

MENTAL HEALTH PARITY

35%

The decrease in the number of psychiatric beds in the US between 1998 and 2013¹

26.7

The number of U.S. adults with a mental illness not receiving treatment (2017)²

\$21,000

Additional annual cost to house & treat a mental health patient in a jail vs. an outpatient setting³

WHAT DOES FEDERAL LAW SAY?



The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 mandates parity between mental illness and substance use disorder (MI/SUD) benefits and medical surgical benefits provided by health insurance providers or group health plans.¹

COMMON PARITY VIOLATIONS



- · Charging more for mental health medication
- Forcing patients to try cheaper treatment before doctor-recommended treatment
- · Limiting length of stay in a treatment facility

DO INSURERS COMPLY WITH MHPAEA?

Though MHPAEA is the law of the land, there remain insurers that do not comply.

Health plans violate the law through:

- overly restrictive policies
- · treatment limits
- higher co-pays

This is often with no penalty and all at the expense of the patient.

The **Addiction Solution Campaign** completed a study (https://bit.ly/3b7rz3S) for 2015 and 2016 plans on all publicly available documents for several major health plans offered in New York and Maryland. The report found that neither consumers nor regulators could get complete information on whether the benefit package was in compliance with the law. Five out of the seven plans reviewed did NOT make it clearly evident that MH/SUD was treated equitably as defined by MHPAEA.

HOW ARE PARITY VIOLATIONS DISCOVERED AND ADDRESSED IN NEVADA?

In Nevada, the benefit parity issue is addressed in a complaint-driven regulatory model resulting in inefficiencies and lapses in care. Mental health patients are required to identify that a violation has occurred and then figure out what agency can help them address it. It can take months for com-

plaints to be addressed and the **bureaucratic hurdles** of bouncing between departments can hinder timely progress.

WHAT CAN NEVADA DO?

- Pass state level parity legislation enforcing compliance with federal law
- Build upon previously introduced parity legislation (https://bit.ly/2V4f6s0)
- Require additional documentation, or enhanced attestation, for Medicaid and from insurers (by the Division of Insurance) to proactively confirm compliance with parity laws
- Consider public outreach regarding parity by the Office of Consumer Health Assistance (https://bit.ly/3a3LgZ6) and the Attorney General's office

Addressing this issue will help close the coverage gap for people living with MI/SUD and increase access to high quality care.

The Nevada Medical Center (https://bit.ly/2Vv5NQO) currently gives the state a **D** grade for health care access and a **C** grade for mental health care compared to other states.

REFERENCES

- 1. Psychiatry Advisor Q&A With Dr Steven Sharfstein (https://bit.ly/3aYgZMh)
- 2. NIH: Mental Illness (https://bit.ly/2wrPMmg)
- 3. Crain's Detroit article, 2011 (https://bit.ly/2UWU3rl)
- 4. Kennedy Forum resources (https://bit.ly/39XYcPS)