

**From:** Lynn Anderson [mailto:mhaswa@gmail.com]  
**Sent:** Sunday, May 24, 2009 10:00 PM  
**To:** EBSA, E-OHPSCA - EBSA  
**Subject:** MHPAEA Comments

May 21, 2009

Office of Health Plan Standards and Compliance Assistance  
Employee Benefits Security Administration, Room N-5653  
U.S Department of Labor  
200 Constitution  
Washington, DC 20210

Attention: MHPAEA Comments

To Whom It May Concern:

Attached are our comments for the MHPAEA Act impementation.

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Kindest Thoughts,

Lynn Anderson, ED

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**Baldwin, Escambia, Choctaw, Clarke, Conecuh,  
Monroe, Mobile, and Washington Counties**

**National Mental Health Affiliate Since 1953**

*"Cast from shackles which bound them, this bell shall ring out hope for the mentally ill, and victory over mental illness."*

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Employee Benefits Security Administration, Room N-5653  
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Attention: MHPAEA Comments

To Whom It May Concern:

Mental Health America of Southwest Alabama is responding to and is encouraged by your call for comments on the proposed restrictions in implementing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 published in the Federal Register on April 28, 2009. It is devastating that the intent of this bill would be changed by policy, which would diminish the intent of the MHPAEA Act. We are very apprehensive that you would accept the proposal to restrict access to mental health care that would be below what is offered by physical care. The body and mind reside in the same vessel that should be treated as one unit. Even after all the models and trials and the input from states that passed mental health parity which proved the case that premiums at best go up 1%, it seems that those models and documented results are suspect. To reduce the coverage isn't the intent of the original bill. We depend on you at EBSA to step forward and meet the original intent of this bill.

This long awaited act has been years in the making. The idea that working people with health insurance should not have their body sectioned out as if one part could be sick and the other well and that a sick body can be cared for in perpetuity but not the same body's mind is beyond logic. Both coexist both need each other for wellness. In enacting the MHPAEA, Congress made clear that the goal of this new law was to remedy the long history of employers and insurers not offering comparable coverage for mental health and substance use treatment on par with medical and surgical benefits. In order to achieve this goal the implementing regulations must reflect the individual's right for equal treatment for all their illnesses that affect their body.

Imagine you are the average American, working a good job, with good insurance and you have a nice family, and out of the blue, due to the loss of a child you and your family members develop

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depression, a very common problem. If the child survived you would with the help of private insurance, spend thousands of dollars supporting this child's rehabilitation, no stone unturned to make them well. But if the child didn't survive and your family is in need of long term counseling, eventually alcohol is involved and prescribed drugs, your insurance has specified limits of care and you cannot afford the high cost of private mental health care, what do you do? Many have to turn to the overburdened state for assistance and pay on a sliding scale or skip the therapy or try to tough it out. Why is that a reality for most Americans? It should not be with the new MHPAEA Act! Families can be supported and healed both body and mind if we give them, though this Act, access to insurance that meets the intent of those Congressmen that presented this MHPAEA bill for approval and those who agreed it is time to address inequities of present health insurance coverage and voted the MHPAEA Act into law.

As American's we deserve to have our mind & body treated as a unit if we have health insurance coverage. We are told that mental health is a choice. Mind over matter? Really? Can we make our physical health problems disappear if we just ignore the problems we have? The loss of productivity in the workplace through un-addressed stress is enormous. Early intervention and oversight will keep Americans working with the assurance they can count on their health insurance to meet the realistic mental health needs of the average policy-holder. Their obligation to pay part of the costs insure they will use this right the caution they do the physical health insurance THEY AFFORD, for their peace of mind.

This has been a long journey to get this bill enacted. Please do the right thing for your fellow Americans with or without mental illness. Those with mental illness need more than x trips to the doctor, just as they do for physical problems; those with families with MI, and without mental health insurance but with health insurance, need comprehensive insurance, and need to know they, and family members who have mental illness, have insurance that covers mind and body. Lastly, if you were the person who lost a family member, what would you do if your insurance covers 10 trips to a therapist, but unlimited trips to a physician? What usually occurs is the families GP steps in to write prescriptions for the MI problems. Our family physicians are not trained mental health professionals, but they are forced to step in for their patients, because today's health insurance doesn't have the access to mental health coverage their patients need to get successful treatment for MI.

We are striving for a new day, a new beginning in America. A MHPAEA Act that supports the rights of those who pay for their own insurance and have a right to choose mental illness coverage, will, with your support, have access to equal care for MI, that equals their physical coverage. Your final decision can make the MHPAEA Act and access to care humane, and make it a **realistic new day for access to mental health services** for our clients and their families.

Lynn Anderson, Executive Director, MHA of Southwest Alabama