Mental Health and Substance Use Disorder Parity Task Force
Listening Session
Office of National Drug Control Policy (ONDCP)
September 15, 2016, 2 pm

Opening Remarks

On September 15, 2016, ONDCP hosted the sixth listening session for the interagency Mental Health and Substance Use Disorder Parity Task Force (Parity Task Force). The session focused on listening to stakeholders representing underserved populations, including health care providers, Medicaid directors, consumer organizations and insurers with public sector business. Federal staff attending included the Director of National Drug Control Policy Michael Botticelli; ONDCP Office of Policy, Research, and Budget Senior Advisor Sarah Wattenberg; Carole Johnson from the White House Domestic Policy Council; and Kirsten Beronio of the Center for Medicaid and CHIP Services in CMS.

Federal Staff Comments

Director Botticelli opened by noting that this listening session is particularly important in light of the recently published results from the National Survey on Drug Use and Health that show that a minority of individuals who need mental health and substance use disorder treatment receive it. The Obama administration has continued to hear about the challenges around obtaining mental health and substance use treatment, and the Parity Task Force is a part of the Administration's efforts to address these issues. This session is significant because it focuses specifically on underserved populations and the implementation of parity within these populations.

Meeting Summary

Stakeholders representing consumer advocacy groups, provider associations, research organizations, foundations and insurers with public sector business provided comments and recommendations, which have been organized into four major themes: Workforce Issues, Consumer Awareness and Disclosure, Medicaid Parity Issues, and Enforcement. The discussions are summarized below.

Workforce Issues

Workforce capacity issues were discussed by insurers, providers, and consumer organizations as a critical issue that impacts the successful implementation of parity. Insurers and managed care organizations shared that workforce capacity issues extend beyond a simple shortage of provider organizations. The more critical shortage stems from a lack of providers that can take on new patients or that are implementing proven evidence-based practices. For example, commenters suggested that few providers are able to provide dual diagnosis treatment or use Integrated Dual Diagnosis Treatment evidence-based practice, even though the evidence has been in place for over two decades. Insurers noted that it is not beneficial to support an expansion in capacity of outdated modalities; one insurer suggested that it would help to work more closely with state governments to adjust

provider requirements to increase adoption of evidence-based practices. This was especially true for substance use disorder treatment providers.

Community providers and consumer groups noted that few psychiatrists and psychologists accept patients with insurance, especially Medicaid, due to low reimbursement rates. Instead, many rely on private pay clients. Telehealth may fill gaps in coverage, especially in rural areas. However, telehealth may not be covered by insurance, and when it is covered, the reimbursement rate is frequently lower than care delivered in person.

Medication-Assisted Treatment (MAT) is another category of service that commenters suggested is poorly covered by insurance, and is limited by a shortage of providers. Commenters believe that rules limiting MAT reflect a fundamental misunderstanding of how MAT works, which needs to be addressed through increased awareness. For example, 30% of U.S. counties lack a provider authorized to provide buprenorphine.

One recommendation was to ensure that mental health and substance use care needs be integrated more into settings where low-income individuals typically access care, such as emergency departments and community health clinics. Since these services are not typically located within these facilities, patients have to wait much longer for treatment.

Director Botticelli noted that the administration has been addressing the expansion of treatment capacity and increasing the number of grants for substance use treatment services, and continues to look for ways to do that. He highlighted the President's FY 2017 budget request for $1.1 billion for new and increased funding to ensure that those seeking treatment in response to the prescription opioid and heroin epidemic get the care they need. He also noted that everyone has a role to play in supporting increased mental health and substance use treatment capacity, including insurance issuers.

Consumer groups and community providers noted the importance of recovery or wraparound support services for all patients, but especially for underserved and poor patients who lack resources or access to social supports. Low-income patients with serious mental illnesses might have deep social needs, potentially including housing and transportation.

Consumer Awareness and Disclosure

Consumer awareness of parity and the rights available under the law remains an issue. A consumer group representative noted that there is not enough transparency in benefits covered. In addition, a lack of awareness of parity prevents consumers from reporting violations, as some insurance companies do not mention that mental health and substance use services are covered under parity or even claim that parity has not been implemented in the consumer's state. This highlights a fundamental issue regarding awareness: the disclosure of information by insurance plans.

Carole Johnson from the White House asked stakeholders to share what disclosure should look like for consumers in order to be useful and relevant.

One stakeholder suggested that direct human contact with someone that not only understands the insurance and health system but can also understand the individual's

cultural context is vital for underserved populations. This approach is used in tribal communities, were tribal liaisons work with tribal health systems, insurers, and patients to navigate coverage issues. Another stakeholder suggested targeted education efforts—for example, a campaign targeting mothers would be especially effective in Latino communities. One recommendation was to conduct consumer surveys to better understand what consumers know about parity and how they get parity and insurance information.

Other stakeholders discussed the role of case managers in helping consumers navigate the various state support systems. Low-income populations can receive benefits from a wide array of state and federal agencies that fund services, and because of this, some individuals have multiple case managers. For case managers to be effective, it takes someone who knows the system well and can consolidate information across state and federal agencies.

Alternatively, another stakeholder suggested that while consumer awareness is important, disclosure of parity compliance and information should occur before plans reach consumers. This issue should be discussed between state regulators and insurance companies. Insurance companies should provide the disclosure and documentation to state regulators proving that their plans meet parity before being accredited or before the plans are allowed to be offered on the market. Presently, insurance plans are required to state simply that their plans meet parity instead of actively demonstrating compliance with parity. Related to this, consumer and provider groups requested greater transparency on parity information, including de-identified results of parity violation investigations. Provider groups would also like access to investigation data to better address potential parity issues at the provider level.

Another aspect of disclosure specific to medical insurance and managed care agencies with behavioral health carve-outs was also discussed. Some Medicaid plans carve out behavioral health plans to a third-party provider, making direct comparisons between medical coverage and behavioral health coverage more complex. State Medicaid directors are specifically looking at working with insurers and state regulators to help facilitate this type of information sharing within Medicaid managed care plans.

Medicaid Parity issues

Stakeholders believe that implementing parity in Medicaid raises a specific set of issues that are critical to achieving parity for low-income populations. Behavioral health carve-outs for Medicaid plans can add a significant level of complexity to implementing parity. An insurer representative shared that behavioral health carve-outs can vary from state to state; for example, in one state, there are actually three separate health care systems: medical, mental health, and substance use disorder treatment clinics. In that state, drugs like buprenorphine are covered under medical care, while the rest of the mental health and substance use treatment is provided separately. This separation makes care integration and parity compliance monitoring efforts difficult at the state level.

At the provider level, two main barriers to integrating Medicaid services and implementing parity are state limits on same-day billing and restrictions on sharing patient information for substance use treatment, under 42 Code of Federal Regulations (CFR) part 2. Same-day billing limits prevent clinics and hospitals from billing primary and mental health and

substance use service providers on the same day, which limits the effectiveness of co-locating these health care services. Additionally, it limits access, as many patients cannot easily access care facilities due to limited transportation, poor health, and hourly employment that does not support time off. Although same-day billing restrictions are determined by states, stakeholders felt the federal government could provide guidance on this. All stakeholders noted that the 42 CFR Part 2 restrictions on sharing substance use treatment information limits care integration and complicates the implementation of parity.

Additionally, some state Medicaid plans are affected by decisions made by the fee-for-service Medicaid coverage available in the state. Fee-for-service Medicaid is not subject to parity, yet Medicaid plans are required to meet or exceed the service provided under fee-for-service plans. This difference in requirements could create challenges to parity implementation in the future.

Enforcement

Insurance representatives noted that parity enforcement is fundamentally challenging. One commenter noted that a state won a parity-related lawsuit simply because there was no medical comparison for the limits applied to mental health and substance use services. Moreover, insurers look at parity not at the individual level but at the book of business (i.e., the set of all insurance policies provided by the insurer) level to see how medical care is covered versus how mental health and substance use care is covered. It is not a one-to-one comparison, but a comparison to see how medical and mental health and substance use coverage are managed across a plan. Coverage levels for medical and mental health and substance use health care can change as usage patterns emerge. This level of compliance must be managed by the state regulators and the insurers.

For more effective enforcement and compliance, a better definition of parity is needed, as insurance representatives find there currently is not a common definition of parity across insurance plans, the states, and federal government. One recommendation was for the federal government to clarify federal expectations and parity requirements so that the definition is uniform and the approach to parity compliance analysis is standardized. Then, consumer complaints would not be driving enforcement, and additional structures or efforts around collecting complaints would not be necessary. All companies, including insurers, have existing consumer complaint and grievance contact systems in place. Insurance plans may need to do a better job of tracking specific parity-related complaints, but insurers believe that the system for submitting complaints is already in place to address any issues under parity.