



Behavioral Health Care 10 Years After MHPAEA

Patients deserve comprehensive health care that effectively addresses their physical, mental, and social well-being. That's why health insurance providers diligently comply with the Mental Health Parity and Addiction Equity Act (MHPAEA).

MHPAEA requires health insurance providers that offer mental health and substance use disorder benefits to cover them on par with medical and surgical benefits. Numerous states have enacted parity laws as well, some of which include additional protections to the federal law.

Recognizing the importance of behavioral health care to having good overall physical and mental health, health insurance providers have long supported the increased access provided by MHPAEA. They have worked hard to implement these protections and innovate improvements in care. The significant increase in use of mental health and substance use disorder treatment services since passage of the federal parity law provides strong evidence that MHPAEA is working and providing patients with access to the quality, affordable health care they need.

Commitment to Parity and Quality Behavioral Health Care

- Health insurance providers are committed to ensuring access to quality, affordable mental health care and treatment for substance use disorders in the context of whole-person care.
- Health insurance providers use cross-functional teams, involving individuals across medical, behavioral, pharmacy, legal and compliance departments to promote understanding and implementation of parity rules.
- Reports by the U.S. Department of Labor have shown progress made by health insurance providers in recent years, while at the same time recognizing the complexity of MHPAEA implementation.^{1,2}
- In addition to offering behavioral health benefits on par with medical and surgical benefits, health insurance providers are pioneering innovative programs designed to raise patient awareness of the importance and availability of behavioral health care, reduce stigma, integrate behavioral and medical and surgical care, encourage discussions with providers, and focus on proactive identification of behavioral health needs.
- Health insurance providers rely on evidence-based criteria to guide coverage policy and proven quality metrics where available to track and improve patient outcomes across both behavioral and medical and surgical benefits.

1 Improving Health Coverage for Mental Health and Substance Use Disorder Patients: Including Compliance with the Federal Mental Health and Substance Use Disorder Parity Provisions: Report to Congress. January 2016. <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/mental-health-parity/improving-health-coverage-for-mental-health-and-substance-use-disorder-patients.pdf>

2 Report to Congress: Compliance of Group Health Plans (and Health Insurance Coverage Offered in Connection with Such Plans) With the Requirements of the Mental Health Parity and Addiction Equity Act of 2008. January 1, 2012. <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/mhpaea-report-to-congress-2012.pdf>

Dramatic Growth in Behavioral Health Care Shows MHPAEA Is Working

- Significantly more people are getting mental health and substance use disorder treatment in the decade since MHPAEA was enacted.
- For example, according to a FAIR Health [study](#), there has been dramatic growth in use of mental health and substance use treatment services, as demonstrated by an increase in behavioral health claims.
 - The number of private insurance claims for behavioral health diagnoses increased **320 percent** from 2007-2017.
 - Services to treat specific mental health diagnoses:
 - Anxiety treatment increased 242 percent
 - PTSD treatment increased 177 percent
 - Major depressive disorder treatment increased 172 percent
 - Bipolar disorder treatment increased 103 percent
 - OCD treatment increased 65 percent
 - Adjustment disorder (including anxiety and depression) treatment increased 65 percent
 - Services to treat specific substance use disorder diagnoses, including amphetamine, barbiturate, and hallucinogen use have also dramatically increased.

System-Wide Efforts Are Needed to Further Improve Quality

- Persistent and significant differences between the behavioral health and medical and surgical treatment infrastructures must be addressed to continue to improve patient access to evidence-based, affordable behavioral health care.
- For example, there is a well-documented shortage of behavioral health providers in the U.S.³ Telemedicine is increasingly being used to augment delivery capacity for behavioral health. However, policymakers must explore additional ways to increase the capacity of the behavioral health workforce to give patients better access to these providers.
- The quality and strength of available evidence and standards for assessing mental health and substance use disorder treatment trail behind available data for medical and surgical treatment. Policymakers should look for ways to improve the behavioral health quality infrastructure to support better quality assessment of behavioral health care.
- Current federal regulations (42 CFR Part 2) limit confidential sharing of critical patient substance use disorder information which can impede the integration of patient services and support and coordination of behavioral and medical care. Policymakers should align these federal regulations with the Health Insurance Portability and Accountability Act's (HIPAA) existing privacy requirements for uses and disclosures of individuals' health information for treatment, payment, and health care operations.

³ Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues. U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. January 24, 2013. https://www.cibhs.org/sites/main/files/file-attachments/samhsa_bhwork_0.pdf