

Mental Health Parity & Reality

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Imagine being diagnosed with breast cancer and being told that treatment services were not covered. Or maybe that half of the necessary chemotherapy sessions would be covered. The rest must be paid out of pocket. Or maybe that treatment is covered on paper but when you go to the list of in-service providers, you find that of the individuals registered in-network, none are taking new patients. This is what happens every day in the world of mental health care. This is not mental health parity, but it is our reality.



Led by former Congressman Patrick J. Kennedy and former US Surgeon General David Satcher, the Kennedy Forum commemorated the 10th Anniversary of the Mental Health Parity and Addiction Equity Act (MHPAEA) at the Kennedy Caucus Room of the US Capitol. Along with members of the International Advisory Board of our Global Mental Health Program at Columbia, I had the opportunity to participate in this day of celebration and day of reckoning.

1. Mental Health Parity and Addiction Equity Act (MHPAEA). That's a mouthful. It was also a handful to get passed in 2008. Championed by Pete Domenici (R-NM) and the late Paul Wellstone (D-MN), the MHPAEA made it illegal for group health plans and health insurance issuers that provide mental health or substance use disorder benefits that were less favorable than for other health conditions. In 2010, the Affordable Care Act (ACA) bolstered the MHPAEA by mandating coverage of preventive mental health and substance use disorder services, including depression screening, behavioral counseling for alcohol abuse, and alcohol and drug use screening for adolescents. Additionally, the ACA required that insurers maintain an adequate network of behavioral health providers to ensure that all services are accessible without unreasonable delay. Together, these bills make mental health parity real - on paper.

2. Where are we 10 Years On? We have made real strides in eliminating obvious discrepancies in coverage. Most insurers, for example, have dropped annual limits on the number of therapy visits that they will cover. Higher co-payments and separate deductibles for mental health treatment have become less of a problem. [That's the good news](#). However, the [broken glass metaphor from last week](#) holds for this week as well. It has not been all smooth sailing since the MHPAEA became law. A few months ago, the National Alliance on Mental Illness reported that mental health parity is still acutely at risk. Too many people cannot really access care. [Insurance companies are compensating providers at such low rates that providers are opting out of participating with insurance companies](#). The high proportion of out-of-network behavioral care means patients with mental health or substance abuse problems are likely to face high out-of-pocket costs that make treatment unaffordable.

3. [The Kennedy Forum - Parity Registry & Parity Track.](#) Following the passage of the MHPAEA, Congressman Patrick J. Kennedy left the Hill to get himself well. He then redoubled his efforts to get the country to a healthier place when it comes to caring for mental illness and substance abuse as well. He has been a tireless champion for mental health parity. Under the auspices of the Kennedy Forum, he has led an audacious effort to hold states and insurers accountable. And so were born the [Parity Registry](#) and [Parity Track](#). The [Parity Registry](#) is a website that provides consumers with step-by-step guidance on all you need to know about filing an appeal with your health plan and registering a complaint with your state enforcement official after being wrongfully denied coverage. [Parity Track](#) provides updates on the legislative, regulatory, and legal parity activities at a Federal level and in all fifty of the United States. With a report card for each state, the sorry news is that 32 states have failing grades. [Click here to see if your state has earned a passing grade.](#)

4. [Don't Deny Me.](#) A unique consumer action campaign, [Don't Deny Me](#) is designed to assist and empower American families in their fight against illegal insurance denials of mental health and substance use disorder treatment services. The Kennedy Forum hopes that it will spark a movement that pressures elected officials, insurance commissioners, and attorneys general to enforce parity laws. [Don't Deny Me](#) has materials you can share on social media channels that you can use to help spread the word.

5. [Parity around the world.](#) As Dr. Shekhar Saxena, Former Director of the Department of Mental Health and Substance Abuse at the World Health Organization (WHO), said last week at the United Nations General Assembly, "When it comes to mental health, all countries are developing countries." As of 2011, only 60% of member countries of the WHO had national mental health policies, and just 59% had legislation on mental health. The situation is most serious in low-income countries where only 36% have mental health coverage compared to 92% of people living in high-income countries. Some recent progress in mental health policy includes advances in [India where just a few months ago insurance regulators demanded that insurers cover mental illness on par with other health conditions](#). Chile, Colombia, and Ghana are setting examples as lower income countries pushing for equality for mental illness and addiction treatment. In [Europe](#), a joint statement on mental health for the European Union Health Policy Platform urged all European institutions to ensure that funding for mental health matches funding for health conditions.

We have come a long way in ten years. It is nearly impossible to find an individual or country that doesn't endorse mental health parity in principle. This is extraordinary given what it took to pass the MHPAEA only ten years ago. The extraordinary opportunity in front of us is to now make the parity ideal a reality in practice.