treatment of illicit drug use, the proportion of persons age 12 and older who needed such treatment and received it at a specialty facility in the past year was significantly higher for black than for white Americans (24.7% compared with 15.6%) and for persons with less than a high school education than for persons with any college education (22.2% compared with 14.1%). The Healthy People 2010 target is for 24% of persons age 12 and older who need such treatment to receive it. In 2005, as in 2004, this goal was met only for black Americans.

The proportion of adults with a major depressive episode who received depression treatment in the past year was significantly lower for black than for white Americans (56.4% compared with 67.2%) and lower for Hispanic Americans than for non-Hispanic whites (50.2% compared with 69.8%). The proportion receiving treatment was also significantly lower for people with less than a high school education than for people with some college education (59.5% compared with 68.0%).

Both reports are available on the AHRQ Web site at [www.ahrq.gov/qual/qrdr07.htm](http://www.ahrq.gov/qual/qrdr07.htm).

## NEWS BRIEFS

**Mental health first-aid training for laypersons:** The nation's first program to train the public about how to help someone experiencing a mental health crisis is being brought

to the United States from Australia by the National Council for Community Behavioral Healthcare. The 12-hour certification course is designed to give laypersons the tools to respond to psychiatric emergencies until professional help arrives and to improve people's mental health literacy. The first training was held in February in Palm Springs, California. It certified mental health professionals and administrators from six states to become first-aid trainers. These trainers will then conduct mental health first-aid certification courses in May in their respective states. The states include Illinois, Iowa, Colorado, Rhode Island, Kansas, and Florida. "This program has the potential to become as common as CPR in the near future and will help people better understand mental illness," said Linda Rosenberg, president and chief executive officer of the National Council. More information is available on the organization's Web site at [www.thenationalcouncil.org](http://www.thenationalcouncil.org).

**Give an Hour program seeks volunteers:** Give an Hour is a nonprofit organization whose mission is to develop a national network of volunteers capable of responding to both acute and chronic conditions that may arise in the United States. The organization's first goal is to create a network of mental health professionals to give an hour of their time each week to provide free services to U.S. military personnel and families affected by the current conflicts in Afghanistan and Iraq. The program was created to fill gaps in mental health care provided by the armed services and to be an additional resource for returning troops, some of whom may prefer to obtain professional help outside the military. More than 1,000 volunteers have signed up, including psychologists, social workers, psychiatrists, marital therapists, and pastoral counselors. The American Psychiatric Association is supporting the Give an Hour program by asking its members to volunteer and by helping it raise funds to produce public service announcements. The program's administrators hope that the number will

eventually reach 40,000, or about 10% of all U.S. mental health providers. More information is available at [www.giveanhour.org](http://www.giveanhour.org).

**New Kaiser Web feature illuminates policy issues:** A newly introduced section of the Kaiser Foundation Web site—Pulling It Together—collects information, data analyses, and ideas from a wide range of areas covered in the foundation's work to help clarify the larger picture and illuminate critical health policy issues. The first installment in the series, by Drew Altman, Ph.D., Kaiser president and chief executive officer, is "Separating the Forest from the Trees in the Health Reform Debate," which teases out the fundamental differences between Democrats and Republicans and liberals and conservatives on health care reform. Upcoming installments will address the critical path to health reform, the states and health care reform, and the underlying differences between Democratic, Republican, and Independent voters on health care. The Kaiser site also features the latest results from an ongoing, pre-election poll of representative American voters about their health care concerns. These resources are available at [www.kff.org](http://www.kff.org).

## Index to Advertisers April 2008

EMPLOYMENT OPPORTUNITIES .....	355, 457-460
U.S. PHARMACEUTICALS, PFIZER, INC.	
Geodon.....	C2-345
Geodon IM .....	C3-C4