



March 30, 2021

Dear Tennessee Legislator,

With the continued restrictions imposed by the COVID 19 pandemic, TAADAS has elected to have a virtual week on the hill this year to highlight our legislative priorities and advocacy efforts. Yesterday you should have received a packet of information that includes a summary of TAADAS programs, a list of TAADAS members, a list of our advocacy goals and a briefing sheet of TAADAS legislative priorities. This week we will highlight the following notable pieces of legislation:

March 30th – Parity packet, with emphasis on HB 360 /SB151 as well as HB 636/SB 603

March 31 – Naloxone bill packet, with emphasis on the number of overdose deaths and SB 583 by Crowe / HB 891 by Leatherwood and Ramsey

April 1 – Budget Packet, with our support of Governor Lee’s budget and an emphasis on a proposed budget amendment for provider rate increases

Today we are highlighting the efforts of TAADAS and a coalition of mental health and addiction treatment advocates who want to ensure that Tennesseans health insurance plans offer and administer the same access to robust, quality behavioral health services as those available to them for physical health services.

TAADAS member agency staff will be reaching out to schedule appointments with you to discuss these issues. I am available to discuss any of our advocacy efforts or the service delivery system in Tennessee at any time. I can be reached at 615-780-5901, x-118 or at marylinden@taadas.org. TAADAS also employs a Legislative Counsel, Nathan Ridley, who can be reached at 615-308-4354 or nridley@bradley.com. We appreciate your support for services for substance use treatment, prevention programs and recovery support services.

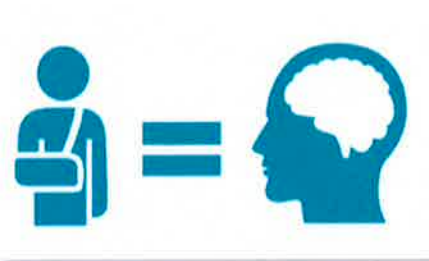
Yours Sincerely,

A handwritten signature in blue ink that reads "Mary Linden Salter". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Mary Linden Salter, LCSW
Executive Director

What is behavioral health parity, and why is it important that parity laws are enforced?

- **Parity** laws aim to prevent discriminatory practices by mandating that insurance companies offer behavioral health benefits to the same extent that they offer physical health benefits.
- However, enforcing existing parity laws remains a challenge, and restricted access to adequate treatment for Tennesseans with behavioral health problems contributes to the devastating rates of suicides and overdoses in our state.
- The short-term costs that insurance companies avoid by denying or limiting behavioral health benefits are ultimately paid by state and local governments in the form of uncompensated care through mental health and substance use block grants, encounters with the criminal justice and child welfare systems, use of emergency services, and homeless/social-service programs.¹



The significance of behavioral health parity compliance is increasingly being recognized at a national level. The landmark 2019 ruling in *Wit v. United Behavioral Health* required United



Behavioral Health to reprocess 67,000 claims due to parity violations and established “generally accepted standards of care,” by which insurers must abide.² Additionally, President Trump’s 2020 Executive Order, *Saving Lives Through Increased Support for Mental and Behavioral Health Needs Report*, identified parity compliance and enforcement efforts as key components in addressing America’s behavioral health crisis.³ Finally, the recently-passed *Consolidated Appropriations Act of 2021* requires insurance companies to prepare and submit detailed analyses to the federal government each year to

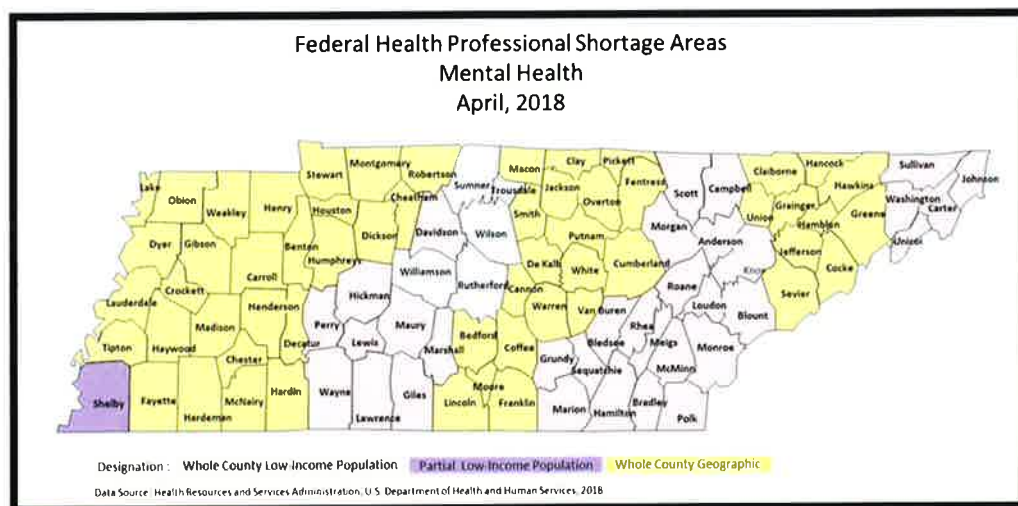
document their parity compliance. The 112th General Assembly has a promising opportunity to capitalize on this national momentum and to strengthen and clarify parity policy in Tennessee.

Plan of Action - There is a problematic lack of transparency around this issue in our state, and TAADAS has contributed to the development of the **Mental Health Parity Reporting Bill: HB360/SB151** with the goal of providing a robust set of data that serves to identify gaps and disparities, equipping lawmakers to make informed decisions regarding parity enforcement. In essence, the bill requires the Department of Commerce and Insurance (TDCI) to broaden the scope of its annual parity compliance report to the General Assembly by adding the following:



1. U.S. Department of Health and Human Services (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Chapter 6. <https://addiction.surgeongeneral.gov/sites/default/files/chapter-6-health-care-systems.pdf>
2. The Kennedy Forum (2020). *Game changer: Implication of the Wit v. United Behavioral Health ruling*. [Game Changer: Implications of the Wit v. United Behavioral Health Ruling | The Kennedy Forum](#)
3. Substance Abuse and Mental Health Services Administration (2020). *Executive order: Saving lives through increased support for mental and behavioral health needs report*. [Executive Order Saving Lives Through Increased Support for Mental and Behavioral Health Needs Report \(samhsa.gov\)](#)

- Directs the TDCI to obtain and incorporate insurance companies' parity analyses that are already federally-mandated under the *Consolidated Appropriations Act of 2021*. This will provide the General Assembly valuable information regarding:
 - Medical necessity & utilization review practices of plans operating in Tennessee.
 - Plans' use of generally accepted standards of care that are recognized by behavioral health experts when determining authorizations.
 - Evidence that behavioral health criteria are no more restrictive or more stringently applied than for physical health care.
- Verification of all health plans under the TDCI's jurisdiction, and a review of the results of relevant market-conduct (as-needed) and full-scope parity examinations that the TDCI conducts.
- Examining issues of geographic access by highlighting complaints where there was no in-network behavioral health provider within 75-miles of the insured patient's home.



The map above illustrates that the majority of counties in Tennessee have an overall shortage of mental health providers (yellow), and almost all of the remaining counties have a shortage of mental health providers that are accessible to people with low-incomes (pink & purple).

The Mental Health Parity Reporting Bill: HB360/SB151 will dramatically enhance the utility of TDCI parity compliance reports, providing lawmakers with the information that they need to enforce behavioral health parity and protect the lives and the rights of struggling Tennesseans.