

StarTribune Editorial

Our perspective

Psychiatric care

Passing the buck, snubbing the sick

If you're run over by a car today, an ambulance will come to your rescue. Its crew will cart you off to a hospital, whose staffers will take you in and patch you up. They'll have to, because you need your body to get around.

That's how it goes when you get injured. You get help. You get it in the right place, in the right way, at the right time. If you have health insurance, the cost of your care will be covered without question.

Good enough. But what happens if today's mishap involves not your body, but your brain? What if you start thinking dangerous thoughts, or feeling so worthless you can't get out of bed? Those are medical problems, all right; your health-plan contract says so. And you do need your mind to get around.

So won't a hospital or clinic help you? Won't it help right away? Won't your insurance make sure you get what you need, and pay for it?

Don't count on it. Many Minnesotans have a hard time getting prompt psychiatric care from their health plans. Even people who are suicidal, anorexic, addicted, bipolar or schizophrenic sometimes can't get help. The pattern is pronounced enough that Attorney General Mike Hatch has filed a lawsuit against one apparent transgressor — Blue Cross and Blue Shield of Minnesota. Hatch claims the company has improperly denied needed mental-health care to children.

Blue Cross insists it's done nothing wrong. As its leaders explain, health plans are required to pay for treatment only when it's medically necessary. And it's up to the health plan to decide what's necessary and what's not.

There's the rub. No doctor in the world would put off setting a broken limb. But when it comes to broken minds, health plans too often underplay and undertreat what they see. They lean on the state's narrow civil-commitment law — which prescribes court-ordered treatment when patients pose "imminent danger" — as an excuse for overlooking the less-than-dangerous. They sometimes stall until treatment-seekers get so sick that hospitalization is necessary. And even then, insurers sometimes balk — refusing to deliver or pay for treatment when it's court-ordered.

The strategy may save money for health plans, but it doesn't save Minnesotans a dime. They underwrite care for the mentally ill however it's delivered — whether through health plans or

Mental health

Seeking a system

through state agencies. Left untreated, small mental-health problems become big, expensive problems — burning up dollars and human hopes.

This duty-shirking is more than a sometimes thing. A legislative auditor's report last month suggests that it may be quite common. Minnesota spends \$1 billion a year on behavioral health care, and taxpayers pay two-thirds of the bill. Private insurers pick up only a third — even though they cover two-thirds of Minnesotans. Even if uninsured people need proportionately more care than the insured — as they probably do — health plans still appear suspiciously underinvolved. The auditor's report found that insurers last year refused to pay for nearly \$30 million in mental-health and chemical-dependency services for their members. When challenged, insurers invoke the mantra of medical necessity — and point a finger at the many other players in the mental-health care system.

There are indeed many players, but there's no system. If there were, private insurers wouldn't be able to get away with neglecting their own members. Patients who are sick wouldn't have to get sicker — or get committed — to get help. Courts and psychiatrists wouldn't have to squabble with health plans about what's medically necessary. Mental illness would be treated as a real affliction — just as real, just as treatable, as a fracture.

What will it take to create such a system? For starters, it will take a change in health-plan behavior. Lawmakers can help spur the change this year: They can oblige insurers to pay for all court-ordered mental-health treatment, as one pending reform bill prescribes. And they can refine Minnesota's clumsy civil-commitment law to permit early intervention in progressive illness, as a bill sponsored by House DFLer Mindy Greiling of Rosville proposes. Greiling's bill, slated for a hearing this morning in the House Civil Law Committee, recognizes the folly of holding off on treatment until mental illness becomes menacing.

Would that the state's health plans saw the folly. It's time they stopped passing the buck — and started treating the sick.