Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law)

Approved by the Board of Trustees, July 2019
Approved by the Assembly, May 2019

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Issue:

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or parity law) requires that covered mental health and substance use disorder (MHSUD) benefits not have “predominantly” or “substantially” separate or unequal treatment limitations. However, implementation of the parity law is incomplete, but case law will eventually establish clarity about which MHSUD utilization management limitations are consistent with the requirements of the parity law; Psychiatrists serving as utilization reviewers or medical directors for managed care entities often lack access to current and accurate information about whether the medical necessity criteria they use or develop are in compliance with parity law requirements, as is also the case for covered individuals and their treating clinicians

APA Position:

1. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or the Parity Law) is an insurance nondiscrimination law designed to protect persons seeking treatment for mental health and/or substance use disorders;
2. The Parity Law stipulates that all insurance plan design features must be nondiscriminatory;
3. Primary plan design features include financial requirements (FRs), quantitative treatment (QTLs) and nonquantitative treatment limitations (NQTLs);
4. The Parity Law and its implementing regulations have specific codified regulatory tests to evaluate whether a plan has discriminatory features (i.e., FRs, QTLs and NQTLs) which apply to mental health and or substance use disorder benefits;
5. Health plans must perform and document that they have performed the tests to assure compliance with the Parity Law;
6. The federal agencies (DOL, HHS and Treasury) responsible for implementation and oversight of the Parity Law have issued definitive guidance – The Self Compliance Tool – as to how plans are to evaluate and document their compliance;
7. Health plans must perform and document the required benefit nondiscrimination tests per the Self Compliance Tool, provide an attestation that their plan (s) complies and that the documentation which supports the attestation is available upon request to regulators of jurisdiction and persons entitled to plan documents which demonstrate compliance.