“State mental health parity laws”

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The intention of mental health parity is to require that mental health services are covered to the same degree as, or in parity with, medical and surgical services. In 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity ACT (MHPAEA) was passed to enforce mental health service parity at the federal level. MHPAEA was especially critical for autistic individuals because this group was historically denied services or subject to significant limitations in coverage (CCIOO, 2021). Although the MHPAEA advanced access to mental health services among certain types of insurance plans at the national level, other state-level initiatives addressed gaps in access to care including state mental health parity laws as well as autism insurance mandates. These legislative efforts have made a measurable impact on access to mental health care and services specific to autism (Bilaver and Jordan, 2013).

Several research studies have examined the impact of MHPAEA on service use among autistic children. These studies generally found that autistic children received more services post-MHPAEA and that their corresponding out-of-pocket costs for this care did not increase (Stuart *et al*. 2017). However, there is limited evidence of the impact of MHPAEA on autistic adults, and most findings come from private insurance data. This may exclude autistic adults enrolled in public insurance who do not have private insurance which is often accessed through employment. There are concerns that despite the MHPAEA being passed in 2008, autistic individuals continue to face barriers to accessing needed mental health services and supports. Concerns arise around treatment limitations that remain for many insurance plans, for example not allowing services during school hours (Roy, 2020). A total of 19 states have also passed state-level mental health parity laws (Melek *et al*., 2019).

Many barriers remain to comprehensive coverage for needed mental health services. The extent of the impact of a parity law on an individual’s access to mental health services varies by several factors including the states’ implementation and enforcement of the legislation, provider availability, and reimbursement rates for providers by insurers. Even with parity legislation, people still receive behavioral health care out-of-network more frequently than other medical services (Melek *et al*., 2019). Reimbursement for mental health providers is also lower than reimbursement for primary care physicians and other specialists. These disparities in out-of-network and reimbursement rates highlight the need for improved regulations to reduce barriers to care.

Moving forward with parity legislation

A report from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) outlined the following best practices for mental health parity that link to priority research questions for autism specifically, accompanied by suggestions for the use of merged administrative data to examine research questions (SAMHSA, 2016).

Best Practice: Coordination and Communication

Among seven states that were interviewed, coordination and communication across Medicaid and private insurance carriers was key. Use of standardized materials and shared understanding of terminology were defined as priorities. It remains unclear if states have implemented these coordination and communication practices. Future study opportunities include examination of the use of shared procedure codes and service utilization by diagnosis code across private insurance and Medicaid data. Further, private insurance and Medicaid data include indicators of additional insurers, allowing for streamlined identification of subgroups (individuals with both insurance coverage types; individuals covered by only one insurance type) and subgroup comparisons. Family members and advocates could gain useful information about care coordination and best practices for communication across providers to drive priorities for interactions with policymakers at the local, state, and federal levels.

Best Practice: Market Conduct Examinations

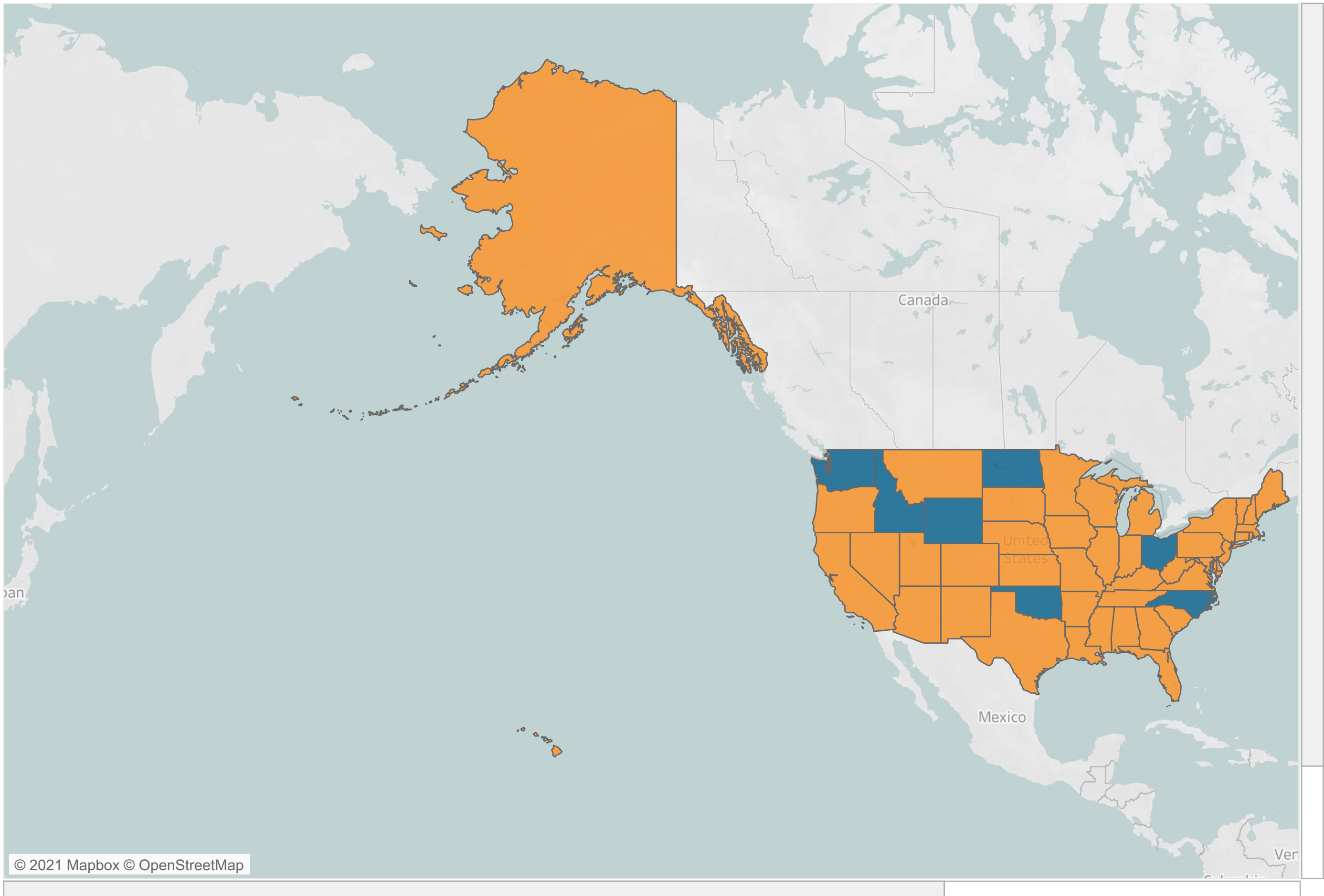
Market conduct examinations are an important part of state monitoring of mental health parity compliance. It is unclear how often states commission examinations or how their findings are incorporated into recommendations or enforcement actions. Future study opportunities include examination of changes in policy and practice using a range of statistical techniques in longitudinal merged private and public insurance data. Studies could examine whether there were shifts in payment and reimbursement practices across designated time periods. Such analyses could also merge administrative data and policy information to examine whether changes occurred following policy changes.

Best Practice: Adequate Networks and Available Providers

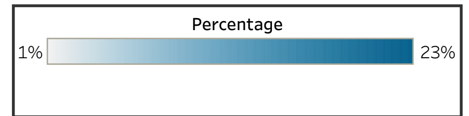
Network adequacy and provider availability are key ingredients for improvements in compliance and insurer behavior. Future study opportunities include use of merged administrative data allowing for observation of practice by individual providers using provider names and addresses for service locations and, in some datasets, by insurance type or insurer specifically. Information gained from this work could support priorities for families and advocates in ensuring network adequacy and working to recruit and retain providers, especially in rural areas where shortages are more likely.

Inclusion of autism in the language of the state parity law

State's Parity law includes specific mandates related to Autism:
- Yes
- No



Rate of out-of-network services for behavioral health compared to primary care



Out of Network

OON Primary care

Greenland
Canada
United States
Mexico
Venezuela
Colombia

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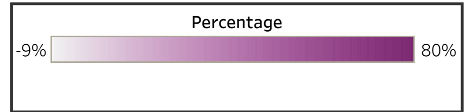
Provider reimbursement for behavioral health compare..



Reimbursement

Reimbursement primary vs behavioral care

Canada

United States

Mexico

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