

Access to Health Coverage, Parity Compliance May Help Improve Youth Mental Health Services

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Dr. Samantha Rosenthal and others writing in the April *Rhode Island Medical Journal* eloquently review the state of youth mental health services at the state and national levels.¹ One important area not emphasized is that of health coverage. Adequate health coverage through Medicare, Medicaid, and commercial insurance and commitment to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and state-level parity laws can help to ensure access to behavioral health care for those of all ages and reduce disparities.

Progress has been made in recent years, but at the end of 2022 roughly 10 percent of non-elderly Americans, including 5 percent of children, still lacked health coverage.² The conclusion/unwinding of the COVID-19 public health emergency, which helped enhance health coverage, may exacerbate this trend. Many who do have health coverage are underinsured, facing high out-of-pocket costs such as high co-pays and deductibles.³ Lack of health care coverage and cost/affordability are key reasons many Americans of all ages cannot obtain needed care both for mental health conditions and substance use disorders.⁴

MHPAEA enforcement also is important to ensure that once health coverage is obtained, coverage for behavioral health services is equivalent to that provided for other health conditions. The recently released National Drug Control Strategy observes that: "Insufficient insurance coverage, provider reimbursement rates that do not cover activities required to sustain a practice, and non-compliance with federal parity laws requiring certain insurance plans to provide comparable coverage of physical and behavioral health services all may impact access to treatment as well as whether people can succeed in treatment."⁵

As the nation recovers from COVID-19, a renewed commitment to health coverage, including behavioral health parity, can enrich the lives of millions of Americans, young and old, and support access to essential behavioral health care and services. ❖

References

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Disclaimer

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