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## Measuring Progress on Mental Health and Substance Use Disorder Parity

June 7, 2016 | By: *Richard Frank, PhD*

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**Summary:** We have improved insurance coverage for mental health and substance use disorder care for over 170 million people.

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Much like health care reform, realizing comparable insurance coverage for mental health and substance use disorders (known as parity) has been a long time coming. Recognizing mental health and substance

use disorder treatment as integral to health underpins the significance of providing parity in coverage of treatment for mental and substance use disorders and other medical conditions.

The Obama Administration has made parity a priority, and because of our efforts and those of the dedicated advocates, legislators, and stakeholders who fought for people with mental illnesses and substance use disorders before us, we have improved insurance coverage for mental health and substance use disorder care for over 170 million people. As we take stock of this progress, it's worth reviewing the work that got us here and the steps that lay ahead.

President Kennedy first advocated for parity in mental health care coverage for employees of the federal government back in 1963. In 1999, President Clinton ensured parity in the Federal Employee Health Benefit Program and signed the Mental Health Parity Act in 1996 requiring comparable annual and lifetime dollar limits on mental health and medical coverage in large group employer-sponsored plans. Congress then passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008. The legislation expanded parity protections to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as visit limits) for mental health or substance use disorder benefits are generally no more restrictive than the limits applied to medical/surgical benefits. As implemented by the Obama Administration, these protections benefit an estimated 103 million people. The Affordable Care Act further extended Mental Health and Substance Use Disorder Parity protections to individual health insurance plans, and regulations implementing the Affordable Care Act's "essential health benefits" requirements extended parity protections to small group coverage, covering an additional 48 million people. Recently, the Administration finalized mental health and substance use disorder parity regulations for plans in the Medicaid and Children's Health Insurance Programs, covering about 23 million more people.

Also earlier this year, the Department of Defense issued a proposed rule to apply the principles of mental health and substance use disorder parity to TRICARE, the health benefits program for uniformed service members and their families.

As a result of these efforts, employer-sponsored large group plans have improved their mental health and substance use disorder benefits by eliminating higher cost-sharing for inpatient and outpatient mental health and substance use disorder care. For many families, this can mean no longer have to choose between not paying for treatment for a loved one and potential financial ruin.

Despite this progress, there remains unfinished business.

We often hear that insurers have been slower to implement the more complex new parity provisions. And our partners in the industry have told us that some new provisions would benefit from further clarification. Plus, the process for consumers and providers to understand and act on their new protections can be confusing.

This is why the President created a Mental Health and Substance Use Disorder Parity Task Force which is tasked with increasing awareness of parity protections, improving understanding of requirements for health plans, and increasing transparency around compliance with the law. The Task Force wants to hear from patients, families, consumer advocates, health care providers, insurers, and other stakeholders on their experiences with coverage and receiving mental health and substance abuse services. This is also why the President continues to seek \$1.1 billion from Congress to tackle the opioid crisis, among other key investments.

We remain committed to achieving mental health and substance use disorder parity across the health care system. Still, as someone who has worked on these issues for over 30 years, I have been gratified to see how far we've come in recent years. Our actions have made life a little easier for families affected by serious mental illnesses, like

schizophrenia or bipolar disorder. We have proven that we can offer the support that keeps substance use disorders from destroying families.

By building on what we have already accomplished, we can give all Americans with mental health or substance use disorders the opportunity to get the care they need.

To learn more about mental health parity and how to access care and to add your voice to this conversation, visit the comment section of the Task Force website, here: <http://www.hhs.gov/about/agencies/advisory-committees/parity/feedback.html>

*Richard Frank served as the HHS Assistant Secretary for Planning and Evaluation from 2013 through June 3, 2016. Dr. Frank is the Margaret T. Morris Professor of Health Economics in the Department of Health Care Policy at Harvard Medical School.*

“ We have improved coverage for #mentalhealth and substance use disorder care for over 170 million people. <http://1.usa.gov/1UnHE55> via @HHSgov ”

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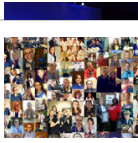
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