



# Behavioral health parity: Progress & impacts in Georgia

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# Outline

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- What is MH parity?
- Georgia Mental Health Parity Act (HB 1013)
- MHPA implementation & impacts

# What is Parity and why does it matter?

# What is substance use & mental health parity?

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“Parity” means equity

# Without parity, Georgia families have been:

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Forced to navigate confusing insurance system in the middle of a crisis

Denied coverage for SU/MH services b/c they are “not medically necessary,” without being given a reason

Unable to access early treatment that can prevent crises

Limited to fewer visits for care

Must go out of network, pay out of pocket, pay a larger share of the treatment cost for MH/SU services than for other kinds of health care

Mental health parity is the law!



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# Congress passed a parity law in 2008...

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- **Mental Health Parity and Addiction Equity Act of 2008:** SU & MH conditions should be covered by insurance equitably (“at parity”) with other illnesses
  - If plans cover SU & MH treatment, it must be comparable to coverage of other medical treatment
- **Affordable Care Act, 2010:** “Essential health benefits” expanded the plans that must offer SU & MH coverage and comply with parity.

# In Georgia...

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- Georgia had no clear enforcement mechanisms
- It is difficult for consumers to report parity violations



# HB 1013: Georgia Mental Health Parity Act

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- Signed into law on April 4, 2022
- The most important piece of BH legislation in Georgia in recent memory

# HB 1013: Georgia Mental Health Parity Act

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Included 6 major sections:

- 1) **BH parity in private insurance & Medicaid**
- 2) Workforce development
- 3) Assisted outpatient therapy
- 4) MH courts & corrections
- 5) Coordination & data sharing
- 6) Assorted follow-up actions including annual parity complaint report by GA Data Analytic Center

# Parity provisions and requirements in HB 1013

# Responsibilities of public & private health insurers

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Both private and public health insurers **must**:

- Cover MH/SUD benefits equitably to physical health benefits (*already fed'l law. Restated as state law*)
- Provide annual parity comparative reports to Dept. of Insurance and Dept. of Community Health (respectively)(*Jan. 2023*)
- Not prohibit same-day reimbursement for patient that sees MH and primary care provider in the same day(*July 2022*)

Public health insurers (Medicaid CMOs) **must also**:

- Process claims for emergency MH/SUD services regardless of whether member is treated in ED

# Responsibilities of state agencies

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## Dept. of Insurance

- Hire a BH parity officer
- Conduct annual data call (*May 2023*)
  - If data suggests parity violation, DOI conducts market conduct exam to determine parity compliance
- Submit annual report on data calls to Gov, LG & Speaker(*Aug. 2023*)
- Will make insurers' comparative reports available on DOI's website (*Jan. 2024*)

## Dept. of Comm. Health

- Will make CMOs' comparative reports available on DCH's website (*Jan. 2024*)
- Must perform parity compliance reviews and publish summary report on DCH's website (*Jan. 2024*)

# Member complaints & education

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## Dept. of Insurance

- Update consumer complaints portal & tracking process for MH parity violations, with language accessibility  
(*Jan. 2023*)

## Dept. of Comm. Health

- Establish a process for addressing complaints about MH parity violations  
(*July 2023*)
- Make reasonable efforts to provide culturally & linguistically appropriate materials to consumers for navigating the complaint process

Both: submit report of parity complaints to Georgia Data Analytic Center & General Assembly

## With parity, Georgia families could:

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Avoid going out-of-network to find the right care

In a crisis, worry less about costs or basic access. Can focus on getting better

More easily access early treatment to prevent crises

Pay transparent & fair amounts for treatment costs for covered MH/SU services



# Ongoing efforts to support implementation:

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## Build capacity:

- Among insurers, CMOs
- In state agencies

## Educate consumers

- Destigmatizing MH/SU care
- Encouraging use of insurance cvg. to access affordable MH/SU services
- Raising awareness about appeals & complaints processes for inadequate cvg.

## Accountability

- Feedback loop between state agencies & advocates
- Monitoring progress against HB 1013 timeline



# Questions?



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# Thank you!

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