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**Rep. Jim Ramstad's Bill Would Stop Discrimination**

People in recovery from alcoholism and drug addiction can fight for citizenship rights by helping Congress pass the HEART Act

WASHINGTON, DC – Proposed legislation to stop discrimination by insurers of people with addiction disorders was called "our civil rights act" by Johnson Institute President Johnny W. Allem, who called on America's community of recovered alcoholics and addicts to publicly fight for its passage.

The Institute urged rapid passage of H.R. 2256, the "Help Expand Access to Recovery and Treatment (HEART) Act of 2003", introduced by Representative Jim Ramstad (R-MN) and Sen. Norman Coleman (R-MN) last week. The proposed law would prohibit health insurers from erecting discriminatory barriers to chemical dependency treatment, such as co-payments, deductibles or limited treatment stays that are different from other medical and surgical services.

"This is a law that says you cannot take away something that has been bought and paid for simply because society doesn't like you and can get away with it," Allem said. The Johnson Institute is the nation's oldest policy organization of and for persons recovered from alcoholism and drug addiction. Founded in Minnesota in the 1960s, JI promotes awareness, prevention, treatment and recovery technologies and practices.

"For those of us who have been afflicted or affected by alcoholism and drug addiction, this is a major step in asserting our citizenship," Allem said. "This is our civil rights act.

"I call on survivors of addiction, their families and allies to stand up and be counted in the fight to pass this law. We cannot rest until it becomes law."

Allem said the denial of care by insurers who cover workers' health concerns goes hand-in-hand with life-long discrimination of people with problems and people who have recovered from problems with chemical dependency.

Ramstad, author and primary sponsor of the HEART Act, said more than 16 million Americans who are chemically dependent are covered by insurance, but unable to access adequate treatment. He also said that ending discrimination would add less than one percent to existing health insurance premiums. "Expanding access to treatment is not only the right thing to do, it's the cost effective thing to do," he said.

"People who have not used drugs or alcohol for more than five years have no more likelihood of future problems than the population at large," Allem said. "Yet we are often treated with skepticism and discrimination for life."

In denying appropriate care, insurers reduce medications authorized by doctors,

shorten treatment periods, arbitrarily terminate care, and impose arbitrary and discriminatory co-pay requirements, Allem said. At the same time, healthcare payees ignore outcomes that demonstrate significant savings in overall health costs when appropriate addiction treatment is applied.

Discrimination proliferates in the workplace long after people achieve stable and productive recovery. Job placements and promotions are often in jeopardy when an addiction history is noted. Many people with addiction histories, but no current use, face unrealistic obstacles in obtaining student loans, grants, scholarships or access to government training programs as well as bans on receiving public cash assistance and food stamps, Allem said.

"Millions of Americans are free from the negative aspects of their addiction histories, successfully using many pathways of recovery," Allem said. "When we end discrimination against access to treatment that is already paid for, we take a big step toward ending discrimination for all those affected and afflicted."