

SUBCOMMITTEE ON HEALTH OF THE ENERGY AND COMMERCE COMMITTEE
UNITED STATES HOUSE OF REPRESENTATIVES
H.R. 1424, THE PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007
TESTIMONY OF MARLEY PRUNTY-LARA
WASHINGTON, DC ▪ JUNE 15, 2007

Good morning! I am here before you for one simple reason – because I am *dedicated* to the proposition that **MENTAL HEALTH MATTERS**. It matters because many *lose their dignity*, and sometimes their *lives*, in the struggle for *mental wellness*; it matters to me because illness compromised my mental health so profoundly that it put my life and dreams in jeopardy.

My name is Marley Prunty-Lara and today I am here to testify in support of a bill to establish simple fairness in insurance coverage for people with mental health conditions. I serve on the national Board of Directors for Mental Health America, formerly the National Mental Health Association. I work to improve mental health care policies, not simply because I have a mental illness, but because I *know* that treatment works. I have passionately lived *within* the prison of mental illness and have *experienced* the incalculable *emancipation* that accompanies wellness. I am here today because effective treatment *saved* my life. I am here today because the opportunity of health should not be something granted only to the lucky and privileged few.

When I was diagnosed with bipolar disorder at the age of 15, I never imagined the pain I would endure as a result of my illness. Before adequate treatment, I intimately knew the harrowing, sinister, suicidal depression no one talks about. I knew the mania that would obscure the world and deprive me of sleep for days. It would fill my mind with racing thoughts and grandiose ideas; most of them unfeasible and left abandoned incomplete. Living with this disease has meant not only enduring the disabling lows and exhilarating highs but also fighting for insurance coverage, educational accommodations, and appropriate health care.

I have experienced first hand the narrow-mindedness insurance companies and some in the business community show toward mental illness. During my teen years, as my mom searched for a psychiatrist available to treat me in South Dakota, a rural state with limited mental health resources, we were told we would have to wait four to five months before I could get an initial appointment. I did not have that long to *live*. We found help, **350 miles away**, *in another state*, and I was hospitalized for two months. However, the treatment facility was not covered by my mother's insurance; forcing my parents to take a second mortgage out on their home in order for

me to receive the care that I urgently needed. Had I suffered a spinal cord injury requiring long-term hospitalization, my insurance company would have paid for my care; but because my hospitalization involved a disease of the mind, my insurance company deemed it unworthy of equitable coverage.

I am one of the lucky ones; my family was able to take out a mortgage to afford my in-patient care. However, many in this country currently face a question with no easy answer: **What happens when the insurance benefits run out and you're not better yet?** My family did everything we were supposed to; my mother, a C.P.A., had a good-paying job *and* health insurance. She was adept at handling our insurance claims and we exhausted our efforts to receive treatment within the coverage system. *I did not choose my disease.* I ask those who oppose this legislation: **what are people to do when they don't have the options my family had; when parents must choose between watching their children deteriorate and giving up custody to obtain insurance benefits? At what point to we decide collectively to end the suffering of millions?**

For children struggling to cope with a mental illness, wellness should **not** depend on luck, on whether a family's particular health plan provides ample and equitable mental health coverage. In my case, it has proven far **cheaper** to treat my mental illness with medication and proper psychiatric care, than to have me in and out of hospitals and emergency rooms. I understand the power of successful treatment because I *am living* it.

We live in a time where discrimination ought not be tolerated, in any form, against *any* people. Having a mental illness should neither determine one's fate nor limit one's potential. As our country faces the challenges of war, of returning veterans changed forever by the trauma of combat, Congress must reaffirm its commitment to the principles of justice and the pursuit of happiness by enacting comprehensive mental health parity legislation. It is not enough to simply continue to *say*, "We must change," – veterans, active-duty military personnel, *and* their families; employers; teachers; doctors; and those that are struggling – are all counting on Congress to *be* the difference, to make prevention, treatment, and recovery believable realities.

The costs of mental health and substance use conditions are unavoidable. Our only decision is how we pay for them. Society can either invest in treating mental health and substance use conditions or pay a greater price through homelessness, lost productivity, suicide, and an

increased reliance on the criminal justice system. Enacting a comprehensive mental health parity law sends a strong message to people across this country that mental health is fundamental to overall good health. It sends a message to those living with a mental illness that their disease is just as real as cancer and diabetes. Enacting mental health parity sends a message to the business community that we value the health of their employees *and* their bottom line. I believe that treatment access follows dollars; by eliminating a barrier to treatment, we provide an incentive for providers to enter the mental health field.

Congress enacted a parity law in 1996. However, that law required only *partial* parity. Current law still permits discrimination based on mental health conditions, and it is routine in practice. Both current law and practice are *untenable*. Federal law must demand fairness in health coverage on behalf of people with or at risk of mental health conditions. Americans agree that “*partial*” fairness is unacceptable. In a survey conducted by International Communications Research, an independent research company, and paid for by Mental Health America, **89%** of Americans asserted that insurance plans *should* cover mental health treatments at the same level as treatments for general health problems. **74%** believe that insurance plans *should* cover substance abuse treatments at the *same* levels as treatments for general health issues and **89%** of employees and employers want health insurance coverage for mental health treatments to be *equitable* to general health treatments.¹

I implore this committee to act soon and adopt H.R. 1424. I urge you further to reject amendments that would weaken it. I ask you to consider my testimony not solely as one person’s story, but as a microcosm of millions of Americans. We are people whose treatment has been cut short by arbitrary treatment limits, not only annual, day, and visit limits, but even lifetime caps on outpatient visits. Consider your son or daughter, with health insurance, being told that their treatment for cancer would not be covered because their diagnosis required more chemotherapy treatments than their plan allowed. Imagine finding out that your broken leg, which could be healed with appropriate care, would have to fester un-cast because your insurance provider denied your claim on the basis that a broken leg could be managed on its own. Many with mental health conditions face these realities every day. The Paul Wellstone

¹ Interviews were conducted via telephone and the Internet from October 10 to November 1, 2006 among a nationally representative sample of 3,040 respondents age 18 and older.
<<http://www.mentalhealthamerica.net/index.cfm?objectid=2BCEA7D2-1372-4D20-C8A54A26522099D8>>

Mental Health and Addiction Equity Act seeks to remedy the incorrigible and nonsensical practices of the insurance industry. The industry has failed to act alone. The time has come for accountability and justice.

It is imperative that help be available to those that seek it. Sanctioned discrimination toward those with mental illness must end. H.R. 1424 provides fundamental protections against the range of discrimination experienced by people like me. Please **do not** dilute it. Please adopt it with utmost expediency. Insurance must not stand in the way of goals and dreams and *normalcy*; rather it should be the means by which one *achieves* health. Kay Jamison once said, “The gap between what we know and what we do is *lethal*.” The time is *right* and the time is *now* to enact comprehensive federal parity. I leave with you that charge today. Remember my name; remember my face; remember my story. *America* is waiting. *Thank you*.