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Parity Rulemaking Partner Toolkit

Updated: September 6, 2023

**What’s Happening**

The Biden Administration and U.S. Departments of Labor, Health and Human Services, and Treasury released [proposed rulemaking for the 2008 Mental Health Parity and Addiction Equity Act](https://www.dol.gov/sites/dolgov/files/ebsa/temporary-postings/requirements-related-to-mhpaea-proposed-rules.pdf) (Federal Parity Act) in July 2023. The Kennedy Forum’s founder, former U.S. Representative Patrick J. Kennedy, was the lead author of the Federal Parity Act and is now leading the charge to strengthen these rules. The initial 2013 regulations were groundbreaking and important but have proven to not be strong enough to ensure that health plans comply with the Parity Act's statutory requirements. Strengthening the existing regulations is critical to holding health plans accountable, helping Americans get needed care, and decreasing the enormous health care and social costs of undertreated mental health and addiction.

**How You Can Take Action**

The Kennedy Forum asks that you join us in creating a groundswell of momentum to strengthen the Federal Parity rules and support the Administration through what promises to be a challenging rulemaking process. In this toolkit we provide social posts and talking points to demonstrate our shared commitment to strengthening Parity. We will also provide templates so you can submit your own comments to the rules.

Please contact Bridget Connolly at [Bridget@TheKennedyForum.org](mailto:Bridget@TheKennedyForum.org) with any questions and to collaborate on any events featuring former Congressman Kennedy as a guest.

Read The Kennedy Forum’s press release [here](https://www.thekennedyforum.org/press-releases/the-kennedy-forum-leads-advocates-in-supporting-historic-opportunity-to-expand-access-to-care/).

**NEW:** Check out The Kennedy Forum’s [rulemaking landing page](https://www.thekennedyforum.org/mental-health-parity-and-addiction-equity-act-rulemaking/) for resources, templates, and more.

**NEW: Comments**

For Organizations

* [Leverage the templates found here](https://drive.google.com/drive/folders/15TOuh_BlHjWOcELmfKBEgdhhc1JM2a_4?usp=drive_link)
* *Note: The templates linked here are NOT for individual members of the general public.*

For Individuals

* [Use NAMI’s portal found here](https://nami.quorum.us/campaign/parity2023/)
* *Note: The social posts below all include this link to NAMI’s portal.*

**Social Posts**

**NEW: Submit Comments Angle**

1. Mark your calendar! October 2 is the last day to submit comments to the proposed rules to the Federal Parity Act. Help Americans access mental health care by commenting to show your support. #StopDenying #ParityNow <https://nami.quorum.us/campaign/parity2023/>

[Click to Tweet](https://ctt.ac/4FOcH)

1. Want to show your support for the new proposed rules to the Federal Parity Act but don’t know where to start? We’ve got you covered. Check out this link for templated comments. #StopDenying #ParityNow <https://nami.quorum.us/campaign/parity2023/>

[Click to Tweet](https://ctt.ac/XOCk4)

1. The Biden Admin wants to hear from YOU! Show your support for the proposed rules to the Federal Parity Act by submitting comments. We have templated comments to help you get started. Americans deserve better access to care now! #StopDenying #ParityNow <https://nami.quorum.us/campaign/parity2023/>

[Click to Tweet](https://ctt.ac/hSOU3)

1. If you’re frustrated with our mental health & addiction care systems and want to make a difference, use this link to tell the Biden Admin you support the proposed rules to the Federal Parity Act. The deadline is Oct 2 so don’t wait! #StopDenying #ParityNow <https://nami.quorum.us/campaign/parity2023/>

[Click to Tweet](https://ctt.ac/XgmGf)

For October 2

Today is the final day to submit comments to the proposed Federal Parity Act rules! Make your voice heard and show your support using this link. #StopDenying #ParityNow <https://nami.quorum.us/campaign/parity2023/>

[Click to Tweet](https://ctt.ac/6CZkR)

**Historical Angle**

1. We applaud the Biden Administration for recognizing the need to revisit existing regulations to realize the full promise of parity. #ParityNow

[Click to Tweet](https://ctt.ac/sKDM1)

1. The initial 2013 Parity regulations were groundbreaking and important but have proven to not be strong enough to ensure that health plans comply with the Parity Act's statutory requirements. 1/2

[Click to Tweet](https://ctt.ac/s3tJU)

Strengthening the existing regulations is critical to holding health plans accountable, helping Americans get needed care, and decreasing the enormous health care and social costs of undertreated mental health and addiction. #ParityNow 2/2

[Click to Tweet](https://ctt.ac/6o1xC)

**Inadequate Networks**

1. Children’s mental health visits are 1,000% more likely to be out-of-network than physical health visits due to inadequate insurer networks – with disparities getting worse over time. #ParityNow

[Click to Tweet](https://ctt.ac/F4G0J)

1. Less than 1/3 of employers are satisfied with their employees’ access to in-network mental health and substance use care. More action needed to bring providers in-network. #ParityNow

[Click to Tweet](https://ctt.ac/G15AD)

1. Insurer networks omit large numbers of available providers. Oklahoma study shows insurer networks don’t include 2/3 of available psychiatrists and addiction providers. #ParityNow

[Click to Tweet](https://ctt.ac/Sb1g1)

**Reimbursement Angle**

1. Commercial insurers reimburse primary care 23.8% higher than mental health/addiction providers. Low reimbursement leaves families without access to in-network care. #ParityNow

[Click to Tweet](https://ctt.ac/03G6P)

1. McKinsey: 15% of global disease burden is associated with mental illness / substance use. Yet only 5% of commercial insurer reimbursement is for these conditions. Huge gap = poor outcomes. #ParityNow

[Click to Tweet](https://ctt.ac/3I0VU)

**LGBTQIA+ Angle**

1. 56% of LGBTQ young people who wanted mental health care in the past year were not able to get it, while 41% considered suicide. LGBTQ+ kids need access to care now! #ParityNow

[Click to Tweet](https://ctt.ac/6RMn7)

1. In 2021, 69% of LGBQ+ youth reported feeling persistently sad and hopeless. Our kids need us to fight for them and fight for their future. They need access to quality care now. #ParityNow

[Click to Tweet](https://ctt.ac/Y8Kfq)

**Youth Angle**

1. 57% of girls reported persistent sadness in 2021. We need to create a system that allows them to access care not suffer in silence. #ParityNow

[Click to Tweet](https://ctt.ac/a5zRv)

1. Suicide accounted for a quarter of deaths for youth 10 to 17 years old in 2020. We cannot deprive our kids the care they need to grow up. We need stronger parity laws now. #ParityNow

[Click to Tweet](https://ctt.ac/G87eU)

**Eating Disorder Angle**

1. Eating disorder health visits more than doubled for youth over the past five years, yet care is too often deemed "not medically necessary" by insurance companies. We need #ParityNow!

[Click to Tweet](https://ctt.ac/B5YUL)

1. Eating disorder hospitalizations have been on the rise since the beginning of the pandemic, yet people are still being fairly denied coverage for the care they need. We need new parity rules to prevent unjust denials and ensure Americans get they care the deserve. #ParityNow

[Click to Tweet](https://ctt.ac/bBaOl)

**Substance Use Angle**

1. Over 100,000 people died by overdose last year. We can save lives by ensuring individuals receive quality substance use care. Restrictions on access to care have deadly consequences. #ParityNow

[Click to Tweet](https://ctt.ac/Bcf5x)

1. Too often substance use treatment is cut short by insurance cutting off coverage. New parity laws will help ensure Americans get the coverage they need for recovery. #ParityNow

[Click to Tweet](https://ctt.ac/8Tci2)

**Business Angle**

1. Mental health and substance use challenges are affecting your employees, affecting productivity, and therefore affecting your bottom line. Employers pay a critical role in helping us realize the promise of parity. #ParityNow

[Click to Tweet](https://ctt.ac/14zo7)

1. 22% of people with a behavioral health condition account for 41% of healthcare spend. Realizing parity will help employees, their families, and the bottom line. #ParityNow

[Click to Tweet](https://ctt.ac/FaSML)

1. 87% of those with a behavioral health condition also have one or more medical conditions. When mental health conditions go untreated, other conditions get worse & cost more. Businesses must invest in mental health care to decrease physical health costs and improve productivity. #ParityNow

[Click to Tweet](https://ctt.ac/CTy3d)

[**Click Here to Access Social Graphics**](https://drive.google.com/drive/u/0/folders/1Tt63t4kyPWPCdoHy6KNPsHW5HUH6AWiY) **with new additions**

**Talking Points**

**Historical Angle**

1. Nearly 60 years ago, President John F. Kennedy signed the Community Mental Health Act of 1963. Nearly 15 years ago, Founder of The Kennedy Forum, Former Congressman Patrick Kennedy authored the Mental Health Parity and Addiction Equity Act. Today the Biden Administration echoes this historical call to action realize the full promise of parity.
2. As it was in the 1960s and as it is today, mental health and addiction care is incomplete in our country. Strengthening the existing regulations is critical to holding health plans accountable, helping Americans get needed care, and decreasing the enormous health care and social costs of undertreated mental health and addiction.

**Inadequate Networks**

1. A [Milliman report](https://www.milliman.com/-/media/milliman/importedfiles/ektron/addictionandmentalhealthvsphysicalhealthwideningdisparitiesinnetworkuseandproviderreimbursement.ashx) that examined claims data for 39 million Americans found that a behavioral healthcare office visit for a child was 10.1 more likely (more than 1,000%) to be out-of-network than physical health office – with disparities getting worse over the years examined. For adults, the disparity was approximately five time more often.
2. Only [31% of employers were satisfied](https://www.nationalalliancehealth.org/news/voice-purchaser-survey/) with their employees’ access to in-network mental health and substance use care, according to a Voice of Purchaser survey released earlier this year. Insurers need to be increasing reimbursement and reducing barriers to reimbursement to attract more providers in network.
3. Insurer networks omit large numbers of available providers, undermining insurer claims that there simply aren’t providers available to contract with. An [Oklahoma study](https://www.healthymindspolicy.org/research/network-access) by the Healthy Minds Policy Initiative from 2023 found that insurer networks in the state don’t include 2/3 of available psychiatrists and addiction providers.

**Reimbursement Angle**

1. Commercial insurers reimburse primary care 23.8% higher than mental health/addiction providers, according to a [landmark study by Milliman](https://www.healthymindspolicy.org/research/network-access). The study found that for the same billing codes, mental health and addiction providers were reimbursed lower than both primary care and physical health specialists. Due to low reimbursement and inadequate networks, families cannot find urgently needed care.
2. According to [estimates from McKinsey](https://www.mckinsey.com/mhi/our-insights/prioritizing-brain-health-scaling-what-works-to-add-years-to-life-and-life-to-years), 15% of the global disease burden is associated with mental illness and substance use. Yet [data from Milliman](https://www.milliman.com/-/media/milliman/importedfiles/ektron/addictionandmentalhealthvsphysicalhealthwideningdisparitiesinnetworkuseandproviderreimbursement.ashx) shows that only 5% of commercial insurer reimbursement is for mental health and substance use care. This percentage did not meaningfully change over Milliman’s 5-year study period. Inadequate coverage for mental health and addiction care helps fuel our mental health and addiction crisis.

**LGBTQIA+ Angle**

1. In 2021, 69% of LGBQ+ youth reported feeling persistently sad and hopeless. Our kids need us to fight for them and fight for their future. They need access to quality care now.
2. Parity is for everyone. 56% of LGBTQ young people who wanted mental health care in the past year were not able to get it, while 41% considered suicide. LGBTQ+ kids need access to care now!

**Youth Angle**

1. As the U.S. Surgeon General cited, we are in an increased urgency to address mental health for our youth. Youth in low-income and disenfranchised communities are more likely to experience trauma and less likely to have access to coverage. We must realize the full potential of parity will positively impact our future generations.
2. Suicide accounted for a quarter of deaths for youth 10 to 17 years old in 2020. We cannot deprive our kids the care they need to grow up. We need stronger parity laws now.

**Eating Disorder Angle**

1. Eating disorder health visits more than doubled for youth over the past 5 years, yet care is too often deemed "not medically necessary" by insurance companies. We need parity now.
2. Physical health is as important as mental health, especially with our populations of chronic illness, they deserve access to care.

**Substance Use Angle**

1. Over 100,000 people died by overdose last year. We can save lives by ensuring individuals receive quality substance use care. Restrictions on access to care have deadly consequences.
2. Too often substance use treatment is cut short by insurance cutting off coverage. New parity laws will help ensure Americans get the coverage they need for recovery.

**Business Angle**

1. As employers and business owners, implementing a healthy work culture, not only physically but mentally, allows for efficient and productive workers. When parity is achieved, we are all better off for it.
2. In past years, employers often offered employees health coverage that skimped on mental health and substance use benefits—if such benefits were offered at all. However, the data show that it’s actually more costly for businesses not to address employees’ mental health and substance use issues. Depression, for example, costs employers $17 per employee per year in disability leave payments, according to the [Integrated Benefits Institute](https://www.ibiweb.org/resource/preventive-screenings/). For the next highest chronic condition—diabetes—the figure is less than $2.
3. Lack of access to mental health and substance use services can also increase physical health care costs. A study from [Moody’s Investors Service](https://www.fiercehealthcare.com/payers/moodys-why-focusing-behavioral-health-could-give-insurers-leg-competition) found that individuals with behavioral health conditions had 3.5 times higher health care costs than those without, yet less than one-tenth of their treatment costs were to treat these conditions. Moody’s concluded that “companies that best integrate behavioral and medical health will have a competitive advantage.”

**Thank you for your support in ensuring Americans have access to the mental health and substance use care they need and deserve!**