

President Bush Calls for Passage of Mental Health Parity Legislation This Year

Speaking in late April at a job training facility for people recovering from mental illness, President Bush gave strong endorsement to passage of legislation requiring “full mental health parity this year.” Parity legislation would compel employer health plans with mental health benefits to treat mental illnesses on par with physical illnesses, providing the same treatment limits and cost-sharing requirements. Parity legislation passed by the Senate in the last session of Congress was defeated by House Republicans in conference committee (see *Psychiatric Services*, February 2002, p. 222).

The American Psychiatric Association and mental health advocacy groups praised Bush for expressing his commitment to parity, which has put him at odds with some business leaders and key members of his party. However, Bush stopped short of lending his full support to a specific bill. Two comparable parity bills have been proposed this legislative session—one by Senators Pete V. Domenici (R-N.M.) and Paul Wellstone (D-Minn.) and one by Representatives Marge Roukema (R-N.J.) and Patrick Kennedy (D-R.I.). Both bills apply only to in-network services and exempt businesses with fewer than 50 employees. Neither addresses parity for the treatment of substance use disorders.

In his speech, Bush emphasized the need to control costs, and he alternated between references to covering “all” people with mental illness and treating people with “serious mental illness.” The Domenici-Wellstone bill includes coverage of all disorders listed in *DSM-IV*. Opponents of the bill, citing the rising costs of health care to employers, wish to limit coverage to conditions regarded as serious mental illnesses. Studies conducted last year of the costs of full parity estimate that the Domenici-Wellstone bill would increase costs by less than 1 percent.

In late April Bush also announced his appointment of Michael Hogan, Ph.D., to head the 15-member New

Freedom Mental Health Commission. Dr. Hogan is a former director of the Ohio Department of Mental Health. The commission, which is part of a Bush Administration initiative for people with disabilities (see *Psychiatric Services*, September 2001, p. 1268), will have one year to make recommendations to the President about how to improve all aspects of the public and private mental health system.

NEWS BRIEFS

Improved Medicare coverage for patients with Alzheimer’s disease:

The Centers for Medicare and Medicaid Services (CMS) has issued a policy memo that lifts restrictions on Medicare coverage of services for patients with a primary diagnosis of Alzheimer’s disease or any form of dementia. Formerly, many Medicare carriers and intermediaries restricted or denied mental health services, hospice care, and home health care for such patients even though these services were usually covered by Medicare for patients without these diagnoses. The new policy states that because patients with Alzheimer’s disease or dementia may benefit from physical, occupational, speech-language, and other therapies, contractors may not use computer software that automatically denies services solely on the basis of a patient’s primary diagnosis. The Alzheimer’s Association has estimated that about 40 percent of Medicare carriers had set their computers for automatic denial. The full text of the CMS memo is available online at www.hcfa.gov/forms/transmit/ab01135.pdf.

AHRQ report examines rating systems for scientific evidence:

A new report sponsored by the Agency for Healthcare Research and Quality (AHRQ) identifies and compares systems that rate the quality of evidence in individual research studies (systematic reviews, randomized clinical trials, ob-

servational studies, and studies of diagnostic tests) and compilations of studies addressing a common scientific issue. The report identifies 19 systems that grade the quality of studies and seven that grade the strength of evidence. These systems can be used as starting points for future evidence-based research projects and to help researchers and policy makers evaluate the quality and strength of evidence in an ever-growing sea of research. The report’s developers hope that it will also be used by researchers to improve the quality of their work. The full report, entitled *Systems to Rate the Strength of Scientific Evidence*, may be obtained by calling the AHRQ Publications Clearinghouse at 800-358-9295 or sending an e-mail to ahrqpubs@ahrq.gov. A summary is available online at www.ahrq.gov.

Guide to exemplary programs for older Americans:

A publication developed jointly by the Substance Abuse and Mental Health Services Administration and the National Council on the Aging provides concrete, practical guidance on creating effective collaborations among provider groups to improve education, prevention, screening, referral, and treatment for older Americans who are, or are at risk of, experiencing mental health problems and substance abuse, including inadvertent misuse of alcohol and medications. *Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems* describes innovative program models and creative funding strategies and identifies programs across the country that are linking with community partners to provide seniors with needed support without requiring individual organizations to commit large amounts of staff time or money. It highlights how these programs operate and presents lessons from their successes. Fifteen programs are profiled in depth, and another 25 are briefly noted. Contact information is provided to help organizations find resources and advice. The publication (DHHS publication MS 02-3628) is available free of

charge from the National Clearinghouse for Alcohol and Drug Information at 800-729-6686.

NMHA's cultural competency toolkit: The National Consumer Support Technical Assistance Center of the National Mental Health Association (NMHA) has developed a new resource to help communities, providers, and consumer advocates reach out to consumers of different cultural backgrounds. *A Cultural Competency Toolkit: Ten Grant Sites Share Lessons Learned* describes the center's year-long Cultural Competency Initiative, which supported creative outreach to ethnic minority groups and older Americans. The toolkit provides detailed information about projects such as speakers bureaus, training programs, and training manuals. Sample materials include brochures, assessment tools, and training materials. The toolkit is available on the center's Web site at www.ncstac.org. A hard copy can be obtained by calling 800-969-6642, ext. 4310.

SAMHSA's Snapshot of funding opportunities: The latest issue of *Snapshot*, released in May by the Substance Abuse and Mental Health Services Administration (SAMHSA), gives potential grant applicants a preliminary view of funding opportunities in mental health services, addiction treatment, and substance abuse prevention for fiscal year 2002. The document details all of SAMHSA's planned Guidance for Applications (GFAs) from the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. It provides a brief overview of SAMHSA's grant review process and offers suggestions for writing an effective grant proposal and preparing an application packet. A hard copy of *Snapshot* can be obtained free of charge by sending an e-mail with your name and address to snapshot@samhsa.gov or by calling the National Clearinghouse for Alcohol and Drug Information at 800-729-6686. It can also be downloaded from the SAMHSA Web site at www.samhsa.gov.

Nominees invited for APA's 2003 Administrative Psychiatry Award:

The American Psychiatric Association (APA) and the American Association of Psychiatric Administrators (AAPA) jointly sponsor the Administrative Psychiatry Award, which is presented annually to a psychiatrist who has demonstrated extraordinary competence in psychiatric administration over a substantial period and has achieved a national reputation as an administrator. In addition, he or she must have directed a comprehensive program for the care of patients with mental illness and have contributed significantly to the field of psychiatric administration through activities such as teaching and research. Membership in APA and board certification are additional requirements. The recipient will present a special lecture at the 2003 APA annual meeting. Any interested individual can make a nomination by writing a letter indicating why the candidate should be given consideration. A copy of the nominee's curriculum vitae must be enclosed. The deadline for nominations is August 1, 2002. Nominations should be sent to the Chairperson, Committee on Psychiatric Administration and Management, APA Department of Continuing Medical Education, 1400 K Street, N.W., Washington, D.C. 20005. For additional information, contact Kristen Moeller in the APA education department at kmoeller@psych.org.

Report on SCHIP enrollment:

During fiscal year 2001, about 4.6 million children were covered under the State Children's Health Insurance Program (SCHIP), which represented an increase of 1.3 million children, or 38 percent, over the previous year, according to a report from the Centers for Medicare and Medicaid Services. The increase is attributed to expansions of state coverage, streamlined enrollment procedures, and program maturity. In addition, more than 230,000 adults were enrolled in 2001 under SCHIP demonstration projects. SCHIP was created by Congress in 1997 to provide funds to states to provide insurance for chil-

dren from working families with incomes too high to qualify them for Medicaid but to low to enable them to afford private health insurance. The report is available online at www.hcfa.gov/init/children.htm.

First guide to state laws on illicit drugs: *Illicit Drug Policies: Selected Laws From the 50 States*

Illicit Drug Policies: Selected Laws From the 50 States is the first reference guide to illicit drug laws in all 50 states and the District of Columbia. It documents the scheduling and penalty provisions for selected drugs by state and identifies disparities in federal and state controlled-substance scheduling. The report identifies wide variations in state drug laws, contradicting a commonly held assumption that state policies follow federal policy. For example, depending on the state, an offender may be subject to imprisonment ranging from one year to life for the sale of Ecstasy and a fine of \$5,000 to \$1 million. The report was developed by the ImpacTeen illicit drug team, a collaborative research group with investigators from Andrews University, the MayaTech Corp., and Rand. The ImpacTeen project is a research partnership established to reduce youth substance use. It is supported by the Robert Wood Johnson Foundation and administered by the University of Illinois at Chicago. The report is available online at www.andrews.edu/bhsc/impacteen-illicitdrugteam.

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