

Representative Deborah Boone (HD-32)

PRESS RELEASE

For Immediate Release



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Boone helps pass inclusion of mental health coverage in group plans
Bill requires group insurance companies to cover mental illness, dependency

SALEM—Representative Deborah Boone (D-North Coast) helped enact Senate Bill-1 Saturday, which requires group health insurers to provide the same level of coverage for treating mental health and chemical dependency as they provide for treating other medical conditions.

The Oregon House of Representatives approved the bill with strong bipartisan support. Having already passed the state Senate, the bill now goes to the Governor for his signature.

“By passing this bill, we’re helping thousands of Oregonians get their lives back,” Boone said. “By requiring this coverage, we increase the number of people who receive treatment for mental health conditions and addiction, which means we reduce the tax burden on citizens and businesses. Without the insurance coverage, people often seek publicly sponsored treatment for mental health problems and chemical dependency, or they receive no treatment at all.”

Like other states, Oregon has a strong financial and social interest in preventing and treating mental illness and addiction, Boone explained. “Today, the House took action to meet a pressing need, not only to save taxpayers’ dollars, but also to ease the human suffering caused by these conditions,” Boone said.

The North Coast legislator noted that the state of Oregon saves \$5.62 for every dollar spent on people who complete treatment for mental illness or addiction—money that taxpayers would otherwise spend on tax-supported corrections, health treatment and welfare. “Let’s face it,” Boone said. “When lack of coverage keeps people from getting the treatment they need, society suffers. Untreated mental illness and addiction often cause people to come into conflict with the law. When that happens, taxpayers foot the bill for added stress to law enforcement, jails and social services.”

Boone added that the cost of requiring “mental health parity” is small when spread out among all the members of an employer’s health plan. “The experience of other states shows that the requirement will not place an undue burden on businesses that offer health insurance to their workers,” Boone said. She said that 38 other states require coverage for some or all mental illnesses, while seven states also require equal coverage for alcohol-related problems.

Boone cited a study by PriceWaterhouseCoopers, showing that a state requirement for mental health parity is cost-effective for taxpayers and businesses, because increased availability of timely treatment results in fewer overall hospitalizations, shorter hospital stays and the use of less expensive outpatient services.

Mental health parity, on the other hand, helps improve productivity in the workforce, by enabling workers to get help with mental health problems and addiction before the illnesses cause absences or disabilities, Boone said.

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