

Mental Health Parity Transparency and Accountability

SB 1718 by Sen. John Michael Montgomery, Haste and Rep. Jon Echols

Ensuring compliance with President Bush's 2008 parity law – which requires insurers to treat illnesses of the brain the same way they treat illnesses of the body – is essential to addressing Oklahoma's opioid crisis and rising suicide rates. SB 1718 creates critically-needed data and transparency around compliance with existing law so Oklahoma can make headway in reducing treatment barriers.

Parity isn't happening in Oklahoma — it's getting worse¹

- Oklahomans **can't get access to network care** for mental health. New data show they must go out of network for outpatient care 9X more often than for other health services, and 7X more for inpatient care. These disparities have doubled since 2013.
- Provider **reimbursements are skewed against mental health**, limiting access and provider availability. Office visits for primary care in Oklahoma are reimbursed 27% higher than for similar mental health visits. That disparity is worse than the U.S. average (23%).
- Providers and people needing treatment regularly report ever-changing and burdensome hurdles to accessing care, saddling families with extra costs and delays.

Our opioid and mental health crises demand parity

- **President Trump's opioid abuse commission recommends parity** to address the opioid crisis. The Oklahoma AG's opioid commission endorsed parity transparency in 2019.
- More work is left to alleviate our opioid crisis. Oklahoma has 10.2 opioid-related overdose deaths per 100,000 people. Meanwhile, suicide is our 8th leading cause of death, and our rising suicide rate is 36% higher than the national average.²

We need data to understand the problem

- It's not easy to verify compliance. This method of reporting, endorsed by the American Psychiatric Association, is **easier for insurers and regulators alike**. So far, it is used by 8 states and the Trump administration's DOL.
- Common violations include limits on in-network providers, delays in credentialing new providers, extreme utilization-review tactics, and lower reimbursement rates. This reporting will add transparency to these issues without exposing insurers' trade secrets.

Insurers are already supposed to analyze their parity compliance under federal law. Legislators and Oklahomans deserve to see if compliance is being achieved.

1. Milliman, Inc., study of PPO health plans in each state, 2019

2. Centers for Disease Control and Prevention (CDC)

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**Oklahoma
Opioid Reform
Coalition**



**Oklahoma Attorney
General's Opioid
Commission**



**Oklahoma
Psychiatric
Physicians
Association**



**The Oklahoma
Society of
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