

NAADAC supports mental health and substance abuse parity legislation at both the state and federal level.

NAADAC supports both Addictions and Mental Health Parity for the following reasons:

1. Addiction is a brain disease. So are schizophrenia, depression, bi-polar disorder and the many other maladies that affect the brain and manifest themselves in psychiatric, psychological and behavioral symptoms.

2. The goal is to achieve the same medical coverage for brain disorders equal to those for other organ systems and medical conditions.

3. These bills are a step in the right direction and will help us build momentum for more comprehensive legislation. For now, taking an incremental approach by supporting these politically viable bills makes the most sense.

4. An estimated 80% of persons seeking chemical dependency treatment are employed. Most of these have private employment based health insurance. Most private plans offer a restricted mental health/substance abuse benefit usually through a behavioral health carve-out.

5. The current behavioral health carve-out formula permits plans to discriminate against brain disorders by offering substantially reduced dollar amount lifetime benefits. In addition they can limit the number of services, the level of care and the extent of care.

6. Parity means that if a plan offers a mental health benefit, it must be equal to the medical benefit the plan offers. Parity does not mandate a plan to offer mental health or addiction treatment benefits.

7. On January 1, 2001 the Federal Employee Health Benefits Program implemented mental health parity for Federal employees, their dependents, members of Congress and their staffs. Thirty-two states have enacted mental health parity legislation.

8. Private health plans are protected from lawsuit by the Employment Retirement Income Security Act of 1974 (ERISA). ERISA was enacted to protect the retirement accounts of employees from corporate financial mismanagement. Health insurance was not the intent of Congress.