

NEWS

# Obama task force offers steps to improve mental health coverage

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Acknowledging that “there is more work to be done” to ensure that patients with mental health issues and addiction do not face discrimination in their health care, a presidential task force made a series of recommendations 28 October, including \$9.3 million in funding to improve enforcement of the federal parity law.

The **long-awaited report** is the product of a task force **President Barack Obama announced** in March during a speech about the opioid epidemic.

“These disorders affect society in ways that go beyond the direct cost of care,” the report authors write. “Without effective treatment, people with these health conditions may find it difficult to find or maintain a job, may be less able to pursue education and training opportunities, may require more social support services, and are more likely to have their housing stability threatened.”

Since the passage of the Mental Health Parity and Addiction Equity Act in 2008, health insurers and employers have made progress toward improving coverage for mental health and substance abuse issues. Most insurance plans, for example, no longer charge higher copays or separate deductibles for mental health care.

But there have been **significant problems** with the parity law, too, including lax enforcement and little guidance for the public about the law itself or how to file a complaint.

Over the past seven months, the task force received 1,161 public comments from patients, families, insurers, advocates, state regulators and others. Based on the findings, the group has taken several actions.

The Centers for Medicare & Medicaid Services is awarding \$9.3 million to states to help enforce parity protections. **California**, New York, Massachusetts, Oregon and Rhode Island were cited as models of promising enforcement efforts.

A new **government website** aims to help consumers identify the right agency to assist with their parity complaints and appeals.

A consumer guide has been released to help patients, families and providers understand their rights and look into whether they have experienced a parity violation.

The Department of Labor will report each year on its investigations into parity violations.

In addition, the task force recommended that the government increase its capacity to audit health plans for parity compliance and allow the Department of Labor to assess civil monetary penalties for violations.

Former congressman Patrick Kennedy, one of the authors of the parity law, says the report and actions are a step in the right direction. “However, much of what was released today still places the burden of real action squarely on the shoulders of the patients living with these conditions,” he said in a written statement. “[We] are asking these individuals to take up their own cases when they experience a parity violation, which usually occurs at the height of their crisis.”

The next administration, Kennedy added, will need to be vigilant in enforcing the parity law.

America’s Health Insurance Plans, the insurance industry’s main trade group, gave its support to the task force’s finding. “Health plans are committed to parity. We will continue to work hard to implement these changes,” the trade group said in a statement. “The report also recognizes the need for clearer, more consistent guidance on parity compliance for everyone.”

The American Psychiatric Association is also on board. “Adoption of the task force recommendations is essential to achievement of parity for patients with mental illness,” says Saul Levin, chief executive officer and medical director of the association. “APA trusts that Congress and the Administration will work together to ensure that the recommendations become reality.”

But even if the recommendations of the task force are successfully implemented, Benjamin Miller, director of the health policy center at the University of Colorado School of Medicine, says true parity will only come from erasing the lines between “mental” and “physical” health care.

“Separate is not equal — mental health is core to health,” says Miller. “People do not see themselves as a disease or a select health benefit, but rather a person who has needs. Benefits and payments should follow the person, address their needs, and address the whole of their health.”

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