**Providing Tools to Enforce Existing Law on**

**Mental Health & Substance Use Disorder Parity**

SUPPORT HB68, HAM1 – Amendments to the Heroin Crisis Act (Lang)

**HB68 Improves Enforcement of Existing Law**

*Provides clarity and specificity*

* Updates unclear definitions in current law
* Clarifies state agencies’ jurisdictions and application of existing parity law to individual and marketplace plans (already required under federal law)
* Clarifies that all MAT (Medication Assisted Treatment) medical necessity determinations, just as other substance use disorder treatments, must comply with the American Society of Addiction Medicine Practice Guidelines

*Requires transparency*

* Specifies information that plans must report to ensure compliance
* Specifies information to be included in annual report to the General Assembly

*Ensures accountability*

* Specifies how the respective agencies are expected to enforce the law
* Provides a mechanism by which IDOI and DHFS may request formal opinion of the Attorney General on the interpretation, implementation, or enforcement of the law
* Allows consumers and providers to pursue causes of action against the plans for mental health and substance use disorder (MH/SUD) parity violations

**Why HB68 is Needed**

*Inadequate Networks, High Out-of-Pocket Costs*

* In-network providers are harder to find and patient out-of-pocket costs are often higher for mental health services, according to [NAMI data](http://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/Mental-Health-Parity-Network-Adequacy-Findings-/Mental_Health_Parity2016.pdf)

*More Frequent Denials*

* Claims for MH/SUD are more frequently denied than medical/surgical claims, according the federal [Mental Health and Substance Use Disorder Parity Task Force](https://www.hhs.gov/sites/default/files/mental-health-substance-use-disorder-parity-task-force-final-report.pdf)
* 29% of respondents in a recent [NAMI survey](http://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/A-Long-Road-Ahead/2015-ALongRoadAhead.pdf) reported having mental health services denied, compared to only 14% of respondents who had been denied for general medical care

*Consumers Kept in the Dark*

* Without transparency, consumers often cannot know if they are being discriminated against
* “Non-Quantitative Treatment Limitations” are particularly problematic because they are currently difficult to track and often applied inequitably

*Enforcement Makes a Difference*

* Nearly half of previously rejected MH/SUD claims were overturned on appeal after New York increased enforcement of parity laws *Based on Expert Recommendations*
* Provisions are consistent with [SAMHSA findings](http://store.samhsa.gov/product/SMA16-4983) on State best practices in parity implementation and with [recommendations](http://insurance.illinois.gov/NEWSRLS/2017/01/MHSUDWGRptToGA_Jan2017.pdf) from a MH/SUD working group of the Department of Insurance

**Who Supports HB68**

American Foundation for Suicide Prevention

Community Behavioral Healthcare Association

Depression & Bipolar Support Alliance

Family Guidance Centers

Gateway Foundation

Health & Medicine Policy Research Group

IARF

Illinois Association for Behavioral Health

Illinois Collaboration on Youth

Illinois Health and Hospital Association

Illinois Psychiatric Society

Illinois Psychological Association

Illinois State Medical Society

MADO Healthcare

NAMI Barrington Area

NAMI Chicago

NAMI Illinois

Rosecrance

Sargent Shriver National Center on Poverty Law

The Kennedy Forum

Thresholds

**Additional resources**

* Parity Track <https://www.paritytrack.org/>
* Federal Task Force Report <https://www.hhs.gov/about/agencies/advisory-committees/parity/>
* Parity Complaint Registry and Appeal Resource http://parityregistry.org
* NAMI Parity Survey <http://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/Mental-Health-Parity-Network-Adequacy-Findings-/Mental_Health_Parity2016.pdf>

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