



As most of us continue to struggle with the concept of a 790 billion dollar bailout of the financial industry and wonder why the world markets continue to slide in spite of this and other recent efforts undertaken by the Federal government to stabilize Wall Street, it is important to look for the good news. And believe it or not, good news does exist, and in the unlikely form of a little-noticed amendment to the bailout bill. Tucked deep inside, and approved with little fanfare, is an amendment that finally outlaws discrimination by insurance companies against individuals with mental health and substance abuse issues, better known as The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

After more than a decade of work by both Democrats and Republicans in both houses of Congress, what is arguably the most significant legislation related to addiction in thirty years has become law. Widely known as “parity,” the new law will take effect as of January 1, 2010. From that point on, insurance companies will no longer be able to tell patients that they need to accept limited outpatient services, when their health care providers determine inpatient services are necessary. Patients will no longer be told they should be grateful they have coverage at all, when they complain that their co-pays are higher for mental health and addiction services than for any other type of treatment. Patients will no longer wonder why their insurance companies will pay to treat the infections they contract by sharing needles, but not cover the addiction treatment they have sought for years so they would not need the needles in the first place.

Imagine if the stigma associated with addiction had been directed toward other chronic diseases brought about by the “fault” of the patient. Can you picture an insurance company telling a diabetic that the results of untreated diabetes are covered, such as an amputation, but proven treatments such as insulin maintenance would only be covered for six months? Or if a smoker was told that emphysema would be covered without question, but a nicotine replacement therapy like the patch would cost three times as much as any other prescription? We would never stand for such nonsensical discrimination. Yet, until now, it was perfectly acceptable for an insurance company to cover the full treatment for cirrhosis of the liver, but limit treatment for alcoholism to six visits with a counselor.

“Hold on,” you say, “this is going to make the cost of health insurance even more unaffordable. Rather than pay the additional cost to cover addicts, my company may cut out my insurance all together.” With the Congressional Budget Office estimating that this new policy will raise the cost of the average insurance premium by only two-tenths of one percent, this is extremely unlikely. Even better, with seventy to eighty percent of addicts and alcoholics employed, now that many more will get the treatment they need, our workplaces may get a little more stable. Knowing that treatment will be covered, people will hopefully seek it sooner, before they lose their jobs and develop more expensive and debilitating health conditions. And hopefully, with insurance companies finally paying their fair share, treatment centers will stop closing their doors.

I wish this new law had been passed as a stand-alone piece of legislation and gotten the coverage it deserves, but then I also wish the whole bailout plan was unnecessary and my parents’ retirement was more secure. However, as I learned many years ago through 12-Step programs like Alcoholics Anonymous, wishful thinking will get me nowhere, but gratitude will get me through anything. Today, I am grateful that access to addiction treatment just got a little easier, another form of discrimination was just dealt a major blow, and those suffering from the disease of addiction have yet another reason to hope for recovery.

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