

## APA Official Actions

### Position Statement on Carve-Outs and Discrimination

Approved by the Board of Trustees, July 2019

Approved by the Assembly, May 2019

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

#### Issue:

The separation of the funding and delivery of psychiatric and/or substance abuse\* services (carve-outs) from general medical services is detrimental to providing high quality comprehensive care. The carve-out mechanism leads to stigmatization of psychiatric patients and the marginalization of psychiatric treatment. Only in highly specialized circumstances (most frequently in some sectors of public psychiatric care) can these problems caused by carve-outs be sufficiently mitigated to provide reasonable clinical care.

The advent of managed care has resulted in millions of individuals receiving psychiatric treatment through “Behavioral Health Carve-Outs.” The American Psychiatric Association position is that the “carve-out” approach discriminates and selectively diminishes funding of psychiatric treatment in both the private and public sector. This results in decreased access to care, reduced quality of care and decreased services for individuals with mental illness.

#### APA Position:

**The APA opposes mental health and chemical dependency carve outs in health benefit plans. Carving out mental health and chemical dependency benefits is discriminatory, impedes the full integration of care, and decreases access to mental health and chemical dependency services. Only in highly specialized circumstances (such as some sectors of public psychiatric care) can these problems caused by carve outs be sufficiently mitigated to provide appropriate clinical care.**