



## THA TAKEAWAYS

### Price, Zaffirini File Behavioral Health Parity Bills With THA Support

*Full Enforcement of Parity Law is Key to Improving Access to Behavioral Health Services*

The Mental Health Parity and Addiction Equity Act of 2008 requires health plans to treat mental health and substance use disorder benefits the same as physical health benefits. This treatment parity applies to both quantitative treatment limitations (i.e. co-pays and deductibles) and non-quantitative treatment limitations (i.e. prior authorizations and concurrent reviews).

In Texas, the state Department of Insurance currently has jurisdiction to enforce large group health plans' compliance with MHPAEA but only with respect to quantitative treatment limitations. There is no current enforcement authority for non-quantitative treatment limitations.

In response to recommendations by the Texas House of Representatives' interim Select Committee on Mental Health, two bills have been filed this session to expand TDI's enforcement authority to include nearly all fully insured plans and non-quantitative treatment limits. These bills would allow TDI to fully enforce existing parity requirements for the treatment of physical and mental health conditions and improve access to timely, medically necessary treatment for behavioral health diagnoses.

The Texas Hospital Association supports House Bill 10 by Rep. Four Price (R-Amarillo) and Senate Bill 860 by Sen. Judith Zaffirini (D-Laredo).

As filed, these bills:

1. Expand TDI's authority to enforce existing parity requirements for nearly all fully insured plans and for quantitative and non-quantitative treatment limits.
  - a. Eliminate differences in how treatment for physical and mental health conditions is reimbursed and administered.
2. Require the Texas Health and Human Services Commission to designate a behavioral health ombudsman to help consumers and providers navigate and resolve challenges related to behavioral health care access.
  - a. Simplify the complaint process for both consumers and providers.
3. Require THHSC to establish a work group of stakeholders to study and provide recommendations on parity enforcement and collect data related to behavioral health access issues.
  - a. Create a process for better communication between TDI, THHSC, health plans, providers and consumers related to parity enforcement.
4. Help normalize treatment for mental health and substance use disorders and improve access to timely, medically necessary treatment.
  - a. Reduce inappropriate use of emergency departments and hospitals' uncompensated care costs by promoting timely, preventative care.

**For more information, contact:**

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