

Mental Health Parity in Connecticut

- Parity—covering mental health and addiction care at the same level as other health care—has been a priority issue throughout NAMI’s history.
- NAMI successfully fought for passage of a federal parity law that was intended to improve coverage for mental health treatment.
- To learn whether people with mental health conditions were experiencing better coverage and access to care under parity, NAMI recently conducted its third nationwide survey.
- NAMI’s survey ([The Doctor is OUT¹](#)) found that, despite the parity law, people lack the same access to mental health providers as they have for other medical providers.
 - More than 1 out of 3 respondents (34%) with private insurance had difficulty finding a mental health therapist, compared to only 13% reporting difficulty finding a medical specialist.
- And when people did find a mental health provider, many were forced to go out-of-network and pay high out-of-pocket costs. This happened at much higher rates than when seeking primary or even specialty medical care.
 - Over 1 in 4 people (28%) receiving mental health therapy used an out-of-network therapist, compared to only 7% needing to use an out-of-network medical specialist.
- People with mental illness have experienced these inequities for years.
- ***Now, with a report from [Milliman²](#), data from private insurance plans confirms what we already knew: people must seek mental health care out-of-network much more frequently than for other health care.***

- And, psychiatrists are paid less than primary care doctors and medical specialists for the same types of services—even those under the same billing codes.
- The Milliman data shows a pattern of disparities in payment rates and access to mental health care under private health insurance across 50 states, three years and 42 million lives.
- The research found that nationally, for people with private insurance in 2015:
 - Nearly 1 in 5 individuals (18.7%) received *outpatient* behavioral health care out-of-network—a rate 5.1X higher than primary care services and 3.6X higher than medical specialty care services received out-of-network.
 - 1 in 6 individuals (16.7%) received *inpatient* behavioral health care out-of-network—a rate 4.2X higher than for other inpatient medical services.
- The data is in: the inequities for people seeking mental health care are real.
- **Connecticut's Outpatient Office Visit Out-of-Network Utilization**
 - **Behavioral Health: 34.2%**
 - **Primary Care: 3.3%**
 - **Specialist Care: 4.3%**
- **Connecticut's behavioral health out-of-network utilization is 11 times more than primary care's utilization.**
- And this means that people with mental illness aren't getting the care they deserve.
- It's time to level the playing field. Our state insurance regulator should conduct regular, random market audits for parity compliance on all private health insurance and Medicaid managed care plans.

¹ - <https://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out>

² - <http://www.milliman.com/NOTLDisparityAnalysis/>