



Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy and sound psychiatric practice

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PARITY – The Minnesota Psychiatric Society (MPS), representing over 450 Minnesota psychiatric physicians notes that the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Law) requires equity in the insurance coverage of mental health and substance use disorder care, but years later mental health parity is still not a reality. **MPS supports legislation to collect data for meaningful measurement, comparison, and reporting. This holds payers accountable to show meaningful progress each year, and results in parity enforcement.**

PARITY IS THE LAW, BUT IS NOT ENFORCED Minnesota continues to have inadequate insurance networks and poorer access to mental health and substance use clinicians, treatments and facilities compared to medical and surgical clinicians, treatments and facilities

LACK OF PARITY ENFORCEMENT HURTS MINNESOTANS AND CANNOT WAIT - We must address these facts:

- **Not Enough In-Network Psychiatrists:** Out of Network mental health & substance use disorder office visits were 4.8 – 5.1 higher than for physical illness visits, and 3.6 to 3.7 times higher than for other specialist office visits. Not enough psychiatrists in-network forces members to go out of network, pay more, and even give up on getting any care at all.
- **Longer Wait Times:** Secret shoppers only got in-network initial psychiatric appointments 21.33% of the time – and none in less than 2 weeks.
- **Gaps In Services:** Inpatient psychiatric patients wait 2-3 weeks to transfer to post acute care group homes/IRTS). Medical transfers usually happen when therapeutically directed – Within 1 day.
- **Minnesota has one of the highest out-of-network utilization rates for behavioral health care** ^(Milliman)
- **Lack of parity shifts costs to taxpayer-funded programs** ^(Milliman)
- **Minnesota has one of the highest reimbursement rate discrepancies in the nation** Minnesota psychiatric payments for office visits were 40.2% - 59.3% *lower* than comparable primary care office visits – one of the highest reimbursement rate discrepancies in the nation. ^(Milliman)

PROPOSED LEGISLATION SUPPORT ENFORCEMENT - The proposed amendments to Minnesota's current Parity law rectifies this by:

- **Creating and funding a Department of Parity Enforcement** with the Commerce Department to ensure that enforcement actually occurs.
- **Setting a standard for initial routine access within 10 business days** in addition to the current standard of 30 miles or a 30-minute drive (reflecting proposed standards for the Federal Exchanges in 2024)
- **Requires the Commissioner of Commerce** (in consultation with the Commissioner of Health)
 - **To annually collect and analyze data from health plans** (who are mandated to submit detailed data)
 - **To measure and compare routine initial and follow-up access** for members with mental health and substance use disorder problems,
 - **To identify plans that are out of compliance**, and to **insist that significant improvement occurs annually**, and
 - **Authorize fines** of up to \$10,000 per day per occurrence.