

## Background: Mental Health and Substance Use Parity and the Affordable Care Act

Two laws—the [Mental Health Parity and Addiction Equity Act](#) and the [Affordable Care Act](#)—significantly expanded health insurance coverage of mental health and substance use services.

**Mental Health Parity and Addiction Equity Act** This 2008 law requires health insurance plans to include equal treatment of both mental health and/or substance use services and medical and/or surgical services, if they are covered.

**The Affordable Care Act** This 2010 law requires all plans sold on the health insurance marketplace—and many other health insurance plans—to cover a specific set of health services, including mental health and substance use services.

Coverage of mental health and substance use services must be similar to the plan's coverage of physical health benefits. Plans must have similar:

**Treatment Limits** The number of covered visits to a mental health provider must be similar to the number of covered visits to a physical health provider.

**Annual and Lifetime Dollar Limits** There can be no limits on the dollar amount a plan will pay for coverage of mental health/ substance use or physical health services.

**Financial Requirements** Copays and coinsurance for mental health or substance use services must be similar to the copays and coinsurance for physical health services.

**The American Foundation for Suicide Prevention (AFSP)** is the nation's leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes. Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything we do. For further information please send an email to [advocacy@afsp.org](mailto:advocacy@afsp.org) or call (202) 449-3600.

**The National Council for Behavioral Health** is the unifying voice of America's community mental health and substance use treatment organizations. Together with our 2,200 member organizations, we serve our nation's most vulnerable citizens — the more than eight million adults and children living with mental illnesses and substance use disorders. We are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. Learn more at [www.TheNationalCouncil.org](http://www.TheNationalCouncil.org).

## Mental Health and Substance Use Parity & the Affordable Care Act: Mental Health Services in the New Health Insurance Marketplace

All plans in the health insurance marketplace must cover mental health and substance use disorder services. The specific services, providers, and medications covered by each plan vary.



AMERICAN FOUNDATION FOR  
Suicide Prevention



# Mental Health and Substance Use Services in the New Health Insurance Marketplace

It is helpful to know the answer to three questions before you pick a plan in the health insurance marketplace:

- 1 What mental health and substance use disorder services are covered and what is the amount of copays and coinsurance?**
- 2 Are your healthcare providers included in the network as preferred providers?**
- 3 Are your medications, or ones you may need in the future, covered under the plan?**

Even though your plan must cover mental health and substance use disorder benefits, it may limit certain services or medications.

It is important to know how to access medications or services, especially to treat mental health or substance use disorders. To make sure you get the care you need, check to see if your needed health services and medications have any of the following limits.

**Prior Authorization** Requires a healthcare provider to get pre-approval for some services or medications before you can access them.

**Quantity Limits** Limits the number services or medication refills you can receive within a specified time period.

**Step Therapy** Requires you to try other services or prescriptions before the plan will cover the service or medication you or your doctor prefers you to use.

In case you change providers or insurance companies, it is good to keep a list of all treatments and medicines that you have tried. Track the dose and how long you received the treatment. This information will help you document the steps you have taken.

**Denial of Benefits for Service Not Covered** Some benefits or medications you need may not be covered.

If your plan denies coverage for a specific service, you can follow your plan's exceptions process to request that the service be covered.

**Covered Services Deemed Not "Medically Necessary"** Some medications or services you need may not be considered "medically necessary." As a result, the plan may deny you coverage.

If this happens and you and your physician believe the needed service is medically necessary, follow your plan's appeals process to request coverage for the service or medication.

## Why This Matters to You

To make sure you get the services and treatments you need, it is important to know what health insurance plans must cover and what your rights are.

### Putting This Knowledge into Practice

- 1 Your health insurance plan is required to cover mental health and substance use benefits. You should know the benefits your plan covers and how to access benefits that your plan restricts or does not cover.**
- 2 Identify whether your insurance coverage includes limits on any mental health and/or substance use services or medications you need.**
- 3 Learn about the tools you can use to apply for and obtain coverage for services you need.**