

S 1832

Senator Paul Wellstone Mental Health Equitable Treatment Act of 2003

Congress: 108 (2003–2005, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Nov 6, 2003

Current Status: Sponsor introductory remarks on measure. (CR S5730, S5731, S5732-5733)

Latest Action: Sponsor introductory remarks on measure. (CR S5730, S5731, S5732-5733) (May 19, 2004)

Official Text: <https://www.congress.gov/bill/108th-congress/senate-bill/1832>

Sponsor

Name: Sen. Daschle, Thomas A. [D-SD]

Party: Democratic • **State:** SD • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

No committee referrals or activity are recorded for this bill.

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
108 S 486	Related bill	Feb 27, 2003: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (text of measure as introduced: CR S2972-2973)

Senator Paul Wellstone Mental Health Equitable Treatment Act of 2003 - Amends the Employee Retirement Income Security Act of 1974 and the Public Health Service Act to prohibit certain employee group health plans or related insurances providing both medical-surgical and mental health benefits from imposing mental health treatment limitations or financial requirements unless comparable limitations and requirements are imposed upon medical-surgical benefits. States that the foregoing shall not be construed as requiring a group health plan (or related insurance) to: (1) provide any mental health benefits; (2) prevent the medical management of mental health benefits; or (3) require the provision of specific mental health services, except to the extent that failure to provide such services would result in a disparity between the coverage of mental health and medical-surgical benefits.

Exempts specified small employers from such requirements.

Requires that, in the case of a group health plan that offers a participant or beneficiary two or more benefit package options, the coverage requirements shall be applied separately with respect to each such option.

Provides that, in the case of a plan or insurance providing in-network mental health benefits, out-of-network mental health benefits need not be provided at parity to medical-surgical benefits, as long as in-network mental health benefits are provided at parity with medical-surgical benefits and the plan or insurance provides reasonable access to in-network providers and facilities.

Requires a General Accounting Office study of such requirements' effects upon health insurance costs, access, and quality and a cost estimation of extending such requirements to the treatment of substance abuse and chemical dependency.

Actions Timeline

- **May 19, 2004:** Sponsor introductory remarks on measure. (CR S5730, S5731, S5732-5733)
- **Nov 7, 2003:** Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 382.
- **Nov 6, 2003:** Introduced in Senate
- **Nov 6, 2003:** Introduced in the Senate. Read the first time. Placed on Senate Legislative Calendar under Read the First Time.