



## Fulfilling the Promise of Parity

### ➤ The Issue: MHPAEA Has Not Yet Been Implemented Fully or Fairly

Passed nearly 17 years ago, *The Mental Health Parity and Addiction Equity Act (MHPAEA)* has yet to be implemented fully and fairly for all Americans. Consequently, insurers continue to apply coverage standards for behavioral healthcare services, including mental health and substance use disorder (SUD) treatments, which are far more stringent than the coverage criteria used for physical health services.

The Centers for Disease Control and Prevention reports that deaths by suicide increased from 2021 to 2022 and remain on an upward trajectory. Equally troubling, the number of U.S. deaths due to opioid/fentanyl/methamphetamine use has increased significantly since 2018. Despite new social awareness and resources, our nation faces a worsening behavioral health crisis. Continuing to neglect parity has deadly consequences.

### ➤ Background

Patients who need behavioral healthcare are generally subjected to more narrow criteria for coverage approval, relative to patients seeking physical healthcare. Often, patients seeking behavioral healthcare and addiction treatment face extremely long wait times for therapy and other treatment due to a provider shortage exacerbated by chronically low pay, largely due to parity issues. An April 2024 report from RTI International found that access to *in-network* medical care was 3.5 times greater than for behavioral healthcare treatment, with *out-of-network* psychiatrists visits occurring 8.9 times more often than for physical medicine specialists. Patients are often subject to false denials of care to which they are entitled. Oversight of public and commercial plans is not doing enough to ensure parity.

To truly implement MHPAEA, we need a comprehensive oversight structure that includes civil monetary and other penalties for non-compliance and appropriate state oversight of Medicaid managed care organizations. Specifically, as the U.S. Labor Department (DOL) Office of the Inspector General (OIG) report *EBSA Faced Challenges Enforcing Compliance with Mental Health Parity Laws and Requirements* noted, the department's Employee Benefits Security Administration (EBSA) is encountering limitations.

To drive greater parity compliance, as recommended by the OIG, we support granting EBSA with civil monetary penalty authority. EBSA also needs greater and consistent resources, especially for the critically important task of training state-level personnel on parity implementation and enforcement duties – and especially in states with no prior parity enforcement, among other needs. Further, it has been reported that EBSA may lack funding to support full parity enforcement for all of FY 2025.



## *Fulfilling the Promise of Parity*

In 2024, the U.S. Department of Labor, Health and Human Services, and Treasury Departments HHS released a final parity rule to greatly increase the transparency and accountability of health plans subject to MHPAEA. The rule takes major steps toward meaningful implementation of true parity between behavioral and physical health coverage, though enforcement is limited. The intention of the rule is to require health plans to prepare comparative analyses that assess parity compliance of their non-quantitative treatment limitations (NQTLs), and a process for publicly sharing these reports.

### **► LEGISLATIVE REQUEST**

***NABH strongly supports full enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA), and the Fall 2024 final rule standardizing a more transparent process for health plans to assess the level of their parity compliance. This includes consistently funding EBSA at the level needed to hold noncompliant plans accountable. NABH opposes any effort to roll back the 2024 final rule or defund enforcement. This advance was critical following DOL findings of an abysmal level of parity deficiencies in 2022 and 2023, for which the agency began compliance remediation.***

***NABH also strongly supports the Parity Enforcement Act of 2025 (H.R.957), which would authorize the U.S. Labor Department to enforce parity requirements for group health plans and seeks civil monetary penalties from health plans that do not comply with parity law and regulations, including the final parity rule expected in 2024. In addition, we support additional funding to improve parity enforcement at both the federal and state levels and advocate for the Mental Health Parity and Addiction Equity Act (MHPAEA) to include Medicare Advantage plans.***