

## **House Passes Mental Health Parity Bill (NATIONAL)**

**March 5, 2008**

By a vote of 268-148, the US House of Representatives on March 5th passed its version of the mental health insurance parity bill (HR 1424), setting up what is likely to be a difficult negotiation with the Senate, which passed its version (S 558) unanimously this past fall. Both bills require group health plans to cover mental illness and substance abuse disorders on the same terms and conditions as all other illnesses – equity with respect to durational treatment limits (inpatient days and outpatient visits) and financial limitations (cost sharing, deductibles, out-of-pocket limits, etc.). However, there are important differences between the House and Senate bills that must be resolved.

### **ACT NOW!**

Equitable coverage of mental illness treatment has been a top legislative priority for NAMI for nearly 20 years. 2008 represents a historic opportunity to finally pass insurance parity legislation. Send a letter to your member of Congress and tell them that Congress cannot allow this historic opportunity to enact insurance parity to slip away. Now is the time to come to an agreement that can get through the House, the Senate and be signed by President Bush. Congress must act in 2008!

many people receive health care through health maintenance organizations (HMO's). Managed care essentially creates a triangle relationship between physician, patient, and payer. Physicians are paid a flat per-member per-month fee for basic health care services, regardless of whether the patient seeks those services. The risk that a patient is going to require significant treatment shifts from the insurance company to the physicians under this model. Because of the importance of the industry, HMO's are heavily regulated.

<http://www.law.cornell.edu/wex/index.php/Health>

**P.C. 260 (State)** [http://tennessee.gov/mental/t33/mhdd\\_lawforms.html](http://tennessee.gov/mental/t33/mhdd_lawforms.html)

#### Section 1

T.C.A., §33-7-301, is amended by adding the following subdivision to subsection (a):

(4) During the post-conviction stage of a criminal proceeding, if it is believed that a defendant is incompetent to assist counsel in preparation for or otherwise participate in the post-conviction proceeding the court may upon its own motion order that the defendant be evaluated on either an outpatient or inpatient basis as may be appropriate. If the defendant is indigent, the amount and payment of the costs for any such evaluation shall be determined and paid for by the administrative office of the courts. If the defendant is not indigent, the cost of the evaluation shall be charged as court costs. If the evaluation cannot be done on an outpatient basis and if it is necessary

P.C. 260

Section 1 (cont.)

to hospitalize the defendant in a department facility, such hospitalization

shall not be for more than thirty (30) days and shall be subject to the availability of suitable accommodations. Any costs incurred by the administrative office of the courts shall be absorbed within its current appropriation for the indigent defense fund.

Application of Act: "Mental Disorder" **Global**  
<http://www.markwalton.net/OriginalMHA2/part2/s2.asp?>

1.-(1) The provisions of this Act shall have effect with respect to the reception, care and treatment of mentally disordered patients, the management of their property and other related matters.

(2) In this Act-

"mental disorder " means mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind and " mentally disordered " shall be construed accordingly;

"severe mental impairment " means a state of arrested or incomplete development of mind which includes severe impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned and " severely mentally impaired " shall be construed accordingly;

"mental impairment " means a state of arrested or incomplete development of mind (not amounting to severe mental impairment) which includes significant impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned and mentally impaired " shall be construed accordingly

psychopathic disorder " means a persistent disorder or disability of mind (whether or not including significant impairment of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the person concerned ;

and other expressions shall have the meanings assigned to them in [section 145](#) below.

(3) Nothing in subsection (2) above shall be construed as implying that a person may be dealt with under this Act as suffering from mental disorder, or from any form of mental scribed in this section, by reason only of promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs.

## PART II

### COMPULSORY ADMISSION TO HOSPITAL AND GUARDIANSHIP

Procedure for hospital admission

Admission for assessment

2.-a) A patient may be admitted to a hospital and detained there for the period allowed by subsection (4) below in pursuance of an application (in this Act referred to as " an application

for admission for assessment ") made in accordance with subsections (2) and (3) below-

(2) An application for admission for assessment may be made in respect of a patient on the grounds that-

(a) he is suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period -, and

(b) he ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons.

(3) An application for admission for assessment shall be founded on the written recommendations in the prescribed form of two registered medical practitioners, including in each case a statement that in the opinion of the practitioner the conditions set out in subsection (2) above are complied with.

(4) Subject to the provisions of

[29](#)(4) below, a patient admitted to hospital in pursuance of an application for admission for assessment may be detained for a period not exceeding 28 days beginning with the day on which he is admitted, but shall not be detained after the expiration of that period unless before it has expired he has become liable to be detained by virtue of a subsequent application, order or direction under the following provisions of this Act.