



# *Consumer Experiences with Mental Health Parity*

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## MHPAEA Overview

- Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343
- Final rules published in November 2013
- MHPAEA is a coverage condition, not a mandate
- If you offer coverage of mental health and substance use disorder benefits they must be “no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan...” and “there are no separate cost sharing requirements than are applicable only with respect to mental health or substance use disorders benefits.”

## Interaction with State Laws

- 43 state parity laws were in effect in 2008, MHPAEA contains no state preemption
- MHPAEA did not impact existing state mandates to offer or cover behavioral health benefits
- Legislative activity at the state level continues to focus on compliance and enforcement

Form a consumer perspective, MHPAEA has been very successful ...

- Numerical restrictions and financial limitations have gone away

However, challenges remain ...

- Enforcement is largely complaint driven,
- Consumers don't just have to demonstrate a discriminatory practice, they have show the absence of this practice in medical-surgical benefits
- Clarity on compliance with Non-Quantitative Treatment Limits (NQTLs) has been difficult, but progress is being made – 2018 Department of Labor FAQs

## Challenges and opportunities for state regulators ...

- Assuring compliance across both the plan managing medical-surgical benefits and the separate “carve out” plan managing behavioral health
- Ensuring parity for network adequacy is particularly difficult
- Need for an independent recognized accreditation process for compliance – URAC process is available

## MHPAEA Provisions in Year End COVID Legislation

- As of February 10, 2021, state regulated plans will be required to perform comparative parity analyses (similar to mandatory NQTL assessments requirements in a number of states).
- Plans will have to these analyses available to state regulators upon request.
- In states without reporting requirements, regulators can request these analyses.