

103^D CONGRESS
1ST SESSION

S. CON. RES. 16

Expressing the sense of Congress that equitable mental health care benefits must be included in any health care reform legislation passed by Congress.

IN THE SENATE OF THE UNITED STATES

MARCH 10 (legislative day, MARCH 3), 1993

Mr. SHELBY (for himself, Mr. SIMON, and Mr. DOLE) submitted the following concurrent resolution; which was referred to the Committee on Labor and Human Resources

CONCURRENT RESOLUTION

Expressing the sense of Congress that equitable mental health care benefits must be included in any health care reform legislation passed by Congress.

Whereas mental illness and substance abuse disorders are prevalent throughout our society;

Whereas approximately 19 percent of the adult population in the United States have a diagnosable mental illness or a substance abuse disorder within any 6-month period;

Whereas mental illness and substance abuse disorders can strike at any point during a person's lifetime;

Whereas 20 percent of Americans under the age of 18, or approximately 7,500,000 children and adolescents, have some type of mental illness or emotional disorder;

Whereas $\frac{4}{5}$ of children in need of mental health care do not receive services, resulting in significant costs to society as these children become adults;

Whereas approximately $\frac{1}{3}$ of homeless people have a mental illness and approximately 40 percent of homeless people have a substance abuse disorder;

Whereas there are more Americans with a serious mental illness in prisons and street shelters than in hospitals;

Whereas the incidence of mental illness and mental health problems is very costly both to the individual with a mental disorder and to society as a whole;

Whereas mental illness and substance abuse disorders are devastating to the lives of those afflicted, as there exists a direct and close relationship between mental health and overall well-being;

Whereas American businesses lose over \$100,000,000,000 per year due to lost productivity of employees because of substance abuse and mental illness;

Whereas annual direct costs of treatment for mental illness and substance abuse disorders are estimated at \$68,000,000,000 and annual indirect costs due to lost productivity, lost employment, vehicular accidents, criminal activity, and social welfare programs are estimated to be approximately \$250,000,000,000;

Whereas significant progress has been made within the last 10 years in research into the causes and treatments of mental illnesses, and many such illnesses are now treatable;

Whereas 70 percent of clinically depressed patients can be successfully treated by psychotherapy, and 80 percent or more of clinically depressed patients can be successfully

treated by combined psychotherapy and psychopharmacologic treatments;

Whereas pharmacologic intervention for schizophrenia and bipolar disorders, coupled with appropriate rehabilitative services, can dramatically reduce the rehospitalization rate for those afflicted with these disorders, improving the ability of such individuals to live productively in the community;

Whereas the success rate for the treatment of panic disorders is between 70 percent and 90 percent;

Whereas significant numbers of persons with mental illness in the United States find it difficult, if not impossible, to secure needed health care;

Whereas only approximately 30 percent of those in need of mental health services actually receive them;

Whereas mental health care is treated differently from care for other health conditions in both public and private financing systems;

Whereas 99 percent of insured individuals and their families have private health coverage for some inpatient mental health treatment, but only 21 percent have coverage that is equivalent to their coverage for other illnesses, and only 2 percent have coverage for outpatient care that is equivalent to their coverage for other illnesses;

Whereas many private insurance programs continue to discriminate against individuals with mental illness or substance abuse disorders;

Whereas although recent changes have improved the treatment of individuals with mental illness or substance abuse disorders under public insurance programs, such programs continue to discriminate against these individ-

uals, as evidenced by the fact that the Medicare program has a 50 percent copayment requirement for mental health care services but only a 20 percent copayment requirement for all other services; and

Whereas businesses, consumers, and Federal and State governments are already paying for mental health care for the uninsured and underinsured in an inefficient and inequitable manner, resulting in much unnecessary pain and suffering for those afflicted with mental disorders as well for their families: Now, therefore, be it

1 *Resolved by the Senate (the House of Representatives*
 2 *concurring)*, That it is the sense of Congress that any leg-
 3 islation enacted to reform the health care delivery system
 4 of the United States must ensure that every person has
 5 access to coverage for medically and psychologically nec-
 6 essary treatments for mental disorders that is equitable
 7 to the coverage provided for treatments for physical ill-
 8 nesses, and should contain the following provisions:

9 (1) Provisions providing for coverage of a broad
 10 array of mental health and rehabilitation services for
 11 individuals of all ages.

12 (2) Provisions guaranteeing that mental health
 13 services will be available based on medical or psycho-
 14 logical necessity, including provisions prohibiting dis-
 15 crimination through the imposition of arbitrary bar-
 16 riers to mental health services.

1 (3) Provisions to ensure that services are based
2 on individual need and informed choice, with
3 consumer participation in treatment decisions.

4 (4) Provision providing financial protection for
5 individuals and their families with mental health
6 needs to prevent these individuals and families from
7 spending a disproportionate share of their income
8 and resources to obtain services.

9 (5) Financing policies that guide service deliv-
10 ery to the lowest cost settings consistent with appro-
11 priate care, including provisions ensuring that any
12 managed care techniques used limit financial con-
13 flicts of interest and promote real efficiencies while
14 protecting the patient's right to quality care, access
15 to necessary care, and confidentiality.

16 (6) Provisions to ensure that mental health
17 services will be coordinated effectively with existing
18 systems and programs of medical, income, residen-
19 tial, and social support at the Federal, State, and
20 local levels.

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