

How Employer-Provided Coverage Improves Access to Mental Health Support





Everyone deserves access to effective and affordable mental health support and counseling. For hundreds of millions of Americans, employer-provided coverage is an essential path to that access. The COVID-19 pandemic made mental health everyone’s issue, because everyone was impacted mentally – even the mentally well.

As demand for mental health support has increased, employers and health insurance providers are working to support patients by helping them find the services they need at a price they can afford.

This report highlights how health insurance providers are working to improve access to mental health support for every patient who needs it.

Key Findings:

- **41 million Americans** – nearly 1 in 4 enrolled in employer-provided coverage (EPC) – **received mental health support** in 2020.
- **6 million children received mental health services and treatment** through a parent or guardian’s employer-provided coverage in 2020.
- There was a **100-fold increase in telehealth appointments** for mental health in 2020.
- Patients spend **less than \$15 in out-of-pocket costs** for most drugs prescribed to treat mental health conditions.

Wide Coverage of Mental Health Support and Substance Use Disorder Treatment

EPC is the source of affordable health care for nearly [180 million Americans](#). Of these, 41 million Americans, including 6 million children, received treatment for mental health and substance use disorders, accounting for almost one in four EPC enrollees (Table 1). The treatments included individual and group psychotherapy, received by 13 million enrollees; behavioral health related office visits with primary care physicians (PCP), including pediatricians, received by 22 million enrollees; and prescription drugs, received by 31 million enrollees.

Table 1. Share of EPC Enrollees Receiving Mental Health Support in 2020.

Age Group	Any Therapy	Psychotherapy	PCP Visit	Rx Therapy
0-17	13%	7%	8%	6%
18-34	24%	9%	15%	18%
35-44	27%	8%	14%	22%
45-54	27%	6%	13%	23%
55-64	27%	5%	11%	24%
All Ages	23%	7%	12%	18%

With more than half of patients who sought mental health support receiving it through a PCP, the data clearly demonstrate how essential this pathway is to ensuring patients have access to the care they need. While psychotherapy is provided by psychiatrists, psychologists, licensed clinical social workers or licensed therapists, a PCP can diagnose and treat some mental health conditions, such as anxiety or depression, and prescribe medications or refer patients to a behavioral health specialist to care for more complex conditions.

Patients, on average, had 3 mental health related visits per year with PCPs. PCPs serve as a crucial access point for many patients who need mental health support, particularly those patients who have not previously received mental health support. PCPs need to be able to triage patients to mental health professionals when patients have more severe mental illness, although many PCPs prescribe medications to treat some mental health conditions. In addition to primary care visits and prescription drugs, 13 million enrollees received psychotherapy in 2020, with patients, on average, receiving 10 psychotherapy sessions during the year.

Greater Access through Telehealth Appointments

The COVID-19 public health emergency (PHE) has drastically accelerated the wide-spread adoption of telehealth appointments for mental health support. In 2020, the first year of PHE, almost 40% of visits for this type of care were conducted virtually, compared to less than 1% of psychotherapies in 2019—a hundred-fold increase in just one year. Similarly, telehealth appointments accounted for 30% of mental health related PCP visits in 2020, compared to less than 1% of office visits in previous years.

Table 2. Growth in Telehealth Appointments in Mental Health.

Year	Psychotherapy	PCP Visit
2016	0.05%	0.10%
2017	0.11%	0.15%
2018	0.19%	0.27%
2019	0.39%	0.50%
2020	39.41%	30.13%

Adapting to Meet Patients Where They Are

During the COVID-19 pandemic and PHE, health insurance providers quickly adapted to new challenges and embraced legal flexibility to cover more mental health visits via telehealth pre-deductible for the more than 32 million Americans enrolled in consumer-directed health plans (CDHP) through work. Mental health care was the most frequent category of care provided via telehealth in 2020. From a [report earlier in 2022](#), AHIP analyzed the medical claims of CDHP enrollees in 2020 and found the majority (52%) of the pre-deductible telehealth claims of CDHP enrollees were for mental and behavioral health services. Expanded telehealth options and the ability to design benefits in ways that make these services low cost to consumers meant millions had affordable and convenient access to mental health professionals, regardless of where they lived. It is imperative Congress extend this opportunity into the future.



Affordable Access to Prescription Drugs

In addition to psychotherapy, patients with mental health and substance use disorders have access to a wide range of prescription drugs to treat their conditions. For each category of conditions, more than 80% of prescription drugs come in generic form or have a generic alternative (Table 3). This means these treatments are affordable for the patients who need them. The average out-of-pocket costs per prescription for brand drugs with no generic alternatives to treat mental health conditions were about \$100, compared with less than \$15 for generics.

Table 3. Prescriptions and Out-of-Pocket Expenses for Prescriptions by Condition and Generic Status.

Mental Health Disorders	Brand Only	Brand Generic Available	Generic
ADHD (stimulants, hypotensive drugs)			
Prescriptions	2%	19%	80%
Out-of-Pocket Expenses for Prescriptions	\$99	\$26	\$13
Anxiety (benzodiazepines, anxiolytic drugs)			
Prescriptions	0%	0%	100%
Out-of-Pocket Expenses for Prescriptions	\$102	\$56	\$4
Bipolar Disorder (anticonvulsants, lithium)			
Prescriptions	1%	5%	95%
Out-of-Pocket Expenses for Prescriptions	\$118	\$120	\$8
Depression (SSRI, SNRI, esketamine)			
Prescriptions	2%	0%	97%
Out-of-Pocket Expenses for Prescriptions	\$86	\$156	\$8
Schizophrenia (antipsychotics)			
Prescriptions	15%	1%	84%
Out-of-Pocket Expenses for Prescriptions	\$109	\$110	\$9
Substance Abuse (opiate antagonists, alcohol deterrents)			
Prescriptions	13%	4%	83%
Out-of-Pocket Expenses for Prescriptions	\$59	\$63	\$14

Call to Action

In March 2022, Congress authorized a temporary extension of a safe harbor provided as part of the bipartisan Coronavirus Aid, Relief, and Economic Security (CARES) Act that allowed CDHPs to cover telehealth services pre-deductible. **For millions of individuals and families with EPC, making this safe harbor permanent means certainty that their more affordable and convenient access to care – including mental health care – is here to stay.**

Congress should also consider action to address the growing shortage of mental health providers available in many areas to serve patients. Rising demand for mental health care has not kept pace with the supply of quality, licensed providers, particularly in rural areas. **Health insurance providers and employers are committed to ensuring that more mental health providers are contracted and available to meet the mental health needs of the nearly 180 million Americans with employer-provided coverage.**

Methodology

All medical and pharmacy claims data related to mental health support were extracted from the IBM® MarketScan® Commercial Database for the period January 1, 2016, to December 31, 2020. Pharmacy claims were identified based on the list of prescription drugs and obtained from the [National Alliance for Mental Health](#). The list was supplemented by other drugs within the same therapeutic class. Psychotherapy claims were identified based on individual and group psychotherapy procedure codes. Mental health related office visits were identified based on the combination of evaluation and management procedure codes and diagnostic codes for the common mental health disorders (ADHD, anxiety, bipolar disorder, depression, schizophrenia, and opioid and alcohol related substance abuse). Psychotherapy and office visits were further categorized into in-person and telehealth visits based on procedure modifier codes.

For each therapy type, we estimated the percentage of all enrollees who received the therapy, as well as the share of enrollees who received any of these therapies in 2020. We further estimated the total number of EPC enrollees receiving each therapy type by multiplying the percentages above by the total number of EPC enrollees. For psychotherapy and office visits, we calculated the share of visits conducted virtually using the telehealth flag. Finally, using pharmacy claims data, we calculated the average out-of-pocket costs and generic share of prescription drugs by mental health disorder.

ABOUT COVERAGE@WORK

Coverage@Work (C@W) is a campaign to educate policymakers and the public about the value employer-provided coverage delivers to nearly 180 million Americans. C@W supports and advocates for market-based solutions that advance health, choice, affordability, and value for every American. **Learn more at [AHIP.org/CoverageAtWork](#)**