



# HB 3046: 2022 Mental Health Parity Report

Presenters: Andrew Stolfi, DCBS Director/Insurance Commissioner and  
Tashia Sizemore, Life and Health Program Manager  
Division of Financial Regulation



Department of Consumer  
and Business Services

# Department of Consumer and Business Services

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- DCBS regulates the commercial health insurance market in Oregon
- Oversees 1 million individuals enrolled in commercial health insurance plans, representing 25% of the state's population
- Self-funded group plans are regulated by the U.S. Department of Labor, and are subject to federal mental health parity legislation
- Medicaid's mental health parity requirements are regulated by the Oregon Health Authority

# Understanding mental health parity

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- Ensures mental health and substance use disorder treatment is covered at the same level as physical health treatment in insurance plans
- Laws require:
  - Equal annual and lifetime dollar limits
  - No higher co-pays, deductibles, or out-of-pocket limits
  - Similar treatment limitations for mental health and physical health
- Federal law: Mental Health Parity and Addiction Equity Act (MHPAEA)
  - Enacted in 2008
  - Requires mental health and substance use disorder benefits be offered at parity with medical/surgical benefits in employer-sponsored health plans with 50+ employees
  - Recently expanded by the Consolidated Appropriations Act (CAA) of 2021

# Overview of House Bill 3046 (2021)

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- Requires:
  - Each health insurer offering plans providing behavioral health benefits to report annually to DCBS on nonquantitative treatment limitations for behavioral health benefits
  - DCBS to evaluate certain criteria on the adequacy and coverage of an insurer's behavioral health network during annual reviews of group health insurers to ensure behavioral health services are treated at parity with medical services
  - DCBS to report to the interim committees of the legislative assembly related to mental or behavioral health no later than Sept. 15 each year

# DCBS responsibilities

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As a result of HB 3046, we were entrusted with several important responsibilities, including:

- Adopting rules and regulations to implement the bill's provisions
- Collecting and reporting data on the use of behavioral health services by insureds
- Enforcing the bill's provisions, including investigating complaints and taking appropriate actions to ensure compliance with the law

# HB 3046 Rule Advisory Committee (RAC)

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- Designed to engage stakeholders and ensure a collaborative approach to implementing the bill
- RAC included representatives from various sectors:
  - Insurance carriers
  - Consumer advocacy groups
  - Health care providers
- Behavioral health benefit reporting rules were finalized in February 2022

# Data collection process

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- Insurers submitted reports in April 2022
- Department implemented a rigorous data collection process that included:
  - Gathering information from multiple sources, such as insurers' self-reported data, consumer complaints, and feedback from providers
  - Collaboration with other state and federal agencies to ensure the accuracy and completeness of our findings
  - Meeting individually with each insurer to address insurer-specific concerns

# Mental Health Parity Report key findings

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## 1. Access to care

- Barriers in access
- Provider shortages, wait times, insurance coverage

## 2. Inconsistencies in coverage

- Disparities across insurance plans
- Financial burdens and access disparities

## 3. Noncompliance with parity requirements

- Restrictive practices
- Need for monitoring and enforcement

# Key findings (continued)

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## 4. Variability in network adequacy

- Insufficient networks for mental health services
- Delays in-care and out-of-network providers

## 5. Need for better data

- Comprehensive and standardized data for monitoring
- Identify gaps and inform enforcement efforts

## 6. Impact of telehealth

- Improved access during COVID-19
- Issues with quality and consistency of services and reimbursement of services

# Key findings (continued)

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## 7. Provider reimbursement rates

- Reimbursement rates for behavioral health are lower than medical-surgical
- Variations exist between different provider types
- Discrepancies do not always indicate a lack of parity
- State and federal laws do not mandate identical reimbursement rates for different types of services

# Looking ahead (2023 report)

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- Enhancing mental health parity
- Improve data collection and analysis
- Targeted and actionable insights for policy decisions
- Validate data and address discrepancies
- Collaborative work with stakeholders
- Ensure accessibility and equity in services

# Questions?

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## Contact information

Tashia Sizemore

[Tashia.Sizemore@dcbs.oregon.gov](mailto:Tashia.Sizemore@dcbs.oregon.gov)

Jesse Ellis O'Brien

[Jesse.E.Obrien@dcbs.oregon.gov](mailto:Jesse.E.Obrien@dcbs.oregon.gov)