



# Timothy's Law Campaign

Working for health insurance parity for mental health and addiction treatment services.  
737 Madison Avenue, Albany, New York 12208 518-432-0333 fax 518-434-6478 www.TimothysLaw.org

## **MEMORANDUM IN SUPPORT** **A.10078 – P. Rivera / S.6818 – Morahan**

*An act to amend the mental hygiene law, in relation to the effectiveness of mental health parity; and to amend the insurance law, in relation to posttraumatic stress disorder*

Timothy O'Clair  
May 5, 1988 - March 16, 2001

### **Timothy's Law Campaign Executive Committee**

American Foundation for  
Suicide Prevention

Alcohol and Substance Abuse  
Providers of New York State

Coalition for the Homeless

The Coalition of Behavioral  
Health Agencies

Families Together in  
New York State

Long Island Recovery  
Advocates

Mental Health Association  
in New York State

Medical Society of the  
State of New York

National Alliance on Mental  
Illness in New York State

National Association of Social  
Workers – NYS Chapter

New York Association of  
Psychiatric Rehabilitation  
Services

New York State Coalition  
Against Sexual Assault

New York State Coalition for  
Children's Mental Health  
Services

New York State Council for  
Community Behavioral  
Healthcare

New York State Psychiatric  
Association

New York State  
Rehabilitation Association

Schuyler Center for Analysis  
and Advocacy

\* \* \*

Tom O'Clair,  
Founding Member

The Timothy's Law Campaign strongly supports A.10078/S.6818, a bill to include posttraumatic stress disorder (PTSD) under New York State's mental health parity law, known as "Timothy's Law."

In the final days of 2006, the New York State Legislature passed and the governor signed Timothy's Law, a momentous bill mandating parity for physical and mental health coverage under private health insurance programs. Timothy's Law increased access to treatment for thousands of New Yorkers suffering from psychiatric disabilities. A.10078/S.6818 would add posttraumatic stress disorder to the list of "biologically based" mental illnesses currently covered under Timothy's Law, including schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, anorexia, and bulimia.

Like these other diagnoses, posttraumatic stress disorder is a biologically-based mental illness: Numerous brain imaging studies have demonstrated the existence of both functional and structural brain differences when comparing the images for PTSD patients and those of persons without the diagnosis. Most notable is hippocampal atrophy and elevated brain activity in the prefrontal cortex among PTSD patients when compared with control groups.

PTSD disproportionately affects certain traumatized populations, including combat veterans survivors of sexual assault, and victims of childhood abuse. Untreated PTSD is highly correlated with costly medical conditions; estimated to be in the billions of dollars per year in lost worker productivity and medical service usage. These costs could be largely avoided with appropriate and timely mental health treatment.

Indeed, PTSD can be treated quite effectively. A recent report by the Institute of Medicine demonstrates the efficacy of certain cognitive therapies, an evidence base on which the Veterans Administration has also agreed.

For those in the acute phases of this condition, the base mental health benefit in Timothy's Law may not cover all of their treatment needs, and like the other biologically based conditions, PTSD should therefore be included in the enhanced coverage in our parity statute.

The proposed amendment would cover treatment beyond the 30 inpatient day/20 outpatient visit mandate, and then only for the fraction of PTSD sufferers in an acute phase of the condition in which more intensive inpatient and/or outpatient treatment is medically necessary to help the person reach a state of stability. At that point, the related utilization of both mental health and medical care will fall back to more common levels within the base benefit amounts. Any costs would be negligible and should not require any adjustments in premiums. Indeed savings from reduced medical utilization would be expected.