



Mental Health Parity

NCOIL SUMMER MEETING

July 22, 2023

About ABHW



The Association for Behavioral Health and Wellness (ABHW) is dedicated to advancing federal policy and educating the public on mental health disorders and addiction care. ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to over 200 million people in both the public and private sectors to treat mental health disorders, substance use disorders, and other behaviors that impact wellness.

Founded in 1994, ABHW is a respected leader in the behavioral health and medical arena. Poised to effect policy change, ABHW provides thought leadership and advocates for regulations and policies that help provide high quality health care to promote healthy living and improved quality of life.

ABHW Priorities



- **Mental Health Parity**
- **Telehealth**
- **Crisis Services/Suicide Prevention**
- **Workforce**
- **Substance Use Disorders**
- **Children and Youth**
- **Criminal Justice**

Payers & Parity

- Supported Parity Since Our Inception
- Improved Access to Behavioral Health Treatment, Services, and Providers
- Aligned Behavioral Health Co-Payments and Visit Limitations with Medical
- Eliminated Arbitrary Financial Limits on Annual and Lifetime Dollar Caps
- Eliminated Prior Authorization for Routine Outpatient Visits

Mental Health Parity Act of 1996

- Prohibited Large Employer-Sponsored Group Health Plans From Imposing Different Annual or Lifetime Dollar Limits on Mental Health Than on Medical/Surgical
- Cost Exemption



Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA): Overview

- Benefits Covered
 - Mental Health Conditions
 - Substance Use Disorders
- Parity Requirement
 - Financial Requirements
 - Treatment Limitations
 - Quantitative
 - Nonquantitative

Who Does the Law Apply To?

- Group Health Plans and Health Insurers That Provide Coverage to Group Health Plans (employers with over 50 employees)
- Medicaid Managed Care Plans
- State Children's Health Insurance Program
- Non-Federal Governmental Plans
- Federal Employees Health Benefits Plans

Components of MHPAEA

- Classification of Benefits
- Out-of-Network Benefits
- Management
- Transparency
- Small Employer Exemption
- Cost Exemption
- Compliance Report
- GAO Study
- Consumer Assistance
- State Laws
- Effective Date
- Enforcement/Regulations

Affordable Care Act Impact on MHPAEA

- Applied MHPAEA to Individual Market and Qualified Health Plans on the Exchange or Marketplace
- Mandated Coverage of Mental Health and Substance Use Disorder Treatment by Establishing Ten Essential Health Benefits

21st Century Cures Act 2016

- Compliance Program Guidance Document
 - Examples Illustrating Requirements for Information Disclosures and Nonquantitative Treatment Limitations
 - Descriptions of the Violations Uncovered During the Course of Investigations
 - Update Compliance Program Guidance Every Two Years
 - An Action Plan Including a Memoranda of Understanding to Better Coordinate Federal and State Enforcement Responsibilities and Information Sharing

Consolidated Appropriations Act, 2021 (CAA)

- Requires Group Health Plans and Health Insurance Issuers to Make Available a Comparative Analysis of Nonquantitative Treatment Limitations
- Codifies a Step-Wise NQTL Compliance Approach
- Requires an Annual Report to Congress from Federal Regulators
- Directs Federal Regulators to Issue Regulations Within 18 Months of Enactment
 - Illustrative, De-Identified Examples of Previous Findings of Compliance and Noncompliance

Contact Information

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