

## Support Parity: Fair Coverage for Mental Health/Substance Use Disorder Services

## APA Position

Patients have the legal right to equal access and coverage for mental health and substance use disorder (MH/SUD) treatment services as they would any other medical service.

• Legislative Ask: Cosponsor the bipartisan Mental Health Parity Compliance Act (H.R. 3165 / S. 1737) to enhance transparency and accountability of coverage MH/SUD.

## **Background**

The Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted in 2008 to ensure that insurers cover MH/SUD services as they would any other medical service. While much work has been done over the past 10 years, coverage of MH/SUD services remains more restrictive, particularly in complex matters relating to managed care practices, than other medical care.

A lack of transparency and oversite allows insurers to design managed care practices in a manner which creates barriers to access MH/SUD services. As a result:

- **Medically Necessary and clinically appropriate treatments** for MH/SUD are excluded from coverage more frequently than treatments for other medical conditions.
- **Prior authorization** and other types of utilization review are performed in a more stringent manner for MH/SUD care than other medical care.
- **MH/SUD provider networks** are not comparable to the networks for other medical providers.

An estimated 44 million adults are in need of mental health services. When mental health access and coverage are more restrictive than other medical coverage, it can have dire consequences for patient care including suicides, overdoses and other forms of preventable death or injury.

Connecticut, Colorado, Delaware, Illinois, New Jersey, Tennessee and the District of Columbia have already moved to enact legislation to provide transparency and accountability for MH/SUD. However, federal action is needed to ensure ERISA and self-funded employment plans comply with MHPAEA.

The Mental Health Parity Compliance Act (H.R. 3165/S. 1737) requires insurers to demonstrate their compliance with federal parity requirements. The bill also directs the Secretary of Labor to collect these analyses from plans when a complaint is filed and to review 50 plans each year.

## Current Status

**House**: APA applauds the introduction of H.R. 3165 by Representatives Porter (D-CA), Bilirakis (R-FL), Norcross (D-NJ), and Mullin (R-OK) and calls for further cosponsors on this bill.

**Senate**: APA applauds the introduction of S. 1737 by Senators Chris Murphy (D-CT) and Bill Cassidy, MD (R-LA) and is pleased that the Senate HELP Committee included the language in the Lower Health Care Costs Act (S. 1895).

For More Information, Contact APA's Department of Government Relations at Advocacy@psych.org