

## Statements of Support of RTI International Study

### *Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue*

Supporters of the urgent recommendations in this report include:

#### ***National and Regional Employer/Purchaser Coalitions***

- American Health Policy Institute
- Dallas-Fort Worth Business Group on Health
- Florida Alliance for Healthcare Value
- HealthCareTN
- Houston Business Coalition on Health
- HR Policy Association
- Kansas Business Group on Health
- MidAtlantic Business Group on Health
- National Alliance of Healthcare Purchaser Coalitions
- Northeast Business Group on Health
- Purchaser Business Group on Health
- Silicon Valley Employers Forum
- Texas Business Group on Health

#### ***Mental Health/Substance Use Organizations and Philanthropies***

- American Foundation for Suicide Prevention
- American Psychiatric Association
- American Psychological Association Services
- BrainFutures
- Columbia University Department of Psychiatry
- Georgia Mental Health Policy Partnership
- Gladstone Psychiatry and Wellness
- The Goodness Web
- Healthy Minds Policy Initiative
- Inseparable
- The Jed Foundation
- The Kennedy Forum
- Legal Action Center
- Massachusetts Association for Mental Health
- Massachusetts General Hospital Department of Psychiatry
- Meadows Mental Health Policy Institute
- Mental Health America
- Mental Health Association of Maryland
- National Alliance on Mental Illness
- National Association of Addiction Treatment Providers
- National Association for Behavioral Healthcare
- National Council for Mental Wellbeing
- Shatterproof
- Sozosei Foundation

- Steinberg Institute
- Sylvan C. Herman Foundation
- Treatment Advocacy Center
- Young People in Recovery

*“Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue presents a frustrating scenario because the system, as it exists, continues to exacerbate inequities in access for people with mental health and substance use disorders. It is clear from the report that plans are willing to pay clinicians more to participate in networks, however that fails to happen where mental health care is concerned. Psychiatrists are not only paid less than their primary care physicians, but they also fall behind mid-level clinicians with little to no training in mental health care.”*

***– Saul Levin, MD, MPA, CEO and Medical Director, American Psychiatric Association***

*“The findings of this report, while not surprising, are gravely disappointing. The federal parity law, the Mental Health Parity and Addiction Equity Act, passed in 2008 and it has still not achieved its goal of equitable access to care for mental health patients. The report also highlights the importance of fully enforcing that law. The fact that so many patients are forced to go out of network to receive mental health and substance use care is unacceptable.”*

***– Arthur C. Evans Jr., PhD, American Psychological Association***

*“It’s upsetting, though not surprising, that RTI researchers found what we’ve seen for too long: patients who need critical behavioral healthcare services are forced to seek that care out-of-network much more than they do for medical-surgical services because of inadequate insurer networks. This comes at higher personal costs to these patients. Worsening the problem, behavioral healthcare providers are reimbursed at much lower rates than their peers in medical/surgical facilities. The Mental Health Parity and Addiction Equity Act passed more than 15 years ago. It’s time lawmakers and regulators ensure this critical law is implemented fairly and fully nationwide.”*

***– Shawn Coughlin, President and CEO, National Association for Behavioral Healthcare***

*“In the midst of a two-pronged crisis in mental health and addiction and on the tails of a global pandemic, the findings of this report exemplify problematic industry reimbursement practices. Health plans must start reimbursing highly trained providers on par with their peers in other medical disciplines. We need to work together to solve this crisis and we all have our part to play.”*

***– Former Congressman Patrick J. Kennedy***

*“Every day, we hear from people struggling to find affordable, accessible mental health care. This report shows what we have all experienced – accessible mental health care is hard to find in-network. The findings illustrate a drastically inequitable reality for people trying to access mental health care and provide a call to action for regulators to hold health insurance companies accountable for providing parity coverage, as required by the Mental Health Parity and Addiction Equity Act.”*

***– Daniel H. Gillison, Jr., CEO, National Alliance on Mental Illness***

“We changed the laws in this country to require insurance companies to cover mental health and addiction care the same way they cover medical and surgical care. This report shows that, instead, insurance companies are actively making it harder for people to get the mental health and addiction services they need. It is time to hold insurers accountable, enforce the rules that they are supposed to follow, and make sure that everyone can access in-network mental health and addiction care.”

– **David Lloyd, Chief Policy Officer, Inseparable**

“Health plans and insurers have claimed recently that they fixed their mental health network adequacy and provider reimbursement problems revealed in previous studies. This report clearly demonstrates that the problems remain and discriminatory payment and network design for mental health care is systemic and deeply ingrained.”

– **Tim Clement, Vice President of Federal Government Affairs, Mental Health America**

“The impressive breadth and detail of this new three-year analysis clearly establishes that rate inequity for behavioral health providers compared to the rest of health care is a major barrier to people getting access to essential treatment services for mental illness and substance abuse disorders and results in a significant portion of those who do get care having to pay higher out-of-pocket costs. We support the reports recommendation for ongoing similar analysis and consideration of these disparities being contrary to federal parity requirements.”

– **Joe Parks, MD, Vice President, Practice Improvement & Medical Director, Strategy and Growth Office, National Council for Mental Wellbeing**

“This analysis clearly demonstrates the critical need to enforce the Mental Health Parity and Addiction Equity Act. Currently, millions of Americans are unable to receive the quality care they need and are entitled to. The National Association of Addiction Treatment Providers urges the Administration and Congress to provide the policy tools necessary to make access to care a reality for all in need.”

– **Marvin Ventrell, CEO, National Association of Addiction Treatment Providers**

“The *Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue* report shows that there are meaningful disparities in access to coverage of substance use treatment compared to other medical care. It also provides constructive options that plans, policy makers and advocates should thoughtfully consider to rectify the shortage of behavioral health providers. “We hope that health plans, states, and federal and state agencies consider adopting and implementing the methodologies outlined in the report.”

– **Kevin Roy, Chief Public Policy Officer, Shatterproof**

“As RTI’s comprehensive report reinforces, we cannot address our nation’s overdose and mental health epidemics unless health plans act with urgency to expand their provider networks and reimburse mental health and substance use disorder practitioners at the same rates they use to attract medical practitioners to their networks. The Parity Act requires no less. Legal Action Center is committed to working with stakeholders to enforce parity and ensure individuals and families nationwide can access and afford the life-saving care they need and deserve.”

– **Ellen Weber, JD, Senior Vice President for Health Initiatives, Legal Action Center**

“Equitable access to behavioral health care and effective enforcement of parity requirements are vital prerequisites to providing lifesaving care for Americans living with mental health conditions and substance use disorders. But as this report demonstrates, there is still much work to be done to achieve compliance with federal parity laws. This report underscores the urgency of bringing employers and health plans together to find constructive solutions to this ongoing problem.”

– **Andy Keller, PhD, President and Chief Executive Officer, Meadows Mental Health Policy Institute**

“Florida employers know that access to behavioral health care is not adequate and detailed analytical tools such as those used in the RTI report allow them to measure access now and over time. It’s critical that purchasers use this data, support the report recommendations, and leverage their purchasing power to influence change with Florida’s health plans, medical and behavioral groups, consultants and brokers to transform the current system and achieve meaningful outcomes to ensure affordable and effective in-network access to care.”

– **Karen van Caulil, PhD, President and CEO, Florida Alliance for Healthcare Value**

“This report highlights a triple whammy for employers. Legally, the barriers to in-network care make it nearly impossible for them to meet federal parity requirements. Ethically, they can’t achieve equity goals, as disadvantaged populations cannot afford out-of-network fees. Financially, the lack of access impairs workforce productivity and impacts the bottom line, as studies show that members affected by behavioral health have significantly higher medical costs.”

– **John Miller, Executive Director, MidAtlantic Business Group on Health**

“Access to mental health services continues to be a barrier for American workers and their families, and PBGH’s patient experience research indicates that disparities exist in timely access to mental health care.”

– **Emma Hoo, Director of Value-based Purchasing, Purchaser Business Group on Health**

“It’s well past time that insurance companies connect the brain and body in terms of access and payment. These disparities between in and out-of-network access to care are unacceptable. This report highlights just how much more work needs to be done to ensure true parity in our system.”

– **Karen Larsen, CEO, Steinberg Institute**

“This groundbreaking study confirms what the families of those with mental illness have long observed: financial disincentives lead to lifesaving treatments being treated as luxuries rather than necessities. For those with the most severe illnesses, access to care is a life raft while lack of it may be a death sentence. Let this be a first step toward changing that grim reality.”

“Our loved ones with severe mental illness require consistent and quality treatment from physicians, psychiatrists, and psychologists to survive and thrive, yet our system of paying for care all but guarantees that they will not receive it. We will not fix our patchwork system until we address this reality.”

– **Lisa Dailey, Executive Director, Treatment Advocacy Center**

“If data have the power to drive change and improve health care, the RTI report confirms persistent inequities and provides the fuel for tackling the parity enforcement challenges before us. Study data confirm that little has changed in nine years. Marginal improvements made to behavioral health rates are simply a shroud and should not confuse us that compared to primary care and other specialty care, behavioral health and the vulnerable and diverse people who seek these services still suffer ‘pervasive disparities’ in timely access and care affordability.

Our task as advocates is to extract value from the RTI data to fuel change at regulatory, payor, plan, and provider levels to correct disparities suffered by patients and their families. RTI’s sound data analysis, detailed findings, and thoughtful recommendations provide a roadmap to reform for responsible regulators, prudent payers, and patient advocates.”

**– Danna Mauch, PhD, President and CEO, Massachusetts Association for Mental Health, and Member of the CEO Alliance for Mental Health**

“The data continue to validate the experiences of countless Americans who have struggled to find mental health providers through their commercial health plans. The disparities highlighted by RTI International and The Bowman Family Foundation are some of the most important barriers to mental health services across the country, demanding strong action by policymakers, employers and health plans.”

**– Zack Stoycoff, Executive Director, Healthy Minds Policy Initiative**

“Georgia is first among all 50 states and the District of Columbia on a measure where first is worst – out-of-network treatment for inpatient subacute mental and behavioral health care. Georgians are more than 100 times more likely to be forced out-of-network than if they need access to inpatient subacute care for physical health care. Many insured Georgians, however, do not have the financial resources to go out-of-network and the consequences of health insurers’ intentionally ‘skinny networks’ of providers can be fatal. This appalling state of affairs has little to do with workforce shortages, and almost everything to do with health insurers trading on – and profiting from – the stigma that continues to be associated with mental and behavioral health. The stunning lack of transparency and accountability enables health insurers to illegally discriminate against Georgians on the basis of their diagnoses.”

**– Roland Behm, Co-founder, Georgia Mental Health Policy Partnership**

“The latest research from RTI International highlights a troubling reality: far too many Americans struggle to access affordable treatment for mental health and substance use disorders. This study serves as a stark reminder of the urgent need for systemic reforms to make healthcare truly inclusive and accessible.”

**– Jazz Glastra, Interim Executive Director, BrainFutures**

“After 20 years in Medicaid managed care, I recognize just how difficult it is to build and maintain an adequate behavioral health network. This research highlights the de-prioritization of behavioral health that has been happening across the country for decades. If insurers simply used the same aggressive

actions they deploy on the med/surg side by increasing rates and easing administrative burdens, then beneficiaries would have much greater access to behavioral health services.”

– **Michael Cotton, President, Caidan, LLC, and Former COO, Meridian Health**

“RTI’s behavioral health parity report is an indictment of our nation’s ability to deliver mental health services to adults, youth, and children in need of care. Calls to insurance company in-network practitioners result in wrong numbers, no longer in-network, or not taking new patients. Insured, we go without help or we find the money to pay cash and spend hours chasing partial reimbursement from our insurance company. Despite all the rhetoric about the importance of mental health, we continue to allow parity to elude us.”

– **Linda Rosenberg MSW, Columbia University Department of Psychiatry**

“Sixteen years after enactment of the Mental Health Parity and Addiction Equity Act, access to individualized, high-quality care for people with mental illnesses continues to deteriorate in the United States. This report documents an important component of the many ways our system of mental health care is failing. These failures will continue to lead to higher suicide rates, higher rates of drug addiction, and higher rates of incarceration of people with mental illnesses.”

– **Michael Knable, DO, DFAPA, Medical Director, Sylvan C. Herman Foundation**

“With overdose deaths and substance misuse on the rise-- particularly among youth and young adults— it’s imperative that individuals and families have access to quality behavioral and mental health providers who are in-network. The additional cost of out-of-network providers is another barrier that prevents people from getting the life-saving care they need and can cause severe financial hardship to those who can least afford it.”

– **Ann Herbst, Executive Director, Young People in Recovery**