**State of [state]**

**Proclamation**

WHEREAS, approximately 1 in 5 adults experiences a mental health disorder[[1]](#endnote-1) and 1 in 13 people age 12 or older experiences a substance use disorder each year[[2]](#endnote-2); and,

WHEREAS, less than half of American adults with a mental health disorder receive treatment[[3]](#endnote-3) and less than 1 in 10 people aged 12 or older with a substance use disorder receives treatment each year[[4]](#endnote-4); and,

WHEREAS, adults identify the unaffordable cost of services as the primary reason for not getting mental health treatment and the lack of health care coverage and unaffordable cost of services as second most important reason for not getting substance use treatment[[5]](#endnote-5); and,

WHEREAS, rising deaths in the U.S. from drug overdoses, suicides, and alcoholism have led the first multi-year decline in life expectancy in the past 50 years[[6]](#endnote-6); and,

WHEREAS, more than half of those confined in state prisons and local jails are estimated to have a substance use disorder[[7]](#endnote-7) or mental health disorder, with approximately three-quarters of inmates with a mental health disorder also having a co-occurring substance use disorder[[8]](#endnote-8); and

WHEREAS, in 2012, the costs of mental health and substance use disorders from health care expenses, disability payments, and lost earnings were nearly half a trillion dollars in the U.S.[[9]](#endnote-9); and,

WHEREAS, health insurance historically did not cover mental health and substance use disorder treatment on an equal basis with other types of medical care and often excluded all coverage for these conditions; and,

WHEREAS, Congress passed the landmark Mental Health Parity and Addiction Equity Act of 2008 on an overwhelming bipartisan basis, and President George W. Bush signed it into law on October 3, 2008 to end discrimination in mental health and substance use disorder coverage; and,

WHEREAS, the Mental Health Parity and Addiction Equity Act is a civil rights law that requires equal coverage of mental health and substance use disorder benefits coverage – both as written in health plans and as delivered in practice – with other medical care; and,

WHEREAS, the Affordable Care Act extended the Parity Act by requiring coverage of mental health and substance use disorder benefits as an essential health benefit at parity with other medical benefits and barring discrimination against persons with pre-existing mental health and substance use disorders; and

WHEREAS, [state] has enacted its own state parity legislation that [does this]; and,

WHEREAS, despite the state and federal parity laws, too many [state-ians] do not receive the equitable coverage for mental health and substance use disorders to which they are entitled; and,

WHEREAS, [state] has experienced X increase in deaths relating to the opioid crisis; and,

WHEREAS, suicide rates in [state] have risen X%, with particularly alarming rises among XX; and,

WHEREAS, according to analysis of claims data by the independent actuarial firm Milliman, [state-ians] with health insurance must pay higher out-of-pocket costs for mental health and substance use disorder care because their health plans’ networks for such care are inadequate and mental health and substance use disorder providers are reimbursed at lower levels than other health care providers[[10]](#endnote-10); and,

WHEREAS, [state] regulators [fill in the name of the state offices] have a primary role in ensuring that private insurance and Medicaid managed care plans comply with the Mental Health Parity and Addiction Equity Act and [state’s] parity law; and,

WHEREAS, ensuring compliance with federal and state parity laws increases access to treatment and is a critical component of reducing deaths from opioids and suicides; and,

WHEREAS, greater access to mental health and substance use disorder treatment will help improve overall health, decrease health care costs for all [state-ians], and allow individuals to live fulfilling, productive lives in their communities;

THEREFORE, I, [Name], Governor of the State of [state], do hereby proclaim the month of October 2018 as the MENTAL HEALTH AND ADDICTION PARITY MONTH in [state] in recognition of the 10th anniversary of the signing of the Mental Health Parity and Addiction Equity Act of 2008 and call upon health plans to take immediate steps to demonstrate to regulators that all their practices are in compliance with state and federal parity laws so that [state-ians] can access the mental health and substance use disorder services and medications they need to lead healthy and productive lives.

1. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>. [↑](#endnote-ref-1)
2. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>. [↑](#endnote-ref-2)
3. <http://www.mentalhealthamerica.net/issues/state-mental-health-america>. [↑](#endnote-ref-3)
4. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>. [↑](#endnote-ref-4)
5. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm>. [↑](#endnote-ref-5)
6. <https://www.washingtonpost.com/national/health-science/fueled-by-drug-crisis-us-life-expectancy-declines-for-a-second-straight-year/2017/12/20/2e3f8dea-e596-11e7-ab50-621fe0588340_story.html>. [↑](#endnote-ref-6)
7. <https://www.bjs.gov/content/pub/pdf/dudaspji0709_sum.pdf> [↑](#endnote-ref-7)
8. <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>. [↑](#endnote-ref-8)
9. <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2015/mental-health-awareness-month-by-the-numbers.shtml>. [↑](#endnote-ref-9)
10. <http://www.milliman.com/uploadedFiles/insight/2017/NQTLDisparityAnalysis.pdf>. [↑](#endnote-ref-10)