

Whereas, According to a report issued by the American Psychiatric Association entitled Mental Health Parity - Its Time Has Come (the “Parity Report”), “[m]ore than 50 million adults - nearly 25% of the U.S. adult population - suffer from mental disorders or substance abuse disorders on an annual basis”; and

Whereas, The Parity Report notes that mental illness can be treated, and that “the success rates for disorders such as schizophrenia (60%), depression (70-80%) and panic disorder (70-90%) surpass those of other medical conditions”; and

Whereas, The Parity Report states that at present, “nearly 98% of private health insurance plans discriminate against patients seeking treatment for mental illness by requiring higher copayments, allowing fewer doctor visits or days in the hospital, or higher deductibles than [are] imposed on other medical illnesses;” and

Whereas, According to the Parity Report, the above-mentioned discriminatory practices are not justified by scientific research, but are instead the results of “outdated misconceptions and the stigma surrounding mental illness”; and

Whereas, In 1996, the United States Congress passed the Mental Health Parity Act (the “Parity Act”) which amended the Employment Retirement Income Security Act of 1974 (“ERISA”) and Public Health Service Act to require that employer-sponsored health plans have annual and lifetime dollar limits for mental health coverage that are no more restrictive than those for all medical and surgical coverage; and

Whereas, The Parity Report notes that despite the passage of the Parity Act “federal law only applies to mental health annual or lifetime cost limits, but not to substance abuse, copayments, deductibles, or inpatient/outpatient treatment limits”; and

Whereas, In a 1993 report to Congress, the National Mental Health Advisory Council concluded that “parity coverage for severe mental illness would result in net savings of \$2.2 billion a year”; and

Whereas, Various bills have been introduced in Congress to address the need for stronger mental health and substance abuse coverage requirements; and

Whereas, Senators Domenici and Wellstone have introduced the Federal Mental Health Equitable Treatment Act of 2003 (S. 486) (“the Equitable Treatment Act”); and

Whereas, According to the summary attached to the bill, the Equitable Treatment Act expands upon the Parity Act by prohibiting “group and individual health plans from imposing treatment limitations or financial requirements on the coverage of mental health benefits and on the coverage of substance abuse and chemical dependency benefits if similar limitations or requirements are not imposed on medical and surgical benefits”; now, therefore, be it

Resolved, That the Council of the City of New York calls upon Congress to adopt and the President to enact legislation that would promote greater parity in the provision of mental health services.

