



**FOR IMMEDIATE RELEASE**

**MEDIA CONTACTS:**

Abigail Woodworth, Legal Action Center: 212-243-1313

Geoffrey Collver, The Ohio Council: 614-228-0747

**Ohio Parity Report Reflects Lack of Attention and Little Progress on Consumer Education and Enforcement of the Law;  
*Behavioral Health Advocates Join National Campaign to Push Parity Compliance***

Columbus, OH – The Ohio Department of Insurance (ODI), as a result of a legislative requirement, recently issued the [Ohio Mental Health Parity Report 2018](#), which claims parity violations are limited in Ohio and cites as evidence that ODI received only seven consumer complaints related to mental health coverage in 2017.

These findings are in stark contrast to a recent national [study](#), conducted by Milliman, a premier research and actuarial firm, that found significant parity violations in Ohio and that residents of the state experience persistent obstacles to accessing affordable mental health (MH) and substance use disorder (SUD) treatment under their insurance plans. The Milliman study looked at three years of insurer claims data from 2013 to 2015, covering approximately 42 million Americans in all 50 states and Washington, D.C. Key parity violations in Ohio reported in the Milliman study included:

- Insurers in Ohio are much more likely to provide lower cost in-network care for traditional medical and surgical services compared to MH/SUD services, creating a dangerous disparity in coverage rather than promoting a model of comprehensive care. The lack of in-network treatment options force Ohio residents to utilize more expensive out-of-network services for behavioral health treatment, thus undermining efforts to provide access to affordable treatment for thousands of vulnerable residents.
- Medical primary care and specialty providers were paid on average 22% higher rates than behavioral health providers for the very same office visits billed under identical or similar codes in 2015, indicating significant disparities in reimbursement rates.

The Milliman study comes in advance of the 10th anniversary of enactment of the federal Mental Health Parity and Addiction Equity Act, landmark legislation that prohibits discriminatory insurance coverage for those with mental health and substance use disorders. The Parity Act must be effectively enforced in order to achieve its objective of expanding access to critically needed behavioral health treatment. But in the 10 years since its enactment, enforcement of the law has been lacking, leaving thousands of Ohio residents at risk.

“Rather than suggesting that parity violations are not problematic in Ohio, the small number of complaints more likely reflects the need for increased consumer education about their right to non-discriminatory coverage of MH and SUD benefits,” said Lori Criss, CEO of the Ohio Council of Behavioral Health & Family Services Providers. “As the state faces an unrelenting opioid epidemic, we urge the Ohio Department of Insurance to redouble its consumer education and enforcement efforts so that people can access the healthcare they are entitled to and often paid for.” “We’re also interested in working with legislators to clarify the Ohio Attorney General’s role and authority to pursue insurance parity as a consumer protection issue. New York was successful with this strategy and Ohio could be too,” said Criss.

Lagging enforcement of the Parity requirements by regulators in Ohio and around the country has led several advocacy groups to join together as part of the [Parity at 10 Compliance Campaign](#), a collaboration between national and state advocates to establish effective models for robust enforcement of the Parity Act in 10 states and to disseminate those models across the country. In Ohio, the Parity at 10 Campaign consists of a host of provider, consumer, legal and behavioral health advocacy organizations, with the Ohio Council for Behavioral Health & Family Services Providers (the Ohio Council) acting as the anchor organization.

Ellen Weber, who directs the Parity at 10 Campaign, notes that “a major goal of the campaign in Ohio will be to work with regulators and legislators to end complaint-driven enforcement models that put the onus on consumers and to address discriminatory barriers to substance use disorder and mental health services under Medicaid and commercial insurance. In the meantime, ODI should not assume that lack of consumer complaints reflects a lack of violations.” She adds “ODI should use its traditional enforcement tools to root out parity violations, to conduct market conduct exams to uncover systemic problems, to focus on illegally enforced treatment limitations, and to work with consumers and health care providers to identify develop and disseminate effective education tools.”

“We look forward to working with our colleagues across the state to help jumpstart compliance with the Parity Law, and to support the kind of broad-based consumer education and state policy changes that are needed to ensure that Ohio residents are getting the behavioral health care they deserve” says Criss.

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**Parity at 10** is a three-year campaign to establish effective models for robust enforcement of the Parity Act in 10 states and to disseminate those models across the country. The campaign's goal is to ensure that insurance carriers and State Medicaid programs offer fully parity compliant substance use and mental health benefits and put an end to a complaint-driven enforcement model that forces consumers to fight for the evidence-based health care they need and are entitled to receive. The campaign is being spearheaded by the [Legal Action Center \(LAC\)](#), [The Kennedy Forum](#), [The National Center on Addiction and Substance Abuse](#), [Partnership for Drug-Free Kids](#) and the [Research & Evaluation Group at Public Health Management Corporation](#).

[The Ohio Council of Behavioral Health & Family Services Providers](#) is a statewide trade association representing 150 organizations providing community-based mental health, alcohol and other drug addiction treatment and family services throughout Ohio.

**Ohio Parity at 10 Coalition Members include:** Ohio Psychological Association; UHCAN – Ohio; Ohio Psychiatric Physicians Association; National Association of Social Workers-Ohio Chapter; Treatment Advocacy Center; Ohio Association of County Behavioral Health Authorities; Ohio Citizens Advocates for Addiction Recovery; Ohio Hospitals Association; Ohio State Medical Association; Ohio Counseling Association; Ohio Poverty Law Center; Ohio Association of Community Health Centers; Public Children Services Association of Ohio