

Coverage for All: Inclusion of Mental Illness and Substance Use Disorders in State Healthcare Reform Initiatives

June 2008



APPENDIX: Detailed Comparison of Benefits for Mental Illness and Substance Use Disorders in State Initiatives to Cover the Uninsured

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APPENDIX: Detailed Comparison of Benefits for Mental Illness and Substance Use Disorders in State Initiatives to Cover the Uninsured

State	Year ^b	Eligibility	Parity ^a		Benefits				Funding Source
			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment	Prescription Drugs (Rx)	
Arkansas AR-HealthNet Program	2006	<ul style="list-style-type: none"> Open to businesses with 2 to 500 full-time employees that have not offered a group health plan within past 12 months At least 1 employee must qualify for subsidized premiums by having an annual household income at or below 200% FPL Subsidy provided for workers with incomes below 200% FPL. 	No Minimum mandated benefit for some plans.	No	<ul style="list-style-type: none"> Total of 8 outpatient MH/SUD services per plan year. 1 MH/SUD visit in outpatient facility or hospital counts as 1 of a maximum of 2 outpatient services annually. Subject to coinsurance 15% of allowed charge. MH/SUD treatments are subject to benefit payment maximums in schedule of benefits. Physician visits are limited to 1 treatment per day up to the plan benefit maximum of 6 professional office visits (which include services from a licensed social worker, licensed professional counselor, or psychologist) per plan year. 	<ul style="list-style-type: none"> Total of 8 outpatient MH/SUD services per plan year. 1 MH/SUD visit in outpatient facility or hospital counts as 1 of a maximum of 2 outpatient services annually. Subject to coinsurance 15% of allowed charge. MH/SUD treatments are subject to benefit payment maximums in schedule of benefits. Physician visits are limited to 1 treatment per day up to the plan benefit maximum of 6 professional office visits (which include services from a licensed social worker, licensed professional counselor, or psychologist) per plan year. 	<ul style="list-style-type: none"> Inpatient MH/SUD hospital covered up to 7 days annually. Subject to coinsurance 15% of allowed charge. 	<ul style="list-style-type: none"> Covers only 2 Rx per month Subject to co-pay but not deductible (\$5 generic, \$15 brand formulary, \$30 brand non-formulary). 	<ul style="list-style-type: none"> Contributions from employers Employee premiums Tobacco settlement funds Waiver Existing Medicaid dollars.

Notes

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^a See National Alliance on Mental Illness. (2007). *State mental health parity laws 2007*. Retrieved April 7, 2008, from www.nami.org/Template.cfm?Section=Issue_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=45351

^b *Serious mental illness* is also referred to in some states as “biologically based” mental illness. It typically includes schizophrenia and other psychotic disorders, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, and panic disorder. *Mental illness* refers to broad-based mental health disorders. It typically includes schizophrenia and other psychotic disorders, mood disorders, and anxiety disorders as well as eating disorders, personality disorders, pervasive developmental disorders, attention deficit hyperactivity disorder and disruptive behavior disorders, tic disorders, and adjustment disorders.

^c Some of these programs are preexisting; the year listed refers to the year significant expansion was enacted.

^e Exemption for small businesses. Exemptions range from 50 and fewer to 20 and fewer employees.

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California Health Care Security and Cost Reduction Act (AB X 1) Proposal	2007	<ul style="list-style-type: none"> Residents with incomes up to 250% of the FPL would receive state subsidies for coverage Residents with incomes up to 400% FPL would be able to fully deduct any healthcare premium costs that exceed 5.5% of their incomes The plan would extend coverage to children in families with incomes up to 300% FPL, regardless of immigration status. 	Yes Parity for serious mental illness; does not include SUD.	Yes Parity for serious mental illness; does not include SUD.	State parity law governs. California's 1999 parity law (AB 88) covers "diagnosis and medically necessary treatment for severe mental illness" in adults and "serious emotional disturbances" for children equivalent to those for medical conditions. Must offer same MH benefits as for physical conditions.	State parity law does not include SUD.	State parity law governs. Must offer same MH inpatient and partial hospitalization benefits as for physical conditions, but parity law does not cover SUD.	If the plan otherwise provides Rx coverage, then must provide same coverage for MH drugs. State parity law does not cover SUD.	<ul style="list-style-type: none"> \$14 billion estimate to be paid for by Payroll tax for employers Increase in cigarette tax 4% tax on hospital revenue About \$5 billion in new federal funding, mostly for Medi-Cal. 	
Colorado Minimum Benefit Plan Proposal	2007	<ul style="list-style-type: none"> Requires all CO residents to have at least a minimum benefit plan Requires all CO employers to offer their employees a chance to purchase health insurance with pretax dollars Provides sliding-scale subsidies for low income uninsured workers at or below 400% FPL who are not offered coverage at work to purchase insurance For those earning 300% FPL or less, subsidies equal to 80 to 100% of employer's total premium, minus employer contribution For those up to 400%, subsidy should reduce cost of minimum benefit plan to no more than 9% of annual income. 	Yes Parity for serious mental illness	Yes Parity for serious mental illness	TBD; plan specifics not yet available. Blue Ribbon Commission made recommendations to legislature. Minimum benefit plan recommended to include physical and MH/SUD benefits • No co-pays for preventive care • Reduced co-pays for chronic care management services as defined by nationally recognized, CO-vetted uniform guidelines, such as those developed by the Colorado Clinical Guidelines Collaborative.	TBD; plan specifics not yet available	TBD; plan specifics not yet available	TBD; plan specifics not yet available Blue Ribbon Commission made recommendations to legislature. Minimum benefit plan recommended to include Rx coverage.	<ul style="list-style-type: none"> TBD; plan specifics not yet available Blue Ribbon Commission made recommendations to legislature regarding possible funding: Contributions from employers Waiver to expand Medicaid Tobacco, alcohol, and snack taxes Increasing personal income tax by 0.8 percentage points. 	

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Illinois Covered Assist Proposal	2007	Childless adults up to 100% FPL and <ul style="list-style-type: none"> Illinois resident U.S. citizen Ineligible for Medicaid Have no access to employer-sponsored insurance. 	Yes ^c Parity for serious mental illness; minimum mandated benefit for other mental illness; does not include SUD.	NA	Broad array of outpatient MH services, including crisis intervention, therapy, community support, assertive psychosocial rehabilitation, and others.	Includes outpatient, intensive outpatient/ partial hospitalization and detoxification services.	Inpatient MH/SUD is covered.	Rx will be covered. <ul style="list-style-type: none"> PDL \$3 co-pays for brand-name drugs (excluding antipsychotic drugs) No co-pay on generic drugs. 	<ul style="list-style-type: none"> State funds
Illinois Covered Choice; Illinois Covered Rebate Proposal	2007	<ul style="list-style-type: none"> For Covered Choice program, small employers with no more than 25 employees; employer contributes at least 80% of individual or 65% of family premium. Individuals are eligible if unemployed or self-employed or employer has not offered insurance in past 18 months. For Covered Rebate, must be between 19 and 64 years old, IL residents and citizen or legal resident. 	Yes ^c Parity for serious mental illness; minimum mandate for other mental illness; does not include SUD.	Yes Parity for serious mental illness; minimum mandate for other mental illness; does not include SUD.	For Covered Choice, outpatient benefits for serious mental illnesses will be the same as physical disorders, and other mental illness would be covered for a minimum of 45 days under the minimum mandate statute.	SUD is not covered under parity requirement.	For Covered Choice, major medical benefits are included. Equal coverage for serious mental illnesses is required by parity law.	Not required by statute.	<ul style="list-style-type: none"> 3% payroll assessment for employers with 10 or more employees that are not spending 4% or more on healthcare. Premium payments.
Indiana Healthy Indiana Plan	2007	<ul style="list-style-type: none"> Adults without disabilities, ages 19 to 64 Household income between 22% and 200% FPL Uninsured for at least 6 months and Ineligible for employer-sponsored insurance. 	Yes ^c Parity for mental illness and co-occurring disorders if offered; does not include SUD.	Yes Expands parity and requires equal coverage of mental illness and SUD.	Outpatient MH benefits. Plans differ but both plans provide intensive outpatient treatment, therapy, medication evaluation, and other services. No co-pays.	Outpatient SUD benefits. No co-pays	Inpatient coverage is provided for MH and SUD. \$25 co-pay for emergency room visits can be reimbursed for a visit that meets the "prudent person" standard for emergencies.	Rx are covered. Plans may vary in which drugs they cover. Both plans have a PDL. No co-pays.	<ul style="list-style-type: none"> Federal matching funds from waiver Cigarette tax Individual contributions (2 to 5% of annual income, depending on income level).

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Maine DirigoChoice	2003	<ul style="list-style-type: none"> Any income level may be eligible Subsidies for those under 300% FPL Covers small businesses (2 to 50 employees) and individuals 	Yes ^c Parity for mental illness and SUD.	Yes Parity for mental illness and SUD.	<p>For mental illnesses included in parity law:</p> <ul style="list-style-type: none"> Outpatient care (including evaluation, diagnosis, treatment and crisis intervention) Outpatient home care Psychological testing Day treatment \$25 co-pay for office visits; no deductible For other services, 20% coinsurance after deductible. <p>For illnesses not covered under the law:</p> <ul style="list-style-type: none"> 40-day limits \$150 MH deductible 20% coinsurance. 	<ul style="list-style-type: none"> Outpatient rehabilitation services, including evaluation, diagnosis, treatment and crisis intervention Outpatient detoxification and medication management Excludes methadone maintenance. \$25 co-pay for office visits and no deductible. For other services, 20% coinsurance after deductible. 	<p>For mental illnesses included in parity law:</p> <ul style="list-style-type: none"> Inpatient care and partial hospitalization Detoxification is covered. 20% coinsurance <p>For illnesses that are not included:</p> <ul style="list-style-type: none"> 30-day annual limit with 2 days of day treatment equal to 1 day of hospitalization 20% coinsurance after \$150 MH deductible. 	<ul style="list-style-type: none"> PDL Tier 1 drugs (generics): \$10 co-pay Tier 2 drugs (brands for which no generic): \$30 co-pay Tier 3 drugs: \$50 co-pay No deductible. 	<ul style="list-style-type: none"> Funded with an assessment on insurance carriers and third-party administrators (called "savings offset payments") to reflect cost savings from decrease in charity care and uninsured. Premium payments.

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Maine MaineCare	2003	Increase in eligibility for parents of dependent children from 150% to 200% FPL; previous expansion to cover childless adults up to 100% FPL.	Yes ^c Parity for mental illness and SUD.	NA	<ul style="list-style-type: none"> • Categorically eligible adults have access to MH benefits (outpatient, crisis, family psychoeducation, medication management and others) • Outpatient services and community support benefits (assertive community treatment, skills development, intensive case management and others) • Noncategorical childless adults have access to MH benefits only and are limited to 24 annual outpatient visits • Emergency, crisis and medication management are not subject to the limits • Co-pays from \$0.50 to \$3 for some beneficiaries. 	<ul style="list-style-type: none"> • Intensive outpatient services maximum: 12 weeks, 5 days per week, 4 hours per day • Outpatient services maximum: 30 weeks, 3 hours per week • Methadone maintenance is covered. • Co-pays of \$0.50 to \$3 for some beneficiaries. 	<ul style="list-style-type: none"> • PDL • Usual co-pay is \$2.50 with \$25 per month cap. 	State and federal waiver funds.	

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Maryland Comprehensive Standard Health Benefit Plan	2007	<ul style="list-style-type: none"> Small employers with 2 to 50 employees Subsidies available for employers with 2 to 9 employees that meet wage and other guidelines and offer a wellness benefit in the plan. 	Yes Parity for mental illness and SUD benefits, with a graduated co-pay structure.	No	<ul style="list-style-type: none"> Covers unlimited outpatient benefits 30% coinsurance in network and 50% out of network paid by the insured. 	<ul style="list-style-type: none"> Covers unlimited outpatient benefits 30% coinsurance in network and 50% out of network paid by the insured. 	<ul style="list-style-type: none"> 60 inpatient days per person per year for MH/SUD combined with partial hospitalization, with 2 days of partial hospitalization substituting for 1 day of inpatient care. 30% coinsurance in network and 50% out of network paid by the insured. 	<ul style="list-style-type: none"> PDL Generic and brand-name drugs \$2500 individual deductible and \$5000 family deductible Coinsurance: 75% member and 25% plan. 	<ul style="list-style-type: none"> Surplus from high-risk insurance pool General fund.
Maryland Primary Adult Care	2007	By July 1, 2008, parents up to 116% FPL will have access to Medicaid package. Later, childless adults up to 116% FPL will be eligible for additional services. Phased-in benefits only apply to childless adults and depend on revenue.	Yes Parity for mental illness and SUD benefits with a graduated co-pay structure.	NA	For MH benefits, the current primary care program includes outpatient and rehabilitation services currently provided under Medicaid. However, it does not include outpatient hospital services, which will be added in FY 2011. No co-pays.	By FY 2010, counseling for SUD and methadone maintenance will be added. By 2011, outpatient hospital services will be added. No co-pays.	In FY 2010, emergency room visits will be covered. In FY 2012, inpatient treatment for MH and SUD will be covered. No co-pays.	<ul style="list-style-type: none"> Covers Rx PDL Co-pays are \$2.50 for generic and \$7.50 for brand name. 	<ul style="list-style-type: none"> Surplus from high-risk insurance pool General fund Tobacco tax Federal funds from waiver Current funds used to cover the uninsured.

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Massachusetts MassHealth	2006	Increased enrollment cap on MassHealth Essential, a preexisting program, to cover nondisabled, childless adults who have been unemployed at least 12 months and have income at or below 100% FPL.	Yes Parity for serious mental illness and co-occurring disorders; minimum mandated benefit for other mental illness and SUD.	NA	<ul style="list-style-type: none"> • Rehabilitation services, including community support services, crisis, partial hospitalization, day treatment and others. • Outpatient MH services, including diagnostic evaluation, individual, group, and family counseling, community crisis counseling, psychological testing and others. • Diversionary services, including psychiatric day treatment, community support programs, community-based acute treatment, partial hospitalization, and others. • No co-pays. 	<ul style="list-style-type: none"> • Structured outpatient addiction programs • Outpatient visits • Narcotic treatment services (includes methadone maintenance and other services) • Certain substance abuse programs • Narcotic treatment services (including acupuncture and other services) • No co-pays. 	<p>Inpatient MH/SUD treatment.</p> <p>No co-pay.</p>	<p>Covers Rx on MassHealth PDL</p> <ul style="list-style-type: none"> • No co-pay for people under 19 • Co-pays for people over 19 (\$1/covered generics, \$3/covered brand name \$1/covered OTC). 	<ul style="list-style-type: none"> • Redistribution of existing funding, including federal Medicaid payments, employer contributions, and general fund revenues • Federal funds from waiver • New funds from employer contributions and general fund revenues.

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Massachusetts Commonwealth Care	2006	<p>Yes</p> <p>Parity for serious mental illness and co-occurring disorders; minimum mandated benefit for other mental illness and alcoholism.</p>	No	<p>Medically necessary care, including outpatient MH care and community-based services, including psychiatric day treatment, community support teams, and others</p> <ul style="list-style-type: none"> No co-pay for individuals at or below 100% FPL \$10 co-pay for alcohol/SUD/MH outpatient or office visit for individuals at or below 200% FPL \$10/20 co-pay for alcohol/SUD/MH outpatient or office visit for individuals over 200% FPL and below 300% FPL, depending on plan No co-pay for methadone treatment and related services. 	<p>Medically necessary care, including MH care at a psychiatric hospital, SUD rehabilitation, and SUD detoxification</p> <ul style="list-style-type: none"> No co-pay for individuals at or below 100% FPL \$50 co-pay per inpatient alcohol/SUD/MH visit for individuals above 100% FPL and at or below 200% FPL \$50/250 co-pay per inpatient alcohol/SUD/MH visit for individuals above 200% FPL and at or below 300% FPL, depending on plan \$250 co-pay maximum for individuals above 100% FPL and at or below 200% FPL \$250/500 co-pay maximum for individuals above 200% FPL and at or below 300% FPL, depending on plan. 	<p>30-day supply from pharmacy:</p> <ul style="list-style-type: none"> For individuals at or below 100% FPL, \$1/generic, \$3/brand name For individuals above 100% FPL and at or below 200% FPL, \$5/generic, \$10/on PDL, \$30/non-PDL For individuals above 200% FPL and at or below 300% FPL, \$5/10 generic, \$10/20 on PDL, \$30/40 non-PDL, depending on plan <p>3-month supply by mail:</p> <ul style="list-style-type: none"> \$10/generic \$20/on PDL \$90/not on PDL <p>Max total Rx co-pays per year: \$200 for individuals at or below 100% FPL; \$250 for individuals above 100% and at or below 200% of FPL; \$250/500 for individuals above 200% FPL and at or below 300% FPL, depending on plan.</p>	<ul style="list-style-type: none"> Redistribution of existing funding, including federal Medicaid payments, employer contributions, and general fund revenues New funds from employer contributions and general fund revenues. 	

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Massachusetts Commonwealth Choice	2006	Individuals above 300% FPL who: <ul style="list-style-type: none"> Work for companies with more than 50 employees and who do not have access to employer-sponsored insurance Work for companies with fewer than 50 employees. Employers with fewer than 50 employees.	Yes Parity for serious mental illness and co-occurring disorders; minimum mandated benefit for other mental illness and alcoholism.	Yes Parity for serious mental illness and co-occurring disorders; minimum mandated benefit for SUD and other mental illness.	<ul style="list-style-type: none"> No limit on number of services per year for biologically based illness Minimum of 24 outpatient days per year for treatment for non-biologically based illness Premiums waived for individuals up to 150% FPL Those 100% to 150% FPL pay co-pays only, no premiums (co-pay varies by plan). For participants with biologically-based mental illnesses, co-pays generally range from \$10 to \$35 for outpatient mental health visits. 	<ul style="list-style-type: none"> Minimum of 24 outpatient days per year for alcoholism treatment Any SUD that is co-occurring with a MH condition must be treated the same as the MH condition Other outpatient SUD coverage varies by plan Co-pay varies by plan, ranging from \$10 to \$50 per office visit. 	<ul style="list-style-type: none"> Covers inpatient services including MH care, SUD detoxification, and SUD rehabilitation No day limit on treatment for biologically based illness Minimum of 60 days inpatient care per calendar year for non-biologically based mental illness Minimum of 30 days inpatient alcoholism treatment Any SUD that is co-occurring with a MH condition must be treated the same as the MH condition Other inpatient SUD coverage varies by plan Co-pay varies by plan for inpatient MH/SUD care, ranging from \$0 to \$1,000. 	Co-pay varies by plan and by whether beneficiary is receiving a 30-day supply from a pharmacy or a 3-month supply by mail.	<ul style="list-style-type: none"> Redistribution of existing funding, including federal Medicaid payments, employer contributions, and general fund revenues Federal funds from waiver New funds from employer contributions and general fund revenues. 	
Massachusetts Young Adult Plans (component of Commonwealth Choice)	2006	Individuals ages 19 to 27 whose employers do not offer to contribute 33% to the cost of their coverage or who do not otherwise have employer-sponsored coverage available to them.	Yes Parity for serious mental illness and co-occurring disorders; minimum mandated benefit for other mental illness and alcoholism.	No Required to provide "reasonably comprehensive coverage" of MH services.	<ul style="list-style-type: none"> No day limits for biologically based MH conditions Non-biologically based care generally limited to 24 visits per calendar year Co-pay varies by plan. 	<ul style="list-style-type: none"> Outpatient SUD visits generally limited to 24 visits per plan year Alcoholism treatment generally limited to 8 visits per calendar year Co-pay varies by plan. 	<ul style="list-style-type: none"> No day limits for biologically based MH conditions Non-biologically based MH and SUD care limited to 60 days per calendar year Inpatient alcoholism treatment admissions limited to 30 days per calendar year Co-pay varies by plan. 	Co-pay varies by plan and by whether beneficiary is receiving a 30-day supply from a pharmacy or a 3-month supply by mail <ul style="list-style-type: none"> Plans without Rx coverage also available. 	<ul style="list-style-type: none"> Redistribution of existing funding, including federal Medicaid payments, employer contributions, and general fund revenues Federal funds from waiver New funds from employer contributions and general fund revenues. 	

Notes

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APPENDIX: Detailed Comparison of Benefits for Mental Illness and Substance Use Disorders in State Initiatives to Cover the Uninsured

State	Year ^b	Parity ^a		Benefits				Funding Source
		State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment	Prescription Drugs (Rx)	
Minnesota MinnesotaCare	2007	Yes Parity for mental illness and SUD in state-regulated health plans, including HMOs.	Yes Parity for mental illness and SUD in state-regulated health plans, including HMOs.	For all but the lowest income children and pregnant women, MinnesotaCare previously had limits on outpatient MH services. As of January 1, 2008, limits were removed and rehabilitative services became available. Services are comprehensive and include <ul style="list-style-type: none"> • Assertive community treatment • Adult rehabilitative services • Crisis response services • Intensive residential services • Other services. By January 1, 2009, MH case management will be available. No co-pays.	<ul style="list-style-type: none"> • Outpatient services • Intensive outpatient services • Methadone maintenance and other medication assistance therapies • Outpatient detoxification (as medical treatment) • No co-payments. 	<ul style="list-style-type: none"> • Inpatient MH services • Inpatient SUD services (hospital and non-hospital) • Detoxification services • Residential SUD services • Halfway houses • Extended Care for SUD • For parents over 175% FPL and for all childless adults, a \$10,000 annual limit on inpatient hospital and SUD residential treatment for all medical conditions. • For childless adults, co-pay of 10%, up to \$1,000 annually. 	Rx are covered. <ul style="list-style-type: none"> • PDL, plans have some flexibility with coverage except for pregnant women and children who are exempt. 	<ul style="list-style-type: none"> • Medicaid and SCHIP federal funding from a waiver for parents and children • Enrollee premiums • State funds generated through a tax on healthcare providers and HMOs • Redirecting funding for MH services and case management from counties.

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State	Year ^a	Eligibility	Parity ^a		Benefits				Prescription Drugs (Rx)	Funding Source
			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment			
Minnesota General Assistance Medical Care (GAMC)	2007	<ul style="list-style-type: none"> Income at or below 75% FPL Assets not exceeding \$1,000 per household MI residency of not less than 30 days, with some exceptions Citizen or legal status Must meet one or more of additional criteria, known as GAMC qualifiers, including waiting or appealing disability determination by Social Security Administration, waiting for state medical review team determination of disability, or being homeless or living in shelter, hotel, or other place of public accommodation. 	Yes Parity for mental illness and SUD in state-regulated health plans, including HIMOs.	Yes Parity for mental illness and SUD in state-regulated health plans, including HIMOs.	<p>GAMC previously had limits on outpatient MH services. As of January 1, 2008, limits were removed and rehabilitative services became available. Services include</p> <ul style="list-style-type: none"> Assertive community treatment Skills training Crisis services Intensive residential services Other services <p>No co-pays.</p> <p>By January 1, 2009, MH case management will be available.</p>	<ul style="list-style-type: none"> Outpatient services Intensive outpatient services Methadone maintenance and other medication assistance therapies Outpatient detoxification (as medical treatment) No co-payments 	<ul style="list-style-type: none"> Inpatient MH services Inpatient SUD services (hospital and non-hospital) Detoxification services Residential SUD services Halfway houses Extended Care for SUD No co-payments, except \$25 emergency room visit for non-emergency. 	<p>Rx are covered.</p> <ul style="list-style-type: none"> PDL, plans have some flexibility with coverage Co-payment of \$1 generic and \$3 brand name \$12 limit per month No co-pay on some MH drugs. 	State appropriations.	

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State	Year ^a	Eligibility	Parity ^a		Benefits				Prescription Drugs (Rx)	Funding Source
			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment			
Montana Insure Montana	2007	<ul style="list-style-type: none"> • Employees must have 2 to 9 employees • No employee can earn more than \$75,000, excluding the owner • The employer cannot have offered insurance in the past 24 months. • Premium assistance varies by family income of employee. 	Yes Parity for serious mental illness; minimum mandated benefit for other mental illness and SUD.	Yes Parity for serious mental illness; minimum mandated benefit for other mental illness and SUD.	<ul style="list-style-type: none"> • Outpatient benefits are the same for all mental and physical disorders • Includes therapy, office visits, counseling, and crisis services • Coinsurance: 25% (premier plan) and 40% (standard plan). 	<ul style="list-style-type: none"> • Outpatient services are covered • Maximum benefit for inpatient and outpatient \$6,000 per 12-month period • Coinsurance: 25% (premier plan) and 40% (standard plan). 	<ul style="list-style-type: none"> • Inpatient treatment for severe mental illness is covered the same as other medical treatment without day limits • Coinsurance: 25% (premier plan) and 40% (standard plan) • For other mental illnesses, 21-day limit with 25% or 40% coinsurance • 2 days of partial hospitalization may be substituted for 1 day of inpatient • Chemical dependency covered with 25% or 40% coinsurance • Maximum benefit for inpatient and outpatient \$6,000 per 12-month period. • Chemical dependency lifetime inpatient limit of \$12,000. After lifetime limit met, \$2,000 combined inpatient and outpatient limit per benefit period. • No annual or lifetime limit on medical detoxification, which is paid like other physical illnesses. 	<ul style="list-style-type: none"> • PDL • \$200 (standard plan) or \$100 (premium plan) deductible per member • For a 34-day supply, co-pay of \$10 (generic) or \$30 (brand name) for formulary Rx; \$75 co-pay for nonformulary brand names • Discounts for co-pays for mail order: a 3-month supply will cost 2 months of co-pay • Ancillary charge for a brand name when a generic is available. 	<ul style="list-style-type: none"> • Tobacco tax (\$1 per pack) • Premiums • State funding. 	

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State	Year ^b	Eligibility	Parity ^a		Benefits				Funding Source
			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment	Prescription Drugs (Rx)	
New Mexico HealthSOLUTIONS New Mexico Proposal	2002	Moving toward health care coverage for all New Mexicans	Yes Parity for mental illness; does not include SUD.	Yes Parity for mental illness; does not include SUD.	TBD by governor and legislature based on recommendations of newly created health coverage authority; state parity law would apply.	TBD by governor and legislature based on Authority's recommendations.	TBD by governor and legislature based on Authority's recommendations.	TBD by governor and legislature based on Authority's recommendations.	<ul style="list-style-type: none"> Federal funds State funds Employer contributions to Healthy NM Workforce fund Individual contributions as determined by newly created Authority, governor, and legislature. Premium payments
New Mexico State Coverage Insurance	2002	<ul style="list-style-type: none"> Adults age 19 to 64 at 200% FPL or below who do not qualify for other government insurance. Employer pays portion of premium; individual pays portion, depending on income. People who are self-employed or unaffiliated with an employer pay both the employer and employee contributions. For individuals at or below 100% FPL, the state assists with full payment of both the employee and employer share of the premium. 	Yes Parity for mental illness; does not include SUD.	State parity law does not apply, but program provides equal benefits for mental illness and other health conditions.	<ul style="list-style-type: none"> Office visits for MH evaluation and treatment vary with income: \$0, up to 100% FPL; \$5 for 101% to 150% FPL; and \$7 for 151% up to 200% FPL. 	<ul style="list-style-type: none"> Substance use services including visits, outpatient detoxification and intensive outpatient care limited to 42 days/visits per benefit year Office visit co-pays vary based on income: \$0, up to 100% FPL; \$5 for 101% to 150% FPL; and \$7 for 151% up to 200% FPL. 	<ul style="list-style-type: none"> Mental health services provided in a psychiatric hospital or an acute care general hospital Substance use detoxification Inpatient hospitalization is limited to 25 days for MH/SUD combined and 25 days for physical health conditions Inpatient co-payments vary by income: \$0, up to 100% FPL; \$25, for 101% to 150% FPL; \$30, 151% to 200% FPL per stay. 	<ul style="list-style-type: none"> Rx are covered; PDL. \$3 per Rx co-pay, up to a maximum \$12 per month For outpatient services, injectable forms of haloperidol or fluphenazine are included in the office visit co-pay. 	<ul style="list-style-type: none"> Medicaid 1115 waiver Premiums.

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State	Year ^b	Eligibility	Parity ^a		Benefits			Prescription Drugs (Rx)	Funding Source
			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment		
New York Healthy New York	2001	Open to uninsured residents who meet the following criteria: <ul style="list-style-type: none"> • Self or spouse is working or has been employed in past 12 months • Employer does not provide insurance • Have not had insurance for 12 months prior to Healthy NY application or have lost coverage due to a specific event • Are ineligible for Medicare • Meet monthly household income guidelines based on family size. 	Yes ^c Parity for serious mental illness; does not include SUD.	No	None Healthy NY specifically excludes MH services—including treatment and Rx for ADHD, depression, anxiety, and alcohol and substance abuse treatment—from the benefits package.	None Healthy NY specifically excludes MH services—including treatment and Rx for ADHD, depression, anxiety, and alcohol and substance abuse treatment—from the benefits package.	MH/SUD Rx not covered.	<ul style="list-style-type: none"> • Individual and employer premiums • State subsidy. 	
New York Family Health Plus	2000	Open to residents ages 19 to 64 who <ul style="list-style-type: none"> • Are single adults; couples without children; or parents with limited income who do not have health insurance through a federal, state, county, municipal, or school district benefit plan • Meet monthly household income guidelines based on family size Parent(s) living with a child under age 21 are eligible if the gross family income is up to 150% FPL as of October 1, 2002. Individuals without dependent children in their households qualify with gross incomes up to 100% FPL.	Yes ^c Parity for serious mental illness; does not include SUD.	No	60 days per year of outpatient MH and alcohol and substance abuse services. No co-pays.	60 days per year of outpatient MH and alcohol and SUD services. No co-pays.	Co-pay of \$3 (generic) or \$6 (brand name).	Section 1115 Medicaid waiver.	

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			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment	Prescription Drugs (Rx)	
Oklahoma Insure Oklahoma/O-EPIC Individual Plan	2006	The income guidelines for this program (both employer-sponsored insurance [ESI] and Individual Program [IP]) are set at 200% FPL. All applicants must meet the following criteria: <ul style="list-style-type: none"> • Between ages 19 and 64 • Oklahoma resident • U.S. citizen or legal alien • Ineligible for Medicaid (Sooner Care), Medicare, or any Medicaid-funded program, such as Family Planning. <p>For the ESI program, the applicant must work for an Oklahoma employer that has 50 or fewer full-time employees, offers one of the qualified health plans, and pays at least 25% of the premium. (The employee will then pay 15% of their premium, and insure Oklahoma will pay the other 60%)</p> <p>For the IP program, the applicant must be a working adult who does not have access to the ESI program and meets any of the following criteria:</p> <ul style="list-style-type: none"> • Works for an employer with 50 or fewer full-time employees or is self-employed • Is unemployed and eligible to collect unemployment benefits from the State of Oklahoma • Is a working adult with a disability with a ticket to work.. 	Yes ^c Parity for serious mental illness; does not include SUD.	No Limits on inpatient benefits for MH/ SUD are included in IP.	For the IP program, outpatient MH services currently include the same services as Medicaid: case management, behavioral health, and assertive community treatment services. Psychiatrist visits are included in the 4 physician services limit per month. <ul style="list-style-type: none"> • Co-pay is \$10 per visit. 	For the IP program, outpatient SUD services are covered. <ul style="list-style-type: none"> • SUD agencies may provide outpatient therapy and rehabilitation, psychological testing and evaluation, and medication management services. • These agencies may also provide case management services for people who need more intensive services. • Co-pay is \$10 per visit. 	For the IP program: <ul style="list-style-type: none"> • Inpatient care for MH/SUD combined is limited to 24 days per state fiscal year. • Co-pay is \$50 per admission. • No residential SUD services are provided, except for medical detoxification. 	For the IP program: <ul style="list-style-type: none"> • Rx and insulin are covered; PDL. • \$5 co-pay for generic • \$10 co-pay for brand name • Rx limited to 6 per month, 3 of which may be brand name. 	<ul style="list-style-type: none"> • Tobacco tax • Employee and employer contributions • Federal funds through waiver.

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Pennsylvania Cover All Pennsylvanians Proposal	2007	Individuals who have been a resident of PA for at least 90 days and are not eligible for Medicaid or Medicare. • If household income is below 200% FPL, must have been uninsured for at least 90 days • If above 200% FPL, must have been uninsured for 180 days. • Small businesses that do not currently provide insurance can also purchase subsidized insurance if they have 2 to 50 employees, have not offered health insurance for 180 days, and pay an average annual wage lower than PA's average (\$40,000 in 2007).	No Minimum mandated benefits for mental illness and SUD. ^c	No Minimum mandated benefits for mental illness and SUD.	HB 700 states that the Department of Insurance will determine any limits on services. Governor's staff are estimating premiums based on a limit of 30 outpatient MH visits per year	HB 700 states that the Department of Insurance will determine any limits on services. Governor's staff are estimating premiums based on a limit of 30 outpatient SUD benefits per year.	HB 700 states that the Department of Insurance will determine any limits on services. Governor's staff are estimating premiums based on limits of 30 days per year for psychiatric care and 7 days per year detoxification services.	HB 700 states that the Department of Insurance will determine limits on services, including Rx. Governor's staff indicate that brand, generic, family planning, and OTC drugs will be covered	<ul style="list-style-type: none"> • State appropriations • Federal funding • Revenue from fair tax on employers • Tobacco settlement funds • Funds that Blue Cross plans must reinvest as nonprofits. 	
Pennsylvania adultBasic	2007	<ul style="list-style-type: none"> • Adults ages 19 to 64 • Lack of prior coverage for 90 days, except for loss of job • No other health coverage • Income below 200% FPL • Resident of PA for at least 90 days • U.S. citizen or permanent legal alien status 	No Minimum mandated benefits for mental illness and SUD. ^c	No	No outpatient treatment covered for mental illness	No outpatient treatment covered for SUD.	No inpatient benefit for mental illness or SUD only.	No Rx coverage except for Rx related to diabetes and transplants.	<ul style="list-style-type: none"> • Tobacco settlement funds • Funds from agreement with Blue Cross/Blue Shield plans 	

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State	Year ^b	Eligibility	Parity ^a		Benefits				Prescription Drugs (Rx)	Funding Source
			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment			
Rhode Island HealthPactRI Basic	2006	Open to all employees of small (50 employees or less) businesses...	No Minimum mandated benefits for mental illness and SUD.	No Minimum mandated benefits for mental illness and SUD. ^d	30 visits per year for MH services. • Co-pays of \$30/60 for physician office visits (primary care or specialist) • 20% coinsurance for most outpatient services.	30 hours per year for SUD services. • Co-pays of \$30/60 for physician office visits (primary care or specialist) • 20% coinsurance for most outpatient services. • Methadone maintenance not covered.	Covers inpatient MH. 30 days per year for inpatient community residential care services for SUD treatment • For SUD detoxification services, 5 occurrences or 30 days per year, whichever comes first • 20% coinsurance.	Co-pays range from \$10 to \$75, depending on the preferred status of the drug.	• Contributions from employers • Employee premiums.	
Rhode Island HealthPactRI Advantage		Open to employees of small (50 employees or less) businesses In Year 1 of enrollment, employees and dependents 18 and older must • Select a primary care doctor • Complete a wellness pledge and a health risk assessment to qualify for advantage coverage In Year 2, employees and dependents must have • Visited doctor by the 6th month of the 1st year • Submitted annual participation checklist • Participated in disease or case management if medically applicable	No Minimum mandated benefits for mental illness and SUD.	No Minimum mandated benefits for mental illness and SUD. ^d	30 visits per year for MH services. • Co-pays of \$10/50 for physician office visits (PCP/specialists) • 10% coinsurance for most outpatient services.	30 hours per year for SUD services. • Eight 30-minute tobacco cessation counseling sessions per year. • 10% coinsurance for most outpatient services.	Covers inpatient MH. 30 days per year for inpatient community residential care services for SUD treatment • For SUD detoxification services, 5 occurrences or 30 days per year, whichever comes first • 10% coinsurance for most inpatient services.	Co-pays range from \$10 to \$75, depending on the preferred status of the drug.	• Contributions from employers • Employee premiums.	

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^a See National Alliance on Mental Illness. (2007). *State mental health parity laws 2007*. Retrieved April 7, 2008, from www.nami.org/Template.cfm?Section=Issue_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=45351

^b *Serious mental illness* is also referred to in some states as “biologically based” mental illness. It typically includes schizophrenia and other psychotic disorders, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, and panic disorder. *Mental illness* refers to broad-based mental health disorders. It typically includes schizophrenia and other psychotic disorders, mood disorders, and anxiety disorders as well as eating disorders, personality disorders, pervasive developmental disorders, attention deficit hyperactivity disorder and disruptive behavior disorders, tic disorders, and adjustment disorders.

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				Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment			
Tennessee Cover TN	2006	<ul style="list-style-type: none"> Businesses located in TN • 50 or fewer employees • 50% of employees earn \$43,000 or less • Business offers the plan to employees and has not offered insurance for the past 6 months or has not paid 50% or more of the premium <p>Once business is enrolled, employee is eligible if</p> <ul style="list-style-type: none"> • TN resident for 6 months or more • Works at least 20 hours per week • U.S. citizen or qualified alien • Did not voluntarily stop insurance in past 6 months • Commits to pay 1/3 of premium. <p>Premium share for individuals varies depending on age, tobacco use, and obesity.</p>	No Minimum mandated benefit for mental illness; mandated offering for SUD. ^c	No Statute specifies that plans do not have to comply with mandates.	<ul style="list-style-type: none"> • Outpatient behavioral health services limited to 10 visits per year • Outpatient facility charges have \$25 co-pay • Outpatient practitioner charges related to MH services have no co-pay. 	<ul style="list-style-type: none"> • Outpatient behavioral health services limited to 10 visits per year • Outpatient facility charges have \$25 co-pay • Outpatient practitioner charges related to SUD services have no co-pay • Excludes methadone maintenance therapy and buprenorphine maintenance therapy. 	<ul style="list-style-type: none"> • Inpatient behavioral health services limited to 5 days per year. • \$100 co-pay per admission • Subject to \$10,000 or \$15,000 annual limit, depending on plan, for inpatient medical, MH and SUD services combined. • Plan may substitute 2 partial hospitalization days for 1 inpatient day or 3 intensive outpatient program days for 1 inpatient day. 	<ul style="list-style-type: none"> • Formulary for generic drugs • Only brand drugs are insulin and diabetic supplies • Depending on the plan, \$8 or \$10 co-pay for 30-day supply • Quarterly payment limits of \$250 or \$75. 	<ul style="list-style-type: none"> • State funded • Employer and employee premiums. 	

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State	Year ^b	Eligibility	Parity ^a		Benefits			Prescription Drugs (Rx)	Funding Source
			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment		
Vermont Catamount Health	2006	Residents 18 or older and for individuals and families not eligible for state-sponsored programs (Medicare, Medicaid) who <ul style="list-style-type: none"> • Have been uninsured for past 12+ months or have lost insurance due to life change (e.g., divorce) • Have an income of more than \$1,307 a month (approximately 154% FPL; higher for larger households) or are parents with incomes of more than \$1,612 a month (approximately 190% FPL; higher for larger households). 	Yes Parity for mental illness and SUD.	Yes Parity for mental illness and SUD.	<ul style="list-style-type: none"> • \$10 co-pay per visit. • 1-year pre-existing condition waiting period unless in chronic care management program. 	<ul style="list-style-type: none"> • \$10 co-pay per visit. • 1-year pre-existing condition waiting period unless in chronic care management program. 	<ul style="list-style-type: none"> • Covers 80% after deductible of \$250 for an individual or \$500 for a family. 	<ul style="list-style-type: none"> • Co-pays for Rx as follows: <ul style="list-style-type: none"> • \$10 generic • \$30 brand name on PDL • \$50 brand name not on PDL • Catamount Blue plan offers 90-day mail order supply for price of 60 days. 	<ul style="list-style-type: none"> • Section 1115 waiver • Tobacco taxes • Employers' premium contribution • State general fund appropriations.
Vermont Global Commitment Waiver	2005	Includes many populations, including the pre-existing Vermont Health Access Plan (VHAP), which covers childless adults up to 150% FPL and parents of low income children up to 185% FPL. <p>Some individuals may also be eligible for the Community Rehabilitation and Treatment program (CRT), which is a specialized program for individuals with a diagnosis of serious mental illness who meet other criteria with respect to functional impairment and history. The CRT program is available to all Vermont residents who meet the criteria, and community mental health centers are paid a case rate for each client.</p>	Yes Parity for mental illness and SUD.	NA	<p>Outpatient services may include evaluation, counseling, and medication prescription and monitoring.</p> <p>Individuals in the CRT program also may receive service planning and coordination, community supports (including assistance with daily living, supportive counseling, support to participate in community activities, and other services), employment services, clinical interventions, crisis services, housing and home supports, transportation, partial hospitalization, and day services.</p>	<p>Outpatient SUD benefits include a buprenorphine hub, detoxification, halfway houses, outpatient programs, intensive outpatient programs, methadone programs, residential programs and others.</p> <p>No co-pays.</p>	<p>Inpatient MH/SUD treatment.</p> <p>VHAP participants pay a \$25 co-pay for an emergency room visit.</p>	<p>Rx are covered. Vermont has a PDL.</p> <p>No co-pays.</p>	<p>Vermont consolidated all programs for Medicaid, SCHIP, and VHAP into one public managed care organization under a federal waiver.</p> <p>Funded with state and federal dollars.</p>

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			State	Plan	Outpatient MH Benefits	Outpatient SUD Benefits	Inpatient MH/SUD Treatment		
Washington Basic Health	2007	Open to low-income residents (at or below 200% FPL) who are <ul style="list-style-type: none"> • Ineligible for Medicare • Not institutionalized during enrollment and • Not attending school full-time on student visa. 	Yes ^c Parity for mental illness; minimum mandated benefit for SUD. Law requires parity for co-pays, co-insurance, out-of-pocket limits and Rx. As of July 1, 2010, will include parity for deductibles and treatment limitations (e.g., outpatient visits).	Yes Parity for mental illness; minimum mandated benefit for SUD. Law requires parity for co-pays, co-insurance, out-of-pocket limits and Rx. As of July 1, 2010, law requires parity for deductibles and treatment limitations (e.g., outpatient visits).	<ul style="list-style-type: none"> • \$15 co-pay • 12 visits per year • \$150 annual deductible and then beneficiary pays 20%. • Maximum annual out-of-pocket is \$1500. • Office visits for medication management do not count toward total visits per year. • As of July 1, 2010, MH deductibles and treatment limits must be the same as for physical health. 	<ul style="list-style-type: none"> • "Chemical dependency" (inpatient and outpatient) limited to \$5,000 every 24 months • \$10,000 lifetime maximum (includes inpatient and outpatient) • \$15 co-pay per visit. 	MH: <ul style="list-style-type: none"> • \$150 annual deductible and then beneficiary pays 20%. • Limited to 10 inpatient days per year. • May incur up to \$300 in "facility charges" per visit • As of July 1, 2010, MH deductibles and treatment limits must be the same as for physical health SUD: <ul style="list-style-type: none"> • \$150/person annual deductible, then beneficiary pays 20%. • Limited to \$5000 every 24-months, \$10,000 lifetime maximum (includes inpatient and outpatient) • May incur up to \$300 in "facility charges" per visit. 	<ul style="list-style-type: none"> • 30-day supply: • \$10 for generics in PDL • 50% of Rx costs for brand-name drugs in PDL • Annual deductible, out-of-pocket maximum, and coinsurance do not apply 	<ul style="list-style-type: none"> • State funds • Tobacco tax.

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