Highlights of the Mental Health Parity Act

Parity means that mental health (MH) conditions and substance use disorder (SUD) should be treated the same as physical health conditions. “Mental health” refers to both MH/SUD.

Part 1: Access

- Requires private and public health insurers to provide coverage for MH/SUD in accordance with existing federal law.
- Private insurers must provide data to the Insurance Commissioner to prove that equal standards are being used for mental and physical health when insurers deny or approve claims.
  - must make it easy to report unfair MH coverage.
- Creates a full-time position to make sure insurers are actually following parity rules.
- Requires public health insurers (i.e., Medicaid, PeachCare, and State Health Benefit Plan (SHBP)) to prove that equal standards are being used for mental and physical health when insurers deny or approve claims.
- Department of Insurance and Department of Community Health must make it easy to report unfair MH coverage, including efforts to include culturally and linguistically appropriate materials for consumers to file parity complaints.

Part 2: Workforce Development

- Permits the cancellation of loans for students enrolled in programs to become MH/SUD care professionals.
  - This encourages people to work in MH fields to get their loans paid off.
- Allows professional licensing boards to collect data from behavioral health providers to help state leaders understand the workforce shortage.

Part 3: Involuntary Commitment

- Removes the requirement that a person who is mentally ill be in the process of committing a crime for law enforcement to transport that person to a physician or emergency room for a MH evaluation.
Part 4: MH Courts & Corrections

- Provides grants to accountability courts for MH services (subject to available funding).
  - Accountability courts are for people who have been charged with a crime related to their mental illness. These courts ensure that people with serious mental illness are not sent to jail without getting necessary MH support.
- Directs the state to do two things: 1) increase access to certified peer specialists (i.e., trained professionals who have undergone MH treatment and recovered) in rural and medically underserved communities; and 2) improve care coordination between a student’s MH provider(s) in school settings and primary care provider(s).
- Creates a task force to connect people with serious mental illness to appropriate community-based services to prevent them from unnecessarily being sent to jails and juvenile detention facilities.

Part 5: Child & Adolescent Behavioral Health

- Directs the Governor’s Office to develop and implement a solution for better care coordination for children with MH/SUD that frequently use the emergency department or other crisis services.
- Clarifies that community service boards provide MH, developmental disabilities, and SUD services to children as well as adults.
  - CSBs are state-funded agencies that provide MH services to uninsured & low-income Georgians.

Part 6: Medicaid Spending

- Requires Medicaid Managed Care plans to spend at least 85% of profits on services for members (i.e., only 15% can be spent on things like marketing or administration).
  - If the provision is not met, the CMO must pay money back to the state.

Part 7: Additional Details

- Requires the state’s Department of Community Health to compare Medicaid, PeachCare, and SHBP reimbursement rates for MH services to other states.
- Requires a single report with all complaints against public and private insurers for violating parity requirements.

Learn more about the Mental Health Parity Act, bill sponsors, and status:
https://www.legis.ga.gov/legislation/61365