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## Illinois insurers avoid covering mental illness

By Dr. Lisa A. Rone

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Suppose you or a loved one is seriously depressed and even suicidal. You take comfort in having paid for PPO health insurance so that you can find a psychiatrist to help you. But wait, come this January, you may be at the mercy of an insurance representative to determine whether you can have access to mental health treatment at all, especially if you cannot afford to pay for it on your own. But you say that you pay a higher premium just to have the peace of mind of a broad PPO network and the right to choose your own doctor. Well, those days may be gone.

In Illinois, health insurers are finding new and deceptive ways to avoid covering mental illness-related claims, even though Illinois and federal parity (fair and equal) laws clearly require them to treat a variety of serious mental impairments.

The Illinois Psychiatric Society, a statewide professional organization representing more than 1,100 psychiatrists, is asking state leaders to monitor and stop these coverage obstacles by major insurance companies.

Psychiatrists are specialized medical doctors who treat serious mental illnesses and also provide preventive care to decrease the risk of that illness. But when insurance companies hinder our ability to treat and prevent the dangerous effects of serious mental illness, the patient, the patient's family and society all suffer.

We believe insurance policies that do not fully cover mental illness treatment are deceitful because they force the state of Illinois or the patient to pay for the treatment rather than the insurance company.

Parity laws are important safeguards for all citizens because they require insurance companies to bring their coverage for mental illness in line with what they offer for physical illnesses. Just like people with physical illnesses, those with severe mental illness require consistent and reliable care.

When adequate mental health care is offered in an insurance plan, a broader group of people can afford care. And that coverage is the most efficient and cost-effective way to deliver care. Without coverage, mental illness often goes untreated, which eventually leads to loss in work productivity and increased risk of unemployment, significant loss in the quality of personal relationships, increased risk for developing other physical illnesses, increased hospitalizations, increased victimization and suicides.

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Who pays for all of these consequences? That would be the state and we taxpayers, in many more ways than just money.

Another way some insurance companies avoid full mental health care coverage is to limit access to mental health professionals, including psychiatrists. In 2011, for example, Blue Cross and Blue Shield of Illinois will employ a group of insurance evaluators who will determine whether people can receive access to mental illness benefits.

PPO patients will be required to obtain pre-authorization to see a psychiatrist, and then the company — not the doctor and patient — will decide if continued treatment is "medically necessary." How medical necessity will be judged is still a mystery. This bureaucratic procedure will cost money that could have gone to pay for treatment that would have helped more patients and may leave patients with a larger bill anyway. We believe there are more cost-effective, reasonable ways to ensure that treatment is medically necessary and meets standard of care rules.

The Illinois Psychiatric Society insists that Blue Cross and Blue Shield of Illinois — and all insurance companies — offer more transparency to patients, their employers and psychiatrists. It is our professional society's opinion that insurance practices, such as those described here, seriously interfere with access to much-needed care. In an era in which there is already a shortage of psychiatrists, it is not in anyone's best interest to make it even more difficult for psychiatrists to provide adequate care.

These anti-patient and anti-doctor actions exacerbate one of the primary struggles for doctors dealing with patients who are mentally ill: patient self-awareness and compliance. It's often difficult to convince people that they have a mental illness and that they need therapy and/or medications for their illnesses. Insurance companies should not be throwing more roadblocks into the paths of people trying to get help. Only emergency rooms will increasingly be left as an option to those in need of treatment. And that means that insurance companies and eventually we taxpayers will pay even a greater price for this care.

The Illinois Psychiatric Society would welcome working with insurance companies, including Blue Cross and Blue Shield of Illinois, to find a more equitable resolution to these coverage issues. We physicians/psychiatrists of the Illinois Psychiatric Society insist that the state insurance commissioner's office and legislators keep an eye on this issue and protect Illinois citizens who are mentally ill.

*Dr. Lisa A. Rone is immediate past president of the Illinois Psychiatric Society, Chicago.*

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