



Michigan Psychiatric Society

3444 East Lake Lansing Rd.
East Lansing, MI 48823

March 1, 2012

Honorable Members of the Senate Health Policy Committee,

My name is Leigh Anne White, MD. I am a physician specialized in psychiatry and certified by the American Board of Psychiatry and Neurology. I serve as an Assistant Director of MSU Student Health Services.

I have practiced psychiatry for over twenty years, first in Colorado, which passed parity laws in the nineties, and for the last 13 years in Michigan, which has not yet passed a mental health parity law. The difference in access to diagnosis and treatment is immense.

Through work in hospitals, emergency rooms, private practice and college health centers I have treated thousands of people with neuropsychiatric and mental illnesses. In my current work with college students, I am particularly aware of the devastating impact of undetected and untreated mental illness. Up to one out of four young adults will experience an episode of depression by age 25. Left untreated, depression can lead to suicide, which is the number two cause of death in college students. We know this, yet still, many students are unable to follow through on the recommended treatments or hospitalization because their insurance does not cover mental illness the same as physical illness.

As a physician with training in both neurology and psychiatry, I do not understand the logic of separating neuropsychiatric illnesses into two insurance categories—neurologic, which is covered the same as other medical illnesses and psychiatric which is called “mental illness” and is covered in a very different fashion.

One student I treated had multiple sclerosis. This neuropsychiatric disorder caused neurologic symptoms of paralysis and psychiatric symptoms of delusions and mood swings. Her outpatient visits and hospitalizations for the neurologic side of MS were fully covered by insurance. Her outpatient visits to treat the delusions and mood swings were covered at 50%. She had a lifetime limit of \$6000 on psychiatric hospitalization, which was exhausted within a few days of her first hospitalization.

This contrasts greatly with my experience of practicing in Colorado. When I recommended treatments, the largest concern was medical appropriateness, not ability to pay. My patients more often received timely, safe and effective care in a state that did not discriminate financially against those with mental illnesses.

If cancer treatments were not covered by insurance, would it be okay to pass legislation that ensured medical coverage for only one type of cancer? Would it be okay to choose leukemia and to let those with breast cancer, lung cancer, and melanoma pay out of pocket or forgo care? I think this is parallel to the current proposal to eliminate the disparity for autism rather than eliminate disparities for all neuropsychiatric conditions including those labeled as mental illness.

I am here today to urge you to adopt a comprehensive parity model that will provide the citizens of Michigan health coverage equal to medical and surgical benefits. Discriminatory insurance practices hinder our ability to proactively identify and treat illness when it is most amenable to treatment.

It is past time for Michigan to ensure equal treatment for mental and medical health conditions. We have already stood by and watched 43 other states pass mental health parity legislation. It is time for Michigan to stand up and end insurance discrimination for our children and our citizens with all types of neuropsychiatric conditions.