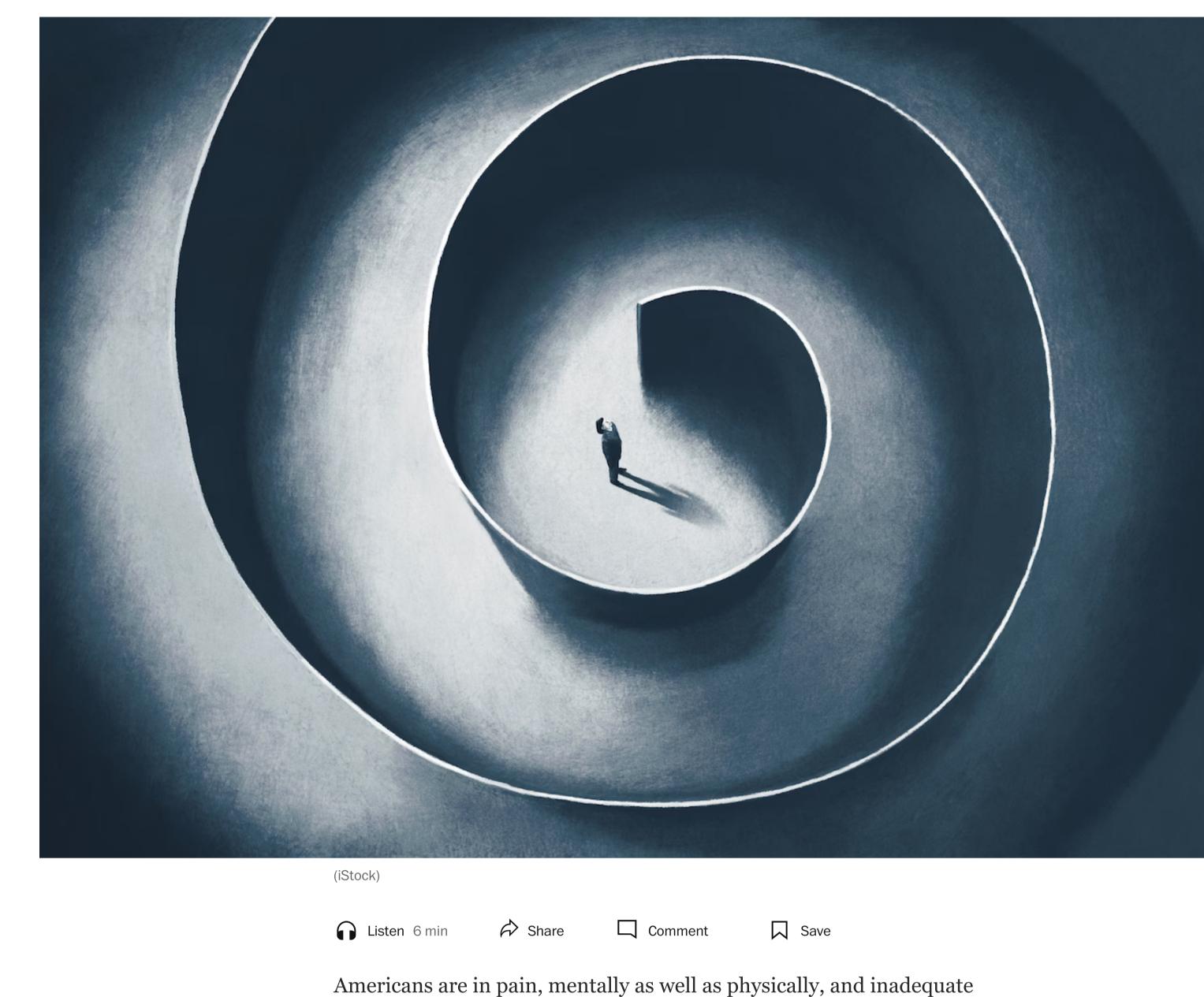
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Writer, producer, director | + Follow July 21, 2023 at 6:45 a.m. EDT





revealed this week. Adults didn't fare much better. Fifty-seven percent who sought care received none.

insurance is making it worse. Simply finding a therapist is absurdly

behavioral health care from January 2019 to April 2022 did not receive

difficult, and the care itself is often unaffordable. Here's proof.

Sixty-nine percent of insured Americans under 18 who sought

treatment, a survey from researchers at the University of Chicago

The Mental Health Parity and Addiction Equity Act that Congress passed in 2008 was supposed to prevent this situation by pushing for equal treatment of minds and bodies. Clearly, the law is not working. Congress and the Biden administration need to strengthen it. Health

insurers also should recognize it is in their financial interest to improve their coverage of mental health and addiction treatments. The University of Chicago survey released by the Bowman Family Foundation reflects the experiences of 2,794 patients who have commercial insurance, Medicaid or Medicare. As the United States

grapples with epidemics of opioid abuse, violence, isolation and suicide, these are matters of life and death for many Americans.

The labyrinthine U.S. health-care system is dizzying to navigate. Even

they need to see often do not accept their coverage. Patients are being

Mental health specialists acknowledge this problem but say they often

don't join insurance networks because the plans put unacceptable limits

on care, drown them in paperwork to justify treatments and reimburse

of 2014, "in network" psychiatrists received 13 to 20 percent lower

reimbursements than other doctors providing the same mental health

too little to cover their costs. A study of insurance claims showed that, as

forced to choose between debt and despair.

physical health care.

when people have insurance, the doctors and other care providers whom

services in the same network. Another study showed that in 11 states, reimbursement rates in 2017 for primary-care office visits were more than 50 percent higher than for behavioral office visits. [Sign up to get email alerts every time Kate Woodsome publishes a new column. Eighty percent of patients in employer-sponsored health plans surveyed by the University of Chicago researchers said they went out-of-network

for behavioral health care "all of the time." Just 6 percent did so for

Psychiatrists, psychologists and other behavioral-health-care providers

"There is this big gap between what the market is saying is the relevant

price and what insurers are paying," David Lloyd, chief policy officer of

inequitable. You have a different set of access for the more well-off who

the Kennedy Forum patient advocacy group, told me. "It's deeply

can afford to pay out of pocket, even if it's a stretch for them."

experience, as well as market demand. This leaves patients with a

choice: pay high prices or forgo treatment altogether.

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who don't accept insurance charge prices that reflect their education and

[Kate Woodsome: ADHD is an illness, not a lifestyle. Don't punish people for it.] Staying in-network is cheaper once insurance starts paying, but finding a behavioral health specialist is difficult when insurance company websites <u>list only a few names</u> or include providers who've left the plan. Forty percent of the respondents to the University of Chicago survey said they had to contact four or more in-network providers to get one appointment. Patients who manage to get treated often run into problems getting reimbursed. Fifty-two percent said they were denied coverage three or

single psychiatrist.

more times for behavioral care, according to the University of Chicago

The situation is worse in rural areas because so few providers practice

mental health providers. More than half of U.S. counties didn't have a

there. As of 2021, one-third of Americans <u>lived in areas without enough</u>

study. The figure was 33 percent for physical care.

How can these many problems be fixed? Through concerted action on the part of government and insurers.

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The Biden administration is off to a good start in recognizing the

reduce burnout among front-line health-care workers.

importance of mental health. It launched the 988 suicide and crisis

hotline, it's pouring <u>hundreds</u> of <u>millions</u> of <u>dollars</u> into training and

incentives for clinicians to work in rural and underserved communities,

it's investing in scientific research, and it's <u>funding wellness programs</u> to

Next, the administration needs to strengthen the Mental Health Parity

and Addiction Equity Act with clearer guidelines on how to comply with

it. As it stands, the law does not specify what exactly parity looks like for

reimbursement rates and provider networks. Insurers take advantage of

this vagueness to justify all but the most egregious inequity, Lloyd said.

Clarity would enable state and federal insurance regulators to enforce

the law. Lloyd said the Office of Management and Budget is reviewing

Enforcement Act making its way through Congress would bolster the

law by enabling the Labor Department to issue fines for violations.

with both behavioral and physical health conditions incurred an

At the least, insurers should include more providers who treat

underserved areas, insurance companies should raise their

health. To attract more mental health and addiction specialists to

additional \$406 billion in health-care costs, according to estimates from

Milliman, a risk management and health-care consulting company. By

ensuring that their beneficiaries receive adequate mental health care,

insurers can help reduce the costs of all health care — saving up to \$68

behavioral health and pay them as much as providers who treat physical

reimbursement rates and reduce red tape such as the authorizations to

Why I cover mental health the way I do

billion a year, Milliman estimates.

see certain providers.

proposed regulations to do this. Separately, the proposed <u>Parity</u>

This means people often turn to general practitioners for support with

addiction, depression and other mental health issues. But 87 percent of

people in the recent survey said this wasn't enough: They needed help

from a specialist, too.

For generations, society's treatment of mental health has been based on a lie: The problem is yours alone, so the fix is yours, too. This stigmatizes and often criminalizes people struggling with their health. We know better now. 1/3 Insurers, for their part, should recognize that they have a powerful incentive to improve their coverage: the close relationship between physical and mental health. Untreated addiction and chronic mental illness can cause or exacerbate costly physical ailments. In 2017, people

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They also would be smart to reimburse providers more for embracing the "collaborative care model," in which a primary-care doctor works alongside a mental health care manager and a consulting psychiatrist. This integrated care reduces stigma and increases access to mental health and addiction treatments — and holds the promise of saving lots of money.

The U.S. health-care system is costly to families and the country.

Financially, it makes sense, too.

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