Mental Health Parity/Disparity

Introduction

Historically, mental health has been viewed as separate and distinct from physical health in our health care system. This has led to very disparate levels of insurance coverage for mental health care, meaning people are not getting the care they need. Mental health is as important to overall health as physical health. It is estimated that 25% of the adult population experience a mental health disorder of some kind, from mild depression to serious and persistent mental disorder, at some point in their lifetime. Over the last two decades we have made strides in achieving equality in mental and physical health insurance coverage, but there is still much work to be done. Below you will find information about some of the provisions of mental health parity laws and what YOU can do to make a difference and aid in the progression from disparity to parity.

Key provisions of mental health parity laws

Mental Health Parity Act of 1996

- Equates aggregate lifetime limits and annual limits for mental health benefits with aggregate lifetime limits and annual limits for medical and surgical benefits.
- Applies only to mental illness and not substance abuse.
- Applies to health plans that have mental health coverage, but does not mandate plans cover mental health.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act of 2008

- Requires equitable coverage for mental health and Substance Abuse needs as given for other health conditions.
- This includes equality in the number of covered inpatient days and outpatient visits, as well as co-pays, deductibles, and maximum out-of-pocket limits.
- Applies to health plans that have mental health coverage, but does not mandate plans cover mental health.

Patient Protection and Affordable Care Act

- Insurance expansions to an estimated 32 million uninsured Americans through a Medicaid expansion and premium subsidies for buying private insurance.
- Ban on excluding individuals with pre-existing conditions.
NAMI Utah’s mission is to ensure the dignity and improve the lives of those who live with mental illness and their families through support, education and advocacy.

- Ban on annual and lifetime limits for care.
- No more discrimination in health coverage costs. Insurers can not charge those with serious and chronic health conditions or people with disabilities more than healthy people.
- Young adults can remain on their parents insurance until 26.
- No cost-sharing for preventive services including services such as depression screenings.
- Establishment of Essential Health Benefit package. This is a floor for benefits that insurance must cover to be eligible to sell in state and federal health insurance exchanges and includes coverage of mental health and substance abuse services.

Get Involved!

As you can see, a lot of progress has been made over the last 15-20 years for mental health parity. There is still a lot of work to go. Many of the provisions of the Affordable Care Act do not go into effect until 2014 and much of the work to ensure that they are defined and implemented in a consumer friendly way is happening now.

The 2012 Utah State Legislature passed HB144 which defines many aspects of the Affordable Care Act that need to be discussed and decided on by the Legislatures Health System Reform Task Force this year. This task force is open to the public and will be forming committees to talk about issues including how the state will define Essential Health Benefits. To find meeting times and topics for the task force visit [www.le.utah.gov](http://www.le.utah.gov). States have been given flexibility on how to define this benefit package and advocates who know how important mental health care is need to have their voice heard.

Insurance is difficult to navigate in the best of times let alone when people are coping with mental illness or a crisis. Professionals, family members, and others can help consumers navigate this process. The Parity Implementation Coalition has published a toolkit that can be used as resource in communicating with health plans, navigate disputes and appeals, as well as helping to better understand the consumers rights and procedures. You can find this toolkit at [http://parityispersonal.org/Parity-Toolkit](http://parityispersonal.org/Parity-Toolkit).

Conclusion

Mental illness can be a difficult thing for individuals, families, and communities to understand, manage, and treat. Recovery is the norm for people who have consistent access to quality care. The reforms over the past several years are important steps to ensuring recovery is an option to all those living with mental illness.