

State of Parity Report

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Executive Summary

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) established unprecedented protections for those in need of behavioral health treatment. It requires most insurance plans to provide behavioral health services under the same terms and conditions and no more restrictively than other types of medical care. However, lax enforcement of MHPAEA and state parity laws has led to an unacceptable reality: many Americans are still denied access to necessary behavioral health treatment covered under federal and state laws.

The ParityTrack project monitors parity implementation at the state and federal level and creates tools that can further advance implementation in the legislative, regulatory, and legal realms.

In January of 2015, the ParityTrack staff began collecting and analyzing state and federal parity actions since the passage of MHPAEA. Initial data collection concluded in October and was synthesized in the Parity Reports. The legislative, regulatory, and litigation trends found in this document are based on information from these Reports.

ParityTrack staff is now working with state officials, advocates, provider groups, attorneys, and organizations such as the National Alliance on Mental Illness, Mental Health America, Community Catalyst, Health Law Advocates, the Parity Implementation Coalition, Legal Action Center, and Treatment Research Institute to improve parity implementation. These collaborations led to the development of critical resources for consumers, providers, payers, and employers. Detailed explanations of these resources can be found throughout this document and several examples are located at <http://scattergoodfoundation.org/parity2016>.

Parity advancement requires that multiple groups take responsibility. To achieve this, ParityTrack and partnering organizations will continue to convene stakeholders and produce tools that improve access to behavioral health treatment for all Americans.

Introduction

Behavioral health disorders are common and critical sources of population harm. Over forty million Americans suffer from a mental illness; over twenty million suffer from substance use disorders.^{1,2} Access to treatment for behavioral health disorders is strikingly inadequate. Almost 90% of individuals with a substance use disorder and over half of individuals with mental illness do not receive appropriate treatment services.³

In addition to the disease burden associated with behavioral health, these disorders are some of the largest cost drivers in health care. SAMHSA estimated that the U.S. national expenditure on mental health care was \$147 billion. However, the financial cost increases to \$467 billion when combined with indirect costs, such as lost earnings and public disability insurance payments.⁴ Globally, the World Economic Forum estimated that mental disorders cost \$2.5 trillion in 2010 and are projected to cost \$6.0 trillion by 2030.⁵

2016 marks the 20th anniversary of the first significant federal effort to address insurance coverage of behavioral healthcare. While the 1996 Mental Health Parity Act (MHPA)⁶ increased awareness of the dire need for insurance reform in behavioral health, it did not provide sufficient protections. The 1999 Surgeon General's Report on Mental Health⁷ and the 2003 President's New Freedom Commission⁸ on Mental Health emphasized the need for further parity legislation to reduce remaining barriers to behavioral health treatment.

These bipartisan efforts, in combination with the tireless work of a network of advocates, culminated in the passage of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).⁹ MHPAEA provided unprecedented protections for individuals in need of behavioral health treatment. It prohibits insurance plans from employing financial requirements, quantitative treatment limitations, and non-quantitative treatment limitations (NQTLs) for behavioral health services that use different terms and conditions or are more restrictive than for other types of medical care. NQTLs are plan features that are not expressed numerically but may limit the scope or duration of benefits, such as prior authorization for treatment and medical necessity reviews. The Patient Protection and Affordable Care Act of 2010 (ACA)¹⁰ extended the coverage of MHPAEA to all insurance plans offered in Health Exchange Marketplaces, theoretically increasing access to behavioral health treatments to more Americans than ever before.

While MHPAEA largely eliminated the use of unequal deductibles, co-payments, visit limits, and other financial requirements and quantitative treatment limitations, insurers still circumvent the law's requirements regarding NQTLs. Though the Departments of Labor, Health and Human Services, and Treasury jointly released the Final Regulations for MHPAEA in 2013¹¹, standards for NQTL analysis and disclosure requirements remain unclear. As a result, many people seeking behavioral health treatment face care denials because of medical management techniques that are more restrictive than those used for other medical care.

Complicating matters further, enforcement of MHPAEA is divided between state and federal agencies depending on type of insurance plan. Additionally, MHPAEA empowers state legislatures to pass stronger parity laws for insurance plans under state jurisdiction. The result is that parity protections vary by geographic location and plan type. Several states have been proactive and gone beyond the requirements of MHPAEA, while others have taken few enforcement actions. This has left many consumers with scant protection against restrictions to care. While litigation has provided an avenue to challenge parity violations, cases are sporadic and have not resulted in systematic change.

ParityTrack is a project that identifies best practices across the country in parity implementation through legislation, regulatory enforcement, and legal actions. ParityTrack also creates resources for advocacy organizations, legislators, and regulatory agencies based on these best practices.

Launched in June 2015, www.paritytrack.org contains Parity Reports for all state and federal actions since MHPAEA became law. During the development of these Reports, the ParityTrack staff collaborated with a variety of experts in parity implementation, including organizations such as the Parity Implementation Coalition, Legal Action Center, Community Catalyst, Health Law Advocates, the National Alliance of Mental Illness, and Mental Health America. These collaborations have been instrumental in the development of additional products that will further advance implementation within the legislative, regulatory, and legal arenas. These products include:

- Model legislation
- Best-practice regulatory actions
- Detailed analysis of all parity-related statutes in each state
- Comparative analysis of parity-focused litigation
- Educational tools for consumers, their families, providers, and advocates that help streamline the appeals process and enhance data collection around the scope of violations taking place.

The following sections describe the legislative, regulatory, and legal trends in parity implementation at the state and federal level and outline ParityTrack's next phases of work.

State of Parity-Related Legislation

Legislation is a vital component of effective parity implementation. It can provide additional protections to consumers and require regulatory agencies to enforce existing laws. State parity laws can also mandate parity protections that go beyond the requirements of MHPAEA. Below is a summary of the trends in state and federal parity legislation since the passage of MHPAEA.

Trends in Federal Legislation

Since the passage of MHPAEA, the Affordable Care Act (ACA) is the only piece of federal legislation that has directly affected parity. The ACA extends the application of MHPAEA to plans sold in the individual and small group markets created after March 23rd, 2010. The ACA also includes mental health and substance use disorder coverage as one of the 10 Essential Health Benefits, requiring that all plans offered through the Health Insurance Marketplace provide benefits in compliance with MHPAEA.

There are five current bills that have been introduced in Congress that address parity: the Mental Health Reform Act¹², the Helping Families in Mental Health Crisis Act¹³, the Behavioral Health Coverage Transparency Act¹⁴, the Anna Westin Act¹⁵ and The Comprehensive Behavioral Health Reform and Recovery Act¹⁶. The parity sections of these bills vary in scope and include provisions such as:

- Requiring the regulatory agencies responsible for enforcement of MHPAEA to issue additional guidance around the information insurance plans are required to report
- Requiring regulatory agencies to submit reports to congress outlining specific actions they will take to ensure compliance with MHPAEA
- Requiring agencies to randomly audit plans for compliance
- Creating an online resource for consumers to submit complaints about potential parity violations
- Prohibiting insurance plans from excluding coverage for particular disorders (such as eating disorders)
- Eliminating the 190-day lifetime limit on coverage of inpatient psychiatric services under Medicare
- Making clear that residential treatment must be included in any plan that covers behavioral health services

All five of these bills are still in committee, and it will be important to monitor their progress.

Trends in State Legislation

State parity statutes, many of which preceded MHPAEA, vary greatly in scope of treatments and conditions covered, insurance plan requirements, and enforcement responsibilities of state regulatory agencies. In the eight years since MHPAEA became law, state legislatures have taken a wide range of approaches to augmenting parity laws. The following are examples of promising practices:

- 16 state legislatures have passed bills addressing implementation of MHPAEA. Massachusetts and Hawaii require regulatory agencies to monitor insurance plans for compliance with MHPAEA¹⁷. In Connecticut, regulatory agencies must submit reports that describe their efforts to ensure compliance with MHPAEA and relevant sections of state law¹⁸. Multiple states require insurers to comply with specific provisions of MHPAEA.
- States such as Rhode Island¹⁹ and Illinois²⁰ have passed bills that require plans' medical necessity criteria to mirror nationally-recognized independent standards, such as the criteria used by the American Society of Addiction Medicine for substance use disorders. In absence of these laws, plans are able to develop their own criteria, which are usually more restrictive.
- States such as Kentucky and Kansas have expanded the definition of mental health conditions and substance use disorders to include all conditions listed in the mental disorders section of the current edition of the International Classification of Diseases (ICD) or those listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Many other trends and promising practices can be found in the Parity Reports and Promising Practices sections of paritytrack.org.

Current ParityTrack Work on Legislation and Future Directions

The trends cited above highlight several examples of how state legislatures have been proactive by strengthening state parity laws. In addition to the existing federal bills, parity-related legislation will be introduced in a number of states during 2016 legislative sessions. This legislation will range from comprehensive parity amendments to targeted legislation aimed at narrow topics. It is critical that these bills are informed by best practices in parity legislation and are crafted by experts with a strong knowledge of what works, what is needed, and what should be avoided. Below is a summary of ParityTrack's future work advancing legislation.

At the federal level, the ParityTrack staff will continue to work with partners such as the National Alliance on Mental Illness, Mental Health America, Community Catalyst, and the Parity Implementation Coalition to ensure that parity provisions included in federal bills improve the effectiveness of existing statutes and require federal agencies responsible for enforcement to uphold their legal obligations.

At the state level, ParityTrack staff is drafting model legislation based on promising practices identified during the development of the Parity Reports. The National Alliance on Mental Illness, Mental Health America, and Community Catalyst are collaborating on the current draft of a model omnibus bill.

ParityTrack staff has also created dozens of bills that target critical parity issues. This model legislation is structured to be adaptable to a state's existing laws and legislative climate. State's can choose which model bills are relevant to their unique parity needs and then introduce versions customized by the ParityTrack staff to incorporate

terminology used in the state's existing statutes. An example of model omnibus legislation can be found at <http://scattergoodfoundation.org/parity2016>.

The ParityTrack staff conducted a comparative analysis of state parity laws to identify areas where states can incorporate this model legislation into their legislative frameworks. A trend report describing initial findings will be released in March and the full survey will be completed later in the spring. An example of a completed survey can be found at <http://scattergoodfoundation.org/parity2016>.

The success of these model bills relies on the identification of existing networks committed to introducing parity-related legislation. The National Alliance on Mental Illness, Mental Health America, and Community Catalyst have engaged their robust networks of state-based advocates to promote ParityTrack's model bills in multiple states. ParityTrack staff will also work closely with lawmakers and their staffers to build support for parity within state legislatures.

State legislators currently focused on behavioral health acknowledge that parity must be framed as a solution to multiple behavioral health issues, such as the opioid epidemic. ParityTrack staff will continue to work with partners to message model legislation in this context.

State of Parity-Related Regulatory Enforcement

Equitable behavioral health treatment requires regulatory enforcement of parity laws. Because state and federal agencies share jurisdiction over MHPAEA, a complete understanding of regulatory enforcement requires knowledge of all actions taken at state and federal levels. Below is a summary of trends in state and federal regulatory enforcement of MHPAEA.

Trends in Federal Regulatory Enforcement

The Department of Health and Human Services, the Department of Labor and the Treasury released the Interim Final Regulations²¹ for MHPAEA in February of 2010 and the Final Regulations⁶ in November of 2013. Proposed regulations²² for Medicaid managed care and the Children's Health Insurance Plan (CHIP) were released in June of 2015. While the final regulations provide clarity on plan compliance requirements under MHPAEA, ambiguity remains in disclosure of medical management practices, leaving agencies unable to determine if insurance plans are violating the NQTL provision. While a FAQ²³ released in October of 2015 detailed some disclosure requirements for insurers regarding medical management practices, these guidelines do not provide sufficient clarity.

In addition, since 2010 the Department of Labor has conducted 1,515 investigations related to MHPAEA and cited 171 violations of the law.²⁴

Trends in State Regulatory Enforcement

Enforcement of state and federal parity laws by state regulatory agencies varies across the country. Below are examples of promising practices in regulatory enforcement.

- Six states (California, Connecticut, Montana, Oregon, Vermont) have fined insurance plans for violating state parity laws
- The Rhode Island Office of the Health Insurance Commissioner (OHIC) initiated market conduct examinations²⁵ in December of 2015 on four insurers to investigate parity violations. The OHIC sent letters to all insurers in the state requiring that they must submit any information requested as part of the market conduct examinations.
- In November of 2015 the New Hampshire Insurance Department issued a press release²⁶ announcing that it began “a targeted examination” of insurers coverage of substance use disorder services from January 1, 2015 to September 30, 2015. The press release specifically mentions that the Department will be reviewing prior authorization practices, claim denials, and utilization review procedures.
- In December of 2014, the Washington State Office of the Insurance Commissioner issued an updated parity regulation²⁷. This extensive regulation provided greater clarity on the interaction between the state and federal parity law and, in many ways, mirrored the final regulations of the federal parity law, while going beyond the federal regulations in some instances.
- In November of 2014, the Oregon Department of Consumer and Business Services (DCBS) issued a bulletin²⁸ outlining insurance requirements under MHPAEA and its final regulations, the Oregon state parity law, and the parity-related provisions within the ACA.
- In September of 2014, the California Department of Managed Health Care (DMHC) issued guidance²⁹ requiring plans under its jurisdiction to submit reports demonstrating compliance with MHPAEA. The guidance requires insurers to complete two worksheets: one³⁰ that compares coverage of behavioral health care and other medical care and another³¹ that compares application of non-quantitative treatment limitations (NQTLs) to behavioral health services with other medical services.

While these actions are encouraging, overall enforcement is largely inadequate. Most state regulatory agencies responsible for enforcing parity laws have made little attempt to monitor insurance plans for compliance, minimizing the laws’ intended impact.

Current ParityTrack work on Regulatory Enforcement and Future Directions

The trends cited above highlight both successful practices in federal and state parity regulatory enforcement and areas that need substantial improvement. More evidence of insurance practices that do not comply with state and federal laws will surface as additional states investigate possible parity violations. This evidence will assist other states undertaking similar investigations and help develop complaints mechanisms reflective of common barriers that limit access to behavioral healthcare. Below is ParityTrack’s future work advancing parity-related regulation.

At the federal level, ParityTrack continues to support the efforts of partnering organizations, such as the Parity Implementation Coalition, to secure further guidance that will help clarify disclosure requirements for insurers.

At the state level, the ParityTrack policy staff is developing a series of resources based on promising regulatory practices from around the country. The goal of these resources is to provide templates for state insurance departments interested in strengthening parity enforcement. Such resources will include:

- Model administrative code
- Model bulletins
- Model checklists and spreadsheets to check for compliance
- Model market conduct exam materials
- Guidance regarding data collection from insurers which will help regulatory agencies to ensure parity compliance
- Technical assistance for compliance monitoring
- Educational materials for insurance departments to provide to consumers, families, and providers

Discussions between ParityTrack staff and a number of state insurance departments informed the development of these resources. ParityTrack also partners with organizations with prior experience working with regulatory agencies, such as the Legal Action Center, Health Law Advocates, and Community Catalyst. The ParityTrack staff will continue these discussions to ensure that the materials are useful in addressing challenges regulatory agencies may encounter, and reflect existing state laws and different regulatory climates. An example of a model regulatory bulletin can be found at <http://scattergoodfoundation.org/parity2016>.

The ParityTrack staff is also assisting in the development of software that will collect consumer complaints. This software will initially function as a complaints registry, identifying various types of complaints and potential violations. ParityTrack will also help interested state regulatory agencies incorporate this software into their existing websites.

State of Parity-Related Litigation and Legal Actions

Parity-focused litigation is a critical resource for victims of parity violations. Litigation can provide additional clarity and new interpretations of MHPAEA, state laws, and the interaction between the two. Below is a summary of trends in state and federal parity-related litigation.

Trends in Federal Litigation

Plaintiffs have brought several cases addressing violations of MHPAEA in federal courts. Examples of successful litigation exist in some of these cases under federal jurisdiction. In a class action against Providence Health Plan in 2014, the court ruled that denials of Applied Behavior Analysis therapy for autism spectrum disorder violated MHPAEA. A critical example of the federal court's ability to determine the interaction between parties responsible for behavioral health coverage occurred in *New York State Psychiatric Association V. United Health Group*³². In this case, the court found that, under MHPAEA, litigation can be brought against a third-party administrator of health insurance if the administrator has total control over benefit claims. This is critical because most employers that self-fund their health benefits contract with a third-party administrator that has complete autonomy over claims.

However, parity litigation in federal courts remains sporadic and successful outcomes are rare. Cases have been dismissed due to lack of standing and failure to state a claim³³. Other cases have been thrown out due to improper application of MHPAEA. Furthermore, litigators only cite MHPAEA in 30% of parity-related litigation, demonstrating insufficient application of the law.

Trends in State Litigation

Litigation addressing parity laws in state courts varies across the country. Below are examples of promising practices in state litigation.

- In a California lawsuit against Blue Shield, the court ruled that the California Mental Health Parity Act requires health care plans to provide residential treatment for individuals suffering from eating disorders when medically necessary³⁴.
- A lawsuit against Blueshield in Washington State found that, under the state's mental health parity act, insurers must provide coverage for medically necessary neurodevelopmental therapies used to treat conditions listed in the DSM-IV-TR³⁵.
- In a lawsuit against the New Jersey State Health Benefits Programs, the court ordered that the state's parity laws require coverage for speech and occupational therapy. In their discussion of parity laws, the court stated that the purpose and the spirit of those laws is to provide more coverage for people with biologically-based mental illnesses³⁶.

In addition to litigation, actions taken by the New York State Attorney General have increased awareness of the potential role of state attorneys general. The New York State Attorney General reached five settlements^{37,38,39,40,41} with insurers in New York since January of 2014. Each of these settlements led to changes in insurance practice and financial penalties. While increased involvement of state attorneys general can assist in improving parity enforcement, not all attorneys general have enforcement authority over parity laws, so this cannot be considered a comprehensive component of parity implementation.

Despite these successes, the impact of parity-related litigation is limited. Many potential plaintiffs struggle to connect with the court system because of complexities in the appeals process. Parity-related cases have been thrown out due to incorrect citations of state parity laws that did not apply to the insurance plans in question. Two such cases were brought in New Jersey against Horizon Blue Cross Blue Shield⁴² and Aetna, Inc.⁴³

Current ParityTrack Work on Litigation and Future Directions

The trends cited above highlight promising practices and several areas needing significant improvement in parity-related litigation. As more attorneys bring parity-related cases, success will be optimized by the use of successful tactics from previous cases. Listed below are ParityTrack's future work in advancing litigation at the state and federal level.

ParityTrack staff is conducting a litigation analysis of relevant litigation that includes an overview of trends and legal principles common in successful parity litigation. Key factors in successful cases, such as the plaintiff's diagnosis and type of treatment, have also been collected and will be further analyzed in the future.

To support the litigation analysis, The Kennedy Forum and ParityTrack staff convened a legal workgroup of leading attorneys involved in parity litigation to review the structure of the analysis and assist in identifying trends that lead to successful outcomes. This workgroup ensures that the litigation analysis is informed by the experiences of individuals involved in parity cases and is positioned to become a valuable resource for attorneys interested in parity.

The framework that was used to conduct the litigation analysis will be updated based on new parity-related litigation. Additionally, the legal workgroup will continue to meet and discuss next steps, including information sharing and legal assistance for any attorney interested in parity related litigation.

Future Work: How Is Our Current Work Informing Our Next Steps?

Eight years following MHPAEA, parity enforcement remains insufficient and inequitable access to behavioral health treatment is common. However, ParityTrack has identified signs of progress that suggest hope for the future. Successful parity enforcement requires widespread adoption and additional development of best practices through a collective approach involving many stakeholder groups with distinct roles:

- Legislators must understand how legislation can be a vital tool that augments MHPAEA and existing state laws, and ensures that enforcement occurs.
- Regulators must actively monitor compliance with state and federal parity laws, and provide greater protection to consumers and their families who experience potential violations.
- Attorneys must understand and employ the case theories that are most successful in parity-focused litigation.
- Providers must understand how they can support their patients who are denied care.
- Advocates must work to influence these groups, while also providing education and support for consumers and family members struggling to understand how to proceed when care is denied.
- Each these groups must continue to share their experiences in order to maximize impact.

Much of this work is already underway and the ParityTrack staff is excited to convene these groups and move towards a common goal. Too many people remain unjustly denied access to necessary behavioral health treatment, but this is certainly a problem we can all solve together.

Sources

- ¹ National Survey on Drug Use and Health. State Estimates of Adult Mental Illness from the 2011 and 2011 National Surveys on Drug Use and Health. February 23, 2014
- ² Boyle CA, Boulet S, Schieve LA, Cohen RA, et al.: Trends in the prevalence of developmental disabilities in US
- ³ National Survey on Drug Use and Health. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings
- ⁴ Insel T.R. Assessing the Economic Costs of Serious Mental Illness. *American Journal of Psychiatry*, 165(6), 2008.
- ⁵ Bloom DE, Cafiero ET, Jané-Llopis E, et al.: *The Global Economic Burden of Non-communicable Diseases*. Geneva: World Economic Forum, 2011
- ⁶ Mental Health Parity Act of 1996, P.L. 104-204, 1996
- ⁷ Office of the Surgeon General. *Mental Health: A Report of the Surgeon General*. Washington D.C.: National Institute of Mental Health, 1999
- ⁸ New Freedom Commission on Mental Health. *Achieving the Promise: Transforming Mental Health Care in America*. Final Report. Rockville, MD: Department of Health and Human Services, 2003
- ⁹ Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343, 2008
- ¹⁰ Patient Protection and Affordable Care Act, P.L 111-148, 2010
- ¹¹ Final Rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. *Fed Register* 78 (219): 68240-68296, Nov 13, 2013
- ¹² Mental Health Reform Act of 2015, S. 1945. 114th Congress, 2015
- ¹³ Helping Families in Mental Health Crisis Act, H.R. 2646. 114th Congress, 2015
- ¹⁴ Behavioral Health Coverage Transparency Act of 2015, H.R. 4276. 114th Congress, 2015
- ¹⁵ Anna Westin Act of 2015, H.R. 2515. 114th Congress, 2015
- ¹⁶ Comprehensive Behavioral Health Reform and Recovery Act, H.R. 4435. 114th Congress, 2016.
- ¹⁷ S.B. 2820/ H.B. 2270. The 27th Hawaii State Legislature, 2014
- ¹⁸ An Act Concerning Health Insurance Coverage for Mental or Nervous Conditions. S.B. 1085. Connecticut General Assembly Session of 2015
- ¹⁹ H. 5837/ S. 490. The Rhode Island General Assembly Session of 2015.
- ²⁰ H.B. 1. The 99th Illinois General Assembly, 2015
- ²¹ Interim Final Rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. *Fed Register* 75 (211): 5410-5451, Feb 2, 2010
- ²² Proposed Rule, Medicaid and Children’s Health Insurance Programs, Mental Health Parity and Addiction Equity Act of 2008; the Application of Mental Health Parity to Coverage Offered by Medicaid Managed Care Organizations, the Children’s Health Insurance Program (CHIP), and Alternative Benefit Plans. *Fed Register* 80 (69): 19417-19452, April 10, 2015
- ²³ FAQ about Affordable Care Act Implementation (Part XXIX) and Mental Health Parity Implementation, October 23, 2015

-
- ²⁴ U.S. Department of Labor. Improving Mental Health Coverage for Mental Health and Substance Use Disorder Patients. Washington D.C.: January, 2016
- ²⁵ Gourlay K. OHIC Investigates Coverage of Mental Health and Addiction Treatment. Rhode Island NPR, Dec 1, 2015
- ²⁶ Barrick D. NH Insurance Department Examines Companies' Handling of Substance Use Disorder Claims. Nov 25, 2015
- ²⁷ Title 284 WAC §43
- ²⁸ Oregon Insurance Division Bulletin INS 2014-1. Nov 14, 2014
- ²⁹ Department of Managed Healthcare Instructions for the Federal Mental Health Parity and Addiction Equity Act Compliance Filing. Aug 21, 2014
- ³⁰ *Beye v. Horizon Blue Cross Blue Shield of NJ*, 2008
- ³¹ *Devito v. Aetna, Inc.*, 2008
- ³² *New York State Psychiatric Association v. United Health Group*, 2015
- ³³ *American Psychiatric Association v. Anthem Health Plan*, 2014
- ³⁴ *Rea v. Blue Shield of California*, 2014
- ³⁵ *O.S.T. Ex Rel G.T.V. Blueshield*, 2014
- ³⁶ *Micheletti V. State Health Benefits Commission*, 2007
- ³⁷ A.G. Schneiderman Announces Settlement With Excellus Health Plan to End Wrongful Denial of Mental Health and Addiction. Mar 18, 2015
- ³⁸ A.G. Schneiderman Announces Settlement With ValueOptions to End Wrongful Denial of Mental Health and Substance Abuse Treatment Services. Mar 5, 2015
- ³⁹ A.G. Schneiderman Announces Settlement With Emblem Health for Wrongfully Denying Mental Health and Substance Abuse Treatment for Thousands of New York Members. Jul 9, 2014
- ⁴⁰ A.G. Schneiderman Announces Settlement With Health Insurer That Wrongly Denied Mental Health Benefits to Thousands of New Yorkers. 2014 Mar 20 [cited 2016 Feb 1]. Available from: <http://www.ag.ny.gov/press-release/ag-schneiderman-announces-settlement-health-insurer-wrongly-denied-mental-health>
- ⁴¹ A.G. Schneiderman Announces Settlement with Health Care Insurer for Wrongfully Denying Mental Health Treatment Claims. Jan 15, 2014
- ⁴² *Beye v. Horizon Blue Cross Blue Shield of NJ*, 2008
- ⁴³ *Devito v. Aetna, Inc.*, 2008

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