

AACAP State Parity Update

October 2005

Insurance parity for mental illness remains a key issue in both federal and state legislatures. To date, 41 states have enacted parity legislation aimed at prohibiting discrimination in insurance coverage of mental illnesses, although the scope of benefits covered and the definitions of covered mental illness vary significantly by state.

Many bills calling for parity for both mental health and substance abuse treatment were introduced this session. Six of these bills have been enacted, three of which were in states with no former parity laws. Unfortunately, many lawmakers still fear that requiring mental health parity will increase health care costs. Iowa, Oregon, and Washington enacted mental health parity legislation in the most recent session. Hawaii expanded its coverage to cover more mental disorders, Illinois removed the sunset date from its previous legislation, and South Carolina expanded its current law to include health plan types other than just those of state employees.

State	Effective Date	Extent of Coverage under Current Law	2005 Bills
Alabama	1/1/2001	2000 law requires group health plans to offer benefits for the treatment and diagnosis of mental illnesses under terms and conditions that are no less extensive than the benefits provided for medical treatment for physical illnesses. The law defines mental illness as including schizophrenia, schizophrenia form disorder, schizoaffective disorder, bipolar disorder, panic disorder, obsessive-compulsive disorder (OCD), major depressive disorder, anxiety disorders, mood disorders, and any condition or disorder involving mental illness, excluding alcohol and substance abuse that falls under mental disorders listed in the International Classification of Diseases (ICD). The law does not apply to group health plans covering employers with 50 or fewer employees.	
	5/12/2002	2002 law specifies that health care service plans and health maintenance organizations (HMOs) are subject to the sections of existing law which require group health plans to offer coverage for mental illness. www.legislature.state.al.us	
Alaska		No parity law has been enacted. www.legis.state.ak.us	

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Arizona	1/1/1998	<p>1997 law is identical to federal law and required for group health plans that offer insurance. Small business exemption for groups with 50 or fewer employees. Exemption for insurers that would experience a 1% or greater cost increase exemption as a result of law.</p> <p>2001 regulation requires broad-based parity for mental health coverage for all state employees.</p> <p>www.azleg.state.az.us</p>	<p>H 2685, A corporation that issues a group health care plan that provides both medical and surgical benefits and mental health benefits to a group shall not impose any treatment limitations or financial requirements with respect to the mental health benefit coverage unless comparable treatment limitations or financial requirements are imposed on medical and surgical benefits.</p>
Arkansas	<p>8/1/1997</p> <p>3/13/2001</p>	<p>1997 law requires all group health plans to provide coverage of mental illness and developmental disorders as described in the ICD and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Exempts state employees. Small business exemption for groups with fewer than 50 employees. 1.5% cost increase exemption.</p> <p>2001 expansion provides mental health parity for children covered by Arkansas Kids First Program.</p> <p>http://www.arkleg.state.ar.us/</p>	
California	7/1/2000	<p>1989/1992 laws require disability insurance group policies covering hospital, medical, and surgical expenses which offer coverage for brain disorders to also offer coverage for the treatment of the following “biologically based severe mental disorders”: schizophrenia, schizoaffective disorder, bipolar disorders and delusional depressions, and pervasive developmental disorder. Coverage for these mental disorders shall be subject to the same terms and conditions applied to the treatment of other brain disorders.</p> <p>1999 law requires all group, individual and HMO plans to provide equal coverage for severe mental illnesses, including schizophrenia, bipolar disorder, major depressive disorders, schizoaffective disorder, panic disorder, OCD, autism, anorexia nervosa, and bulimia nervosa. Covers children with one or more mental disorders other than a primary substance abuse disorder or a developmental disorder. No small business exemption.</p> <p>www.assembly.ca.gov</p>	<p>S 572, Requires that a health care service plan and a health insurer provide coverage for the diagnosis and medically necessary treatment of mental illness. Defines the term to include mental disorders defined in specified DSM, excluding substance abuse disorder.</p> <p>S 749, Requires a health care service plan or a disability insurer to cover the diagnosis of pervasive developmental disorders or autism that follows current best practice standards developed by the Department of Developmental Services. Requires the Department of Managed Health Care Services and the Department of Insurance, to enact regulations specifying how a health care service plan or disability insurer and a separate specialized health plan may determine responsibility for reimbursement of a diagnostic service.</p>

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Hawaii	<p>7/1/1999</p> <p>7/1/2001</p> <p>6/29/2003</p> <p>6/21/2005</p>	<p>1999 law requires groups and individuals with small employer exemption (25 or fewer employees to provide coverage for schizophrenia, schizoaffective disorder and bipolar mood disorder. Excludes coverage for substance abuse and other disorders, including major depression. Establishes a task force to study the impact of adding these illnesses at a later date.</p> <p>2000 law amends 1999 law ending exemptions for small businesses.</p> <p>2003 law substitutes the terms “bipolar types I and II” for the term “bipolar mood disorder” in existing law and deletes the sunset date in current law.</p> <p>2005 law expands the definition of “serious mental illness” to include delusional disorder, major depression, OCD, and disassociate disorder.</p> <p>www.capitol.hawaii.gov</p>	<p>S 1104, Provides for mental health insurance parity; allows for two treatment episodes per year; clarifies definition of serious mental illness.</p> <p>S 1621, Provides parity by removing all rates, terms, or conditions, including service limits and financial requirements, on mental health coverage; requires the insurance commissioner to submit a report by January 15, 2006.</p>
Idaho		<p>No parity law has been enacted.</p> <p>http://www2.state.id.us/legislat/legislat.html</p>	
Illinois	<p>1/1/2002</p> <p>8/2/2005</p>	<p>2001 law creates parity for coverage of serious mental illness and minimum mandated benefits for other mental illnesses and addictions. The law provides for a cost benefit study of mental health coverage in years 2002, 2003, and 2004. The law contains a 50 and under small business exemption. The law requires group plans to provide annual coverage of 45 days of inpatient, 35 visits of outpatient, no lifetime limits for treatment days and parity for limits, deductibles, co-payments and coinsurance. This law sunsets on December 31, 2005.</p> <p>2005 law eliminates the December 31, 2005 sunset date that applies to the provisions of the 2001 law.</p> <p>www.legis.state.il.us</p>	<p>S 770, Amends the Illinois Insurance Code; requires insurers to cover treatment of anorexia nervosa, bulimia nervosa, and posttraumatic stress disorder (PTSD) as serious mental illnesses.</p>

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Indiana	<p>7/1/1997</p> <p>7/1/1999</p> <p>6/30/2003</p>	<p>1997 law requires the same treatment limitations or financial requirements on the coverage of services for mental illnesses for state employees only. The law also includes a provision that mirrors the federal mental health parity act of 1996.</p> <p>1999 law requires group, individual and state employees to provide coverage for mental illness. It amends the 1997 parity law to cover "services for mental illness," as defined by a contract, policy or plan for health services. Does not mandate coverage or cover substance abuse treatment. Exempts small businesses with 50 or fewer employees and provides for a four-percent cost-increase exemption.</p> <p>2003 law requires insurers and HMOs that issue individual and group health coverage policies to provide coverage of services for substance abuse and chemical dependency treatment without limitations or financial requirements if similar limitations or requirements are not imposed on coverage of services for other medical or surgical conditions, when the services are required in the treatment of a mental illness.</p> <p>www.state.in.us/legislative</p>	<p>H 1168, Makes a technical change to the law concerning health coverage of pervasive developmental disorders.</p>
Iowa	<p>7/1/2005</p>	<p>2005 law requires insurers to provide equal coverage for physical and mental health services; insurance companies required to provide treatment for a category of "biological" mental illnesses that includes schizophrenia and major depression, along with bipolar, schizo-affective, obsessive-compulsive, pervasive development and autistic disorders. The requirement would apply to group policies provided to companies with more than 50 employees, public employees, and small businesses that currently have mental health coverage.</p> <p>www.legis.state.ia.us</p>	<p>SSB 1098, Notwithstanding the uniformity of treatment, requires a group policy, contract, or plan providing for third-party payment or prepayment of health, medical, or surgical expenses to provide mental health and substance abuse treatment coverage benefits and to not impose limitations on financial terms for coverage of services for serious mental illnesses or substance abuse if similar limitations are not imposed on the coverage benefits for services for health, medical, or surgical conditions.</p>

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Kansas	1/1/2002	<p>2001 law requires parity for any group, individual, HMO, or state employee health plan providing mental health benefits. Annual coverage includes 45 days of inpatient care and 45 visits for outpatient care. This law requires an access, use and cost study. Mental illness is defined as schizophrenia, Schizoaffective disorder, schizophreniform disorder, brief reactive psychosis, paranoid or delusional disorder, atypical psychosis, major affective disorder, cyclothymic and dysthymic disorders, OCD, panic disorder, pervasive developmental disorders including autism, attention deficit disorder and attention/deficit hyperactivity disorder (ADHD). This law also requires parity in the coverage of prescription drugs used outside a physician's office or hospital.</p> <p>www.kslegislature.org</p>	
Kentucky	7/15/2000	<p>2000 law requires group health plans to provide that treatment of a "mental health condition" must be under the same terms and conditions as provided for treatment of other physical health conditions. The law defines "treatment of a mental health condition" as including, but not limited to, any necessary outpatient, inpatient, residential partial hospitalization, day treatment, emergency detoxification or crisis stabilization services. The law defines "mental health condition" as any condition or disorder that is included in the DSM-IV or that is listed in the mental disorders section of the ICD. The law includes alcohol and other drug abuse. The law exempts group plans covering fewer than 50 employees.</p> <p>www.lrc.state.ky.us</p>	

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Louisiana	1/1/2000	<p>1999 law requires group, HMO and state employee benefit plans to provide equitable coverage for severe mental illness including schizophrenia, schizoaffective disorder, bipolar disorder, pervasive developmental disorder (autism), panic disorder, OCD, major depressive disorder, anorexia/bulimia nervosa, Asperger's Disorder, intermittent explosive disorder, PTSD, psychosis (not otherwise specified) when diagnosed in a child under 17 years of age, Retts disorder and Tourette's disorder. Policies must offer optional coverage for other mental disorders not covered in the list (at the expense of the policyholder.) Minimum benefits are to include 45 in-patient days, per year (an exchange of two partial hospitalization days or two residential treatment days per one in hospital day may be provided) and 52 outpatient visits, including intensive outpatient programs. No small-business exemption.</p> <p>Amended in 2001 to provide that existing law will not require a group plan to provide mental health benefits. This amendment included a 1% cap and a 50 or under small business exemption.</p> <p>www.legis.state.la.us</p>	

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Maine	7/1/1996	<p>1995 law requires individual plans to provides for coverage of schizophrenia, bipolar disorder, pervasive development disorder (autism), paranoia, panic disorder, OCD, and major depressive disorder in group contracts that is no less extensive than medical treatment for physical illnesses; no substance abuse; excludes groups of 20 or fewer employees.</p> <p>2003 law expands parity law to require non-profit hospital and medical service organization group contracts, group and blanket health insurance, and HMOs to provide coverage for 11 additional categories defined by DSM-IV, including psychotic disorders such as schizophrenia, dissociative disorders, mood disorders, anxiety disorders, personality disorders, paraphilias, attention deficit and disruptive behavior disorders, pervasive developmental disorders, tic disorders, eating disorders, and substance abuse-related disorders. Amends law to require coverage for “medically necessary health care for a person suffering from mental illness.” Specific services covered are expanded to include “home health care services.”</p> <p>www.state.me.us/legis</p>	
Maryland	<p>8/1/1994</p> <p>10/1/2005</p>	<p>1994 law requires individual and group plans to provide full parity for mental illness, emotional disorder, and drug abuse and alcohol abuse.</p> <p>Amended in 2002 to include nonprofit health service plans and HMOs (in addition to individual and group insurers) to provide coverage for medically necessary residential crisis services.</p> <p>2005 law provides that health insurance coverage, including coverage provided by a HMO, is not discriminatory if, with respect to outpatient coverage for services provided to treat mental illness, emotional disorders, drug abuse, or alcohol abuse, benefits include psychological and neuropsychological testing for diagnostic purposes.</p> <p>http://mlis.state.md.us</p>	<p>S 713, Provides that health insurance coverage is not discriminatory if, with respect to outpatient coverage of services provided to treat mental illnesses, emotional disorders, drug abuse, or alcohol abuse, benefits include intensive mental health case management, home health psychiatric treatments, and crisis treatment.</p>

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Massachusetts	1/1/2001	<p>2000 law requires non-discriminatory coverage, individual, group, and HMO health plans are prohibited from including any annual or lifetime dollar or unit of service limitation on coverage for the diagnosis and treatment of mental disorders which is less than any annual or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and treatment of other physical illnesses. Coverage includes non-discriminatory coverage for the diagnosis and treatment of biologically-based mental disorders (defined as schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, OCD, panic disorder, delirium and dementia, affective disorders and any biologically based mental disorders appearing in the DSM that are scientifically recognized and approved by the Department of Mental Health), rape related mental and emotional disorders and children and adolescents under the age of 19 for the diagnosis and treatment of non-biologically based mental, behavioral or emotional disorders. The law requires parity for co-occurring mental illnesses and addictive disorders however does not require parity for a diagnosis of an addictive disorder alone. Small group health plans (1-50 employees) and non-group health plans are exempt from provisions of the bill until January 1, 2002, provided that benefits for mental health benefits are not reduced before January 1, 2001.</p> <p>www.magnet.state.ma.us/legis/legis.htm</p>	H 3036, provides insurance parity for alcohol and substance use treatments.
Michigan		<p>No parity law has been enacted.</p> <p><i>2000 law requires HMOs only to provide minimum mandated benefits for inpatient and outpatient mental health and substance abuse. Conditions for services shall not be less favorable than the maximum for any comparable service. There is a cost exemption of 3%.</i></p> <p>www.michiganlegislature.org</p>	

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Minnesota	8/1/1995	<p>1995 law requires group, individual and HMO plans to provide for the cost of inpatient and outpatient mental health and chemical dependency services to be not greater or more restrictive than those for outpatient and inpatient medical services. Full parity is provided for plans that offer coverage and HMOs.</p> <p>www.leg.state.mn.us</p>	
Mississippi	7/1/2001	<p>2001 law requires group and individual plans with a cost exemption of 1% to provide coverage for mental illness with some exceptions that policies covering mental illness provide a minimum of 30 days of inpatient services, a minimum of 60 days for partial hospitalization and a minimum of 52 outpatient visits per year. This law contains a 100 employee small business exemption. It also specifies that this coverage will be offered on an optional basis. The law also provides for parity for rate payment for inpatient services and caps the outpatient rate at \$50 per visit.</p> <p>www.ls.state.ms.us</p>	

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Missouri	<p>9/1/1997</p> <p>1/1/2000</p> <p>8/28/2004</p>	<p>1997 law requires group, individual, and HMO plans to provide coverage for all disorders in DSM-IV in managed care plans only, equal to that provided for physical illnesses (roughly 40 percent of population); part of larger managed-care regulatory measure.</p> <p>1999 law specifies that coverage for mental illness benefits shall not place greater financial burdens on the insured than for physical illnesses. The law specifies that substance abuse is covered only if the covered person also has a diagnosis of a mental illness. The substance abuse coverage can be limited to one detox session, which is not to exceed 4 days. Benefits to individuals with co-occurring disorders are limited to 45 in-patient days. However, the insurer may still apply different deductibles, co-pays or co-insurance terms. Businesses can apply for an exemption if compliance with this law results in a two-percent premium-cost increase. Provides for impact study. The law expired on January 1, 2005.</p> <p>2004 law renews 1999 law through January 1, 2011.</p> <p>www.moga.state.mo.us</p>	
Montana	<p>1/1/2000</p> <p>7/1/2003</p>	<p>1999 law requires groups and individuals plans to provide equitable health insurance and disability insurance for severe mental illness (schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, OCD, and autism) that is no less favorable than that provided for other physical illnesses.</p> <p>2003 law gives insurance commissioner authority to approve a 12-month demonstration project allowing health service corporations, HMOs, and health insurers to offer state residents who have been uninsured for ninety days or longer a limited coverage individual health benefit plan or managed care plan. Plan could limit or exclude coverage for severe mental illness and mental health services otherwise mandated by law.</p> <p>www.mt.gov/leg/branch/branch.htm</p>	

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Nebraska	1/1/2000	<p>1999 law requires group and HMO plans with a small employer exemption of 15 or fewer to provide coverage for serious mental illness.</p> <p><u>Prior to January 1, 2002:</u> requires plans to provide coverage for schizophrenia, schizoaffective disorder, delusional disorder, bipolar affective disorder, major depression, and OCD that shall not establish any rate, term, or condition that places a greater financial burden for treatment than for a physical health condition. Parity must be provided for lifetime and annual limits, and number of inpatient and outpatient visits. Parity is not required in co-pays, co-insurance and deductibles.</p> <p><u>After January 1, 2002:</u> the law applies to "any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness." Not a mandate.</p> <p>www.unicam.state.ne.us/</p>	
Nevada	1/1/2000	<p>1999 law requires group and individual plans to provide coverage for those with severe mental illness including schizophrenia, schizoaffective, bipolar, major depression, panic, and obsessive-compulsive disorders. Annual and lifetime limits, and out-of-pocket limits are the same as for other medical/surgical benefits. Minimum 30 in-hospital days and 27 outpatient visits per year. Alternative to hospitalization available on a two for one exchange of the in-hospital benefits (up to 40 days), to include crisis respite, partial hospitalization and other residential treatment. Outpatient visits for medication management not counted towards mental health benefits but come out of standard medical coverage. Also: Co-pays and deductibles are maximum of \$18 for outpatient visits and \$180 per in-patient admission. Businesses with 25 or fewer employees and cost increases of 2% or more are exempt from this mandate.</p> <p>www.leg.state.nv.us</p>	

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New Mexico	10/1/2000	<p>2000 law provides that group plans must not impose treatment limitations or financial requirements on the provision of mental health benefits if identical limitations or requirements are not imposed on coverage of benefits for other conditions. The scope of the law includes those mental health benefits described in the group health plan, or group health insurance offered in connection with the plan. The law does not apply to benefits for the treatment of substance abuse, chemical dependency or gambling addictions. The law includes a cost exemption that allows employers that qualify to opt out.</p> <p>http://legis.state.nm.us</p>	

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New York		<p>No parity law has been enacted.</p> <p><i>1998 law requires group plans to provide mandated offering as deemed appropriate and are consistent with those for other benefits for mental, nervous, or emotional disorders and alcoholism and substance abuse.</i></p> <p>http://assembly.state.ny.us</p>	<p>S 784/A 699, Requires certain forms of health insurance coverage for autism spectrum disorder with respect to services and expenses, defines such disorder; requires coverage for specified therapeutic evaluations and interventions; requires review of treatment plans by qualified personnel; makes special provisions when care is needed over a prolonged period of time; provides for coverage of this disorder in the manner as others, nondiscriminatory.</p> <p>S 1672, Creates mental health parity for purposes of health insurance coverage; requires that adults and children with biologically based mental illnesses and children with serious emotional disturbances receive the same health care coverage benefits as those provided for any other physical ailment; requires the superintendent of insurance to cause a study to be performed to analyze the effect of requiring mental health care parity.</p> <p>S 1944, Enacts the “fair insurance treatments act of 2005”; requires health insurers and HMOs to provide insurance coverage for the treatment and diagnosis of mental nervous and emotional disorders and ailments of alcoholism, alcohol abuse, substance abuse, substance dependence and chemical dependence coverage so as to expand the basic level of coverage to be required; makes it an unlawful discriminatory act to limit health insurance coverage for any specific disease or condition which is in consistent with other health services which are created.</p> <p>A 4421, requires medical insurance policies to provide care for persons with serious emotional disturbances as defined by the Mental Hygiene Law; requires such coverage to be on the same terms and conditions as other medical illness and not subject to lifetime or annual limitations.</p>

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Ohio		<p>No parity law has been enacted.</p> <p><i>1985 law requires group and self-insured plans to provide mandate for plans that offer mental health coverage for mental or nervous disorders and mandated benefits for alcoholism. Coverage is subject to reasonable deductibles and coinsurance.</i></p> <p>www.legislature.state.oh.us</p>	
Oklahoma	1/1/2000	<p>1999 law provides group plans to provide equitable coverage for those with "severe mental illness," including schizophrenia, bipolar disorder, major depressive disorder, panic disorder, OCD and schizoaffective disorder. Exempts "small employers" with 50 or fewer employees; also provides for a two-percent premium cost-increase exemption.</p> <p>www.lsb.state.ok.us</p>	
Oregon	1/1/2007	<p>2005 law requires health insurers in the state to provide the same level of coverage for treatment of mental illnesses and substance abuse as they offer for physical illness.</p> <p>www.leg.state.or.us</p>	
Pennsylvania	4/21/1999	<p>1998 law requires that group and HMO plans provide benefits for serious mental illnesses and that there is no difference in either the annual or lifetime dollar limits in coverage for serious mental illnesses and any other illnesses. The law also provides that cost-sharing arrangements, including but not limited to, deductibles and copayments for coverage of serious mental illnesses shall not prohibit access to care. The law sets minimum coverage for serious mental illnesses at 30 inpatient days and 60 outpatient days annually. The law exempts employers with 50 or fewer employees.</p> <p>http://www.legis.state.pa.us/</p>	

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Rhode Island	1/1/1995	1994 law requires individual, group, self-insured, and HMOs to provide for coverage of "serious mental illness" that current medical science affirms is caused by a biological disorder of the brain and substantially limits life activities. The law requires that benefits for serious mental illnesses include the same durational limits, amount limits, deductibles and co-insurance factors as for other illnesses and diseases. Sunsets on December 31, 2001.	H 6011, amends "Insurance Coverage for Mental Illness and Substance Abuse" law to provide that reimbursement for professional providers for mental illness coverage be comparable to that paid for similar medical services. This act would take effect upon passage.
	6/28/1999	1999 law amends 1994 law to provide that any subscriber who is denied benefits under the law may appeal the denial in accordance with the Department of Health's rules and regulations.	
	1/1/2002	2001 law replaces 1994 law, and expands the state mental health parity law to include coverage for all mental illnesses and substance abuse disorders. It requires that every health care insurer provide coverage for mental illness and substance abuse at parity with other illnesses and disease, including the same durational limits, amount limits, deductibles, and coinsurance factors. "Mental illness" is defined as any mental disorder and substance abuse disorder listed in DSM-IV or ICD and that substantially limits the life activities of the person with the illness. Excludes mental retardation, learning disorders, motor skills disorders, and communication disorders. www.rilin.state.ri.us	

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South Dakota	7/1/1998 3/3/1999 3/2/2003	<p>1998 law requires group, individual, and HMO plans to provide coverage for the treatment and diagnosis of biologically based mental illnesses, including schizophrenia, schizoaffective disorder, bipolar affective disorder, major depression, OCD and other anxiety disorders, with the same dollar limits, deductibles, coinsurance factors and restrictions as for other covered illnesses.</p> <p>1999 law clarifies “biologically-based mental illness” to mean “schizophrenia and other psychotic disorders, bipolar disorder, major depression, and OCD.”</p> <p>2003 law offers exclusion allowing people seeking individual insurance to waive existing mental health parity requirements. Parity for mental health coverage may be reduced or eliminated by a rider to a new policy if the insurer would reject the application for the policy without the rider based upon applicants preexisting condition of the type covered by law.</p> <p>www.state.sd.us/state/legis/lrc.htm</p>	
Tennessee	1/1/2000	<p>1998 law requires group health plans to provide mandated mental health coverage, but does not cover alcohol or substance abuse treatment; annual and lifetime limits and out-of-pocket expense limits must be equal to other medical and surgical benefits; covers at least 20 inpatient hospitalization days and 25 outpatient visits per year; alternatives to hospitalization must be provided at two for one of the inpatient hospitalization days (up to 40 days), including crisis respite services for the consumer, residential treatment and partial hospitalization; outpatient visits for medication management do not count toward mental health benefits but are provided equal to a medical visit; does not require parity for co-pays and deductibles; and a business can file for an exemption after 12 months if its’ costs increase by more than 1 percent; businesses with 25 or fewer employees are exempt.</p> <p>www.legislature.state.tn.us</p>	

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Virginia	1/1/2000 7/1/2004	1999 law requires group and individual plans to provide equitable coverage for schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, OCD, ADHD, autism, and drug and alcoholism addiction. Employers with 25 or fewer employees are exempt. Sunsets July 1, 2004. 2004 law repeals sunset date of July 1, 2004 for the mandated health insurance benefit requiring coverage for biologically based mental illness at parity with other illnesses, conditions, or disorders. http://legis.state.va.us	H 294, legislation to add anorexia nervosa and bulimia nervosa to the required coverage provisions of the state health care plans, health insurers, health services plans, and HMOs.
Washington	Phasing in begins 1/2006, fully applied 2010	2005 law requires health insurers to cover equally mental and physical illnesses; fully implemented by July 2010, will not apply to companies with 50 or fewer employees, self-insured companies or individual health plans. www.leg.wa.gov	
West Virginia	1/1/2003 5/31/2004	2002 law requires group and individual plans to provide parity coverage for state employees for schizophrenia and other psychotic disorders, bipolar disorders, depressive disorders, addictions, anxiety disorders, and anorexia and bulimia nervosa. The law further provides coverage for persons less than 19 years of age for ADHD, separation anxiety disorder, and conduct disorder. The law contains a 2% cap that triggers cost containment measures. This law requires parity for co-payments, deductibles and coinsurance. 2004 law repeals section of code relating to coverage for alcoholic treatment. www.legis.state.wv.us	
Wisconsin		No parity law has been enacted. www.legis.state.wi.us	S 128/A 252, Increase limits for insurance coverage of nervous or mental health disorders or alcoholism or other drug abuse problems.
Wyoming		No parity law has been enacted. http://legisweb.state.wy.us	

References:

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