

The references below are sources for statements made in the article published in *Mental Health Works* (First & Second Quarters 2009) titled, "Straight Answers to Employer Questions About Mental Health Parity." The statements are reproduced here within quotation marks and placed immediately after the appropriate reference.

- **Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.** Washington, DC, American Psychiatric Association, 2000.

"DSM ... lists psychiatric disorders. Each disorder is accompanied by a set of diagnostic criteria that require clinically significant distress or impairment. Medical and other insurance companies use these criteria for audits and medical records."
- **Employee Benefit News Magazine.** *Better Treatment: Psychiatric Program Improves Outcomes, Reduces Costs*, by L.S. Bridgeford, June 15, 2007. www.benefitnews.com/

"Employee Benefit News covered a study by CIGNA Behavioral Health that looked at clients who had been hospitalized for a psychiatric illness. CIGNA compared those clients discharged to 'usual' outpatient care with those discharged to 'enhanced' outpatient care and found that those in the enhanced care group had 53% less recidivism while those in the usual care group had an increase of 11% in readmissions."
- **Health Affairs.** *Parity and the Use of Out-of-Network Mental Health Benefits in the FEHB Program*, by D.A. Regier et al., January/February 2008, pp. w70–w83. <http://content.healthaffairs.org/>.

"If parity for out-of-network benefits is required, estimates from Stephen Melek [at Milliman] and colleagues are that 20% of professional services nationally would be provided out of network, associated with an aggregate 0.6% cost increase if unmanaged and virtually no increase if managed. These data combined with the data from our study indicate that ensuring access to an out-of-network benefit could be essential to facilitating access to mental healthcare, given the large amount of out-of-network use."
- **JAMA: Journal of the American Medical Association.** *Telephone Screening, Outreach, and Care Management for Depressed Workers and Impact on Clinical and Work Productivity Outcomes: A Randomized Controlled Trial*, by P.S. Wang et al., September 26, 2007, pp. 1401–1411.

"Conversely, an article in the *Journal of the American Medical Association* made the link between appropriate treatment and increased productivity. Researchers found that employees diagnosed with depression who received 'enhanced treatment' showed nearly a three-hour improvement in their work performance *each week*. Job retention also improved significantly."
- **Journal of Managed Care Pharmacy:** *Value-Based Benefit Design: Using a Predictive Modeling Approach to Improve Compliance*, by J.J. Mahoney, Supplement to July 2008, pp. S3–S8.

"John J. Mahoney, M.D., M.P.H., a consultant for Pitney Bowes, wrote in *the Journal of Managed Care Pharmacy* that the total-value approach of using disease management and promoting preventive care translated into significant savings for Pitney. He concluded that employers cannot just cut costs or copayments to achieve compliance; such action must be taken as part of a concerted program."

- **Managed Healthcare Executive.** *Congress Boosts Mental Health Treatment*, by J. Wechsler, November 1, 2008.

“Aetna’s Chairman Ronald Williams spoke to the benefit of integration and parity coalescing and predicted in *Managed Healthcare Executive* that parity is likely to improve health outcomes ‘through integrated medical and behavioral benefits and services.’ ”
- **Medical Clinics of North America.** *Epidemiologic Trends and Costs of Fragmentation*, by R. Kathol et al., July 2006, pp. 549-572.

“Researchers writing in *Medical Clinics of North America* called attention to the experience of one company that reduced behavioral healthcare benefits, which simply shifted costs from mental health to physical/surgery medicine. At the same time, the company experienced a 22% increase in absenteeism among users of behavioral health services. The conclusion was inescapable: the company ended up paying more for an inferior product that also increased its disability costs.”
- **Mental HealthWorks.** *IBM Saves Dollars by Integrating Services and Focusing on Behavioral Health*, Second Quarter 2004. www.workplacementalhealth.org/news/mental_healthworks_newsletter.aspx

“Juan Prieto at IBM told *Mental HealthWorks* in 2004 that IBM’s Care Advocacy Model, which integrated mental health, other medical illnesses, pharmacy, disability, disease management, as well as its employee assistance program, saved IBM \$500,000 in outpatient costs in one year.”
- **New England Journal of Medicine.** *Behavioral Health Insurance Parity for Federal Employers*, H.H. Goldman et al., March 30, 2006, pp. 1378–1386.

“For eight years, the Federal Employee Health Benefits Program [FEHB] has offered mental health parity benefits to 8.5 million federal employees and members of Congress **without a significant increase in costs**. Researchers reported their findings in the *New England Journal of Medicine*.”

“The primary concern has been that the existence of parity would result in large increases in the use of mental health and substance abuse services and spending on these services. With respect to the seven FEHB plans we studied, these fears were unfounded.”
- **Psychiatric Clinics of North America.** *Financing Mental Health and Substance Use Disorder Care Within Physical Health: A Look to the Future*, by R.G. Kathol et al., March 2008, pp 11–25.

“Last year, researchers writing in *Psychiatric Clinics of North America* showed that untreated or ineffectively treated patients who had mental health/substance use disorders were high users of general medical health services.”
- **Partnership for Workplace Mental Health.** *A Mentally Health Workforce—It’s Good for Business*, 2007. www.workplacementalhealth.org/pdf/POPartnershipBrochure05.pdf

“Aggressive efforts to contain mental healthcare costs at one large corporation resulted in a decline of mental health services use and costs by more than one-third, but triggered a 37% increase in medical care use and sick leave.”

“People with depression who received appropriate care consumed two to four times less healthcare resources than other enrollees.”
- **Partnership for Workplace Mental Health.** *Results from Partnership Parity Survey, 2009.* www.workplacementalhealth.org/pdf/EmployerParitySurveyResults20090528.pdf

“The Partnership on workplace Mental Health recently surveyed employers about what impact the new parity law will have on their benefit offerings. Most employers (74%) said they would not drop their mental health coverage, and 77% said they have no plans to discontinue their substance use disorders coverage.”

- **Partnership for Workplace Mental Health.** Facts for Employers: Mental Health Parity Law, 2009.
www.workplacementalhealth.org/pdf/factsforemployers.pdf

“New Hampshire implemented parity in 1994. they surveyed 11 of the state’s insurance carriers and health plans and found that none of them attributed any change in premiums due to parity.”

“North Carolina instituted parity for state employees in 1992, and mental health payments as a portion of total health payments decreased from 6.4% to 3.4% for the fiscal year ending in 1996.”

- **Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.** Pp. 310–344.
<http://thehill.com/images/stories/graystrip/senatebailoutbill10-01-2008-1.pdf>

- **U.S. Chamber.Com Magazine.** *Capital Roundup: Flurry of Bills Become Law*, November 2008.
www.uschamber.com/content/0811_cr.htm.

“The U.S. Chamber of Commerce supports this carefully crafted mental health parity provision because it is a balanced and reasoned approach for addressing mental health insurance coverage.”

For more information about the parity law, e-mail your questions to Mary Claire Leftwich at the Partnership for Workplace Mental Health, mleftwich@psych.org.