

Where We Stand:

NAMI believes that health insurance should provide comprehensive mental health and substance use disorder coverage without arbitrary limits on treatment. NAMI supports establishment and enforcement of laws and policies that ensure parity between mental health and physical health services in all forms of insurance coverage.

Why We Care:

There is no health care without mental health care. As such, it is critical for health insurance to provide comprehensive coverage of mental health and substance use disorder services. Yet, too often, health insurance covers mental health care differently than other kinds of medical services, creating barriers to affordable, accessible mental health care and reinforcing a stigma around mental illness and seeking mental health treatment.

Parity is the basic idea that mental health and addiction care are covered at the same level as care for other health conditions. State and federal laws have attempted to address discriminatory practices in health insurance by creating requirements around parity.

In 1996, the Mental Health Parity Act (MHPA) was the first federal law to create parity standards, but only for annual and lifetime dollar limits. In 2008, Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA) requiring comprehensive standards for equitable coverage of mental health and substance use disorder treatment and coverage of medical/surgical treatment. The 2010 Affordable Care Act (ACA) further expanded the reach of the parity laws by requiring most health plans cover mental health and substance use disorder care and expanding the scope of MHPAEA to reach most small group and individual markets. Additionally, states have enacted parity legislation to expand protections and/or improve compliance and enforcement of the federal laws. These efforts have helped create

a more level playing field to treat mental and physical health conditions alike.

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Still, disparities in mental health coverage remain. Some forms of insurance are allowed to place limitations on mental health coverage (for example MHPAEA does not apply to Medicare, certain state Medicaid programs, Veterans Administration or short-term limited duration health plans). The federal laws do not require parity in reimbursement rates and consequently, results in barriers to access as people cannot find in-network mental health care providers. Enforcing mental health parity is complex partly because a patchwork of federal and state entities are responsible for enforcement and the onus is largely on consumers to file individual claims of discrimination. NAMI strongly supports efforts to address these issues and achieve mental health parity in all forms of health coverage.

To learn more about NAMI's work on this issue, visit
www.nami.org/Advocacy/Policy-Priorities