

## MENTAL HEALTH PARITY: A SUMMARY OF NJ POLICY INITIATIVES TO EXPAND ACCESS TO MENTAL HEALTH CARE SERVICES AND COVERAGE

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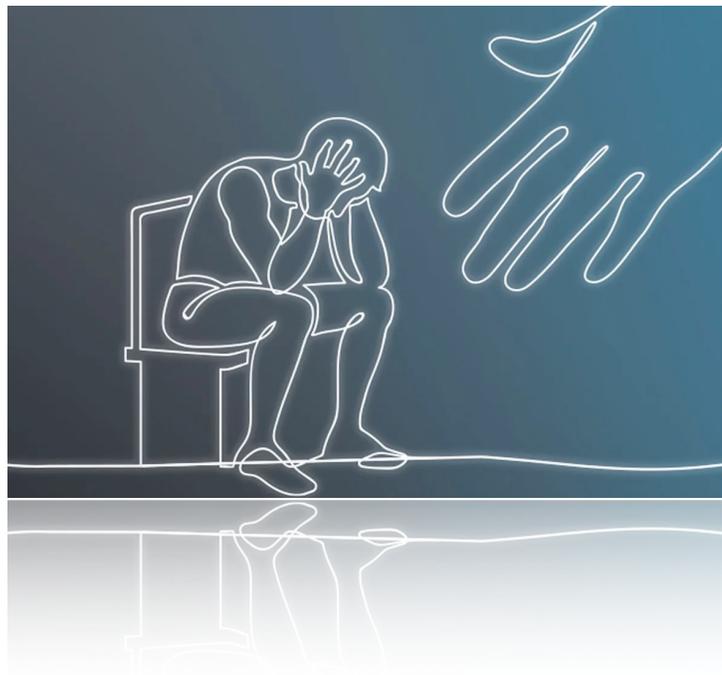
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*“We are a robust local affiliate of NAMI, the National Alliance on Mental Illness. Located in Hamilton, NJ, we serve New Jersey's Capital region.*

*NAMI Mercer listens, leads, educates, and advocates, empowering families and individuals affected by mental illness to build lives of quality and respect, free of stigma and discrimination.”*

*- NAMI Mercer*

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## EQUAL TREATMENT OF TREATMENT: THE FIGHT FOR FULL COVERAGE

Mental health care has been incontrovertibly placed on the back burner for a number of reasons. Stigmatization, lack of resources and awareness, and limited understanding are among the main factors for this negligence. In recent decades, health professionals, mental health advocates, and policymakers have been dedicated to ending the stigma around mental health and increasing access to care. And yet, many barriers to care remain that individuals living with mental health conditions face when searching for access to quality treatment and services.

In the U.S., 1 in 5 adults experience mental illness each year. Additionally, 1 in 20 U.S. adults experience a *serious* mental illness each year. Despite these statistics, 22.8% of U.S. adults diagnosed with both mental illness and serious mental illness had no insurance coverage in 2019 (“Mental Health By the Numbers,” 2021). This number additionally fails to recognize the amount of individuals with access to insurance, but lack of payment assistance for specialty services, as many behavioral and mental health treatments and services fall under this umbrella. Consumers often incur additional costs if utilizing out-of-network providers and have to pay out-of-pocket for mental health services. Furthermore, the rate of acceptance of all types of insurance, including private noncapitated insurance, Medicare, and Medicaid, by psychiatrists is significantly lower than the rate of physicians in other specialties (Bishop *et al.*, 2014).

In New Jersey specifically, 1 in 9 adults diagnosed with mental illness and 1 in 20 children with behavioral health issues lack coverage (Stainton, 2019). Despite the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which aimed to, “prohibit health insurance companies from making it more difficult or costly for patients to access mental health or substance-use disorder (SUD) benefits than it would be for them to get coverage for physical ailments”, New Jersey still continues to receive backlash from advocates who have indicated that the state law inadequately defines mental health conditions, how they are covered, and how they are being enforced (Stainton, 2019).

### NJ POLICY INITIATIVES

Within the current legislative session, New Jersey legislators have produced many bills pertaining to mental health parity, expanding access to services and coverage, increasing community screening efforts, and implementing public school mental health intervention and prevention strategies. Such efforts align with several of [NAMI's 2021 Federal agenda](#) priorities. These include 1) Improve Health Coverage, 2) Promote Early Intervention, and 3) Strengthen Community Mental Health.

See tables below for summaries of several NJ Policy proposals related to mental health coverage and services:

COVERAGE	
Bill Number/ Legislative Session	Summary
<a href="#"><u>S1240/A376</u></a> 2020-2021	<p><b>Requires health insurers to provide coverage for services including, but not limited to, mental health screening for mental health conditions and substance use disorders under the same terms and conditions for any other illness under their contracts.</b></p> <p>Health insurers are defined to include the following: health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, and the State Health Benefits Program.</p> <p>Additionally, this coverage shall meet the requirements of the federal <a href="#"><u>Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008</u></a>.</p>
<a href="#"><u>S1121/A3295</u></a> 2020-2021	<p><b>Known as the Mental Health Access Act, this bill proposes increased reimbursement rates for certain evidence-based behavioral health services under the State Medicaid program.</b></p> <p>Furthermore, it will provide for <b>increased reimbursement to licensed providers for individual and group counseling programs</b>. These programs include those comprised by the National Registry of Evidence-based Programs and Practices published by the federal Substance Abuse and Mental Health Services Administration, and meet other criteria established by the Commissioner of Human Services.</p>
<a href="#"><u>A4711</u></a> 2020-2021	<p><b>Requires health corporations and insurers to provide coverage for individuals with mental health conditions and substance use disorders for benefits provided through treatment using the collaborative care model.</b></p> <p>The “Psychiatric Collaborative Care Model” can be defined as the collaboration of one’s primary care provider and psychiatric consultant to provide evidenced-based behavioral health services.</p>

<p><a href="#"><u>S1716/A1034</u></a> 2020-2021</p>	<p><b>Requires the implementation of a rate review study of provider reimbursement rates provided by Medicaid and Children's System of Care for pediatric and adult psychiatry services.</b></p> <p>The Commissioner of Human Services and Commissioner of Human and Families will be required to implement a rate review study with respect to analyzing the access, service, quality, and utilization of pediatric and adult psychiatry services provided within these programs.</p>
<p><a href="#"><u>S1140/A3548</u></a> 2020-2021</p>	<p><b>Requires health benefits coverage for adolescent depression screenings for individuals between the age of 12 and 18.</b> This requirement applies to the following institutions: hospital, medical, and health service corporations; commercial individual, small employer, and larger group insurers; health maintenance organizations; and the State Health Benefits Program and the School Employees' Health Benefits Program.</p> <p>This requirement remains under the condition that the United States Preventative Services Task Force rates screening for major depressive disorder with an "A" or "B".</p>
<p><a href="#"><u>S3111/A4645</u></a> 2020-2021</p>	<p><b>Requires health insurance carriers to deem mental health treatment received by insured victims of domestic violence as medically necessary treatment and provide full benefits coverage.</b></p> <p>The current law only requires health insurance carriers to provide full benefits coverage for <i>physical injury</i> incurred by insured victims of domestic violence.</p>
<p><a href="#"><u>A2871</u></a> 2020-2021</p>	<p>Provided it is approved by the federal Department of Health and Human Services, <b>this bill will require the State Medicaid program to include coverage and reimbursement for mental health services provided through telepsychiatry.</b></p>
<p><a href="#"><u>A349</u></a> 2020-2021</p>	<p><b>Requires health insurers to provide health benefits coverage for the treatment and diagnosis of autism and other related disorders.</b> Such treatment includes occupational therapy, physical therapy, and speech therapy as well as behavioral analysis interventions.</p> <p>Qualifying conditions addressed in this bill include: "autism spectrum disorder; autistic disorder; Asperger's disorder; childhood disintegrative disorder; pervasive developmental disorder not otherwise specified or unspecified pervasive developmental disorder; fragile X syndrome and Rett's disorder, to the extent that either condition is comorbid with pervasive developmental disorder; and any other equivalent conditions."</p>

## SERVICES

Bill Number/ Legislative Session	Summary
<p><b><u>A1241</u></b> <b>2020-2021</b></p>	<p><b>Requires the Commissioner of Health to accept an application from a screening service which intends to expand mental health services.</b></p> <p><b>Requires the Department of Health (DOH) to collect data from the screening services’s expanded services.</b> This would include a review of the service and recommendations for improvement.</p> <p>Under this bill, statutory definitions of “mental health screener” and “treatment team” are revised. Mental health screener shall also include services not affiliated with a hospital. Treatment team are defined to include licensed family and marriage therapists.</p>
<p><b><u>A970/S2259</u></b> <b>2020-2021</b></p>	<p><b>Requires a Board of Education to deliver health screenings for depression to students in grades 7-12.</b> Screenings will be conducted under the advisement of a qualified professional and will consist of the Patient Health Questionnaire-2 or an equivalent depression screening tool approved by the Commissioners of Education and Health.</p> <p>Confidentiality will be ensured for all students who undergo screening, however a superintendent will be required to notify the parent or guardian of students who’s score detects a suspected deviation from the recommended standard. Parents and guardians will then be encouraged to share the results with the student’s primary care physician.</p>
<p><b><u>A1105/S555</u></b> <b>2020-2021</b></p>	<p><b>Establishes a Task Force on Student Mental Health</b> composed of 16 members including New Jersey elected officials, employees of public schools in the State, and parents of students enrolled in a public school.</p> <p>This Task Force will aid in making recommendations for a variety of issues pertaining to necessary funding to meet students’ mental health needs, identifying students who experience depression, anxiety, and stress among other disorders, and perform an examination of programs in other states that have been implemented to address student mental health challenges.</p>

## LEGISLATIVE ADVOCACY: CONTACT YOUR LEGISLATORS

The bills summarized above have been proposed during the 2020-2021 legislative session which is scheduled to adjourn in January 2022. Bills that have not yet passed into law will expire at the end of the legislative session. Advocate for these bills by contacting your legislators to express your support. If the bill does not pass by the time the current session adjourns, be sure to ask your legislator to reintroduce the bill in the next legislative session.

# LEGISLATIVE ADVOCACY

The job of elected officials is to represent the interests  
of their constituents... that means YOU!

## STEP 1: INFORM YOURSELF ON THE TOPIC

Identify specific bill numbers and policies that you are in support of or oppose. This helps so that your legislative concerns and opinions may be recorded accurately.

### DIVE INTO DETAILS

- Visit <https://www.njleg.state.nj.us/> to perform a bill search
- Here you can find bills by keyword or bill number, identify the sponsors, and review the status of each bill.



## STEP 2: FIND YOUR LEGISLATOR



Go to <https://www.njleg.state.nj.us/districts/districtnumbers.asp> and find out which district you reside in. From there, click on the district and you'll be directed to your local representatives and their contact information!

## STEP 3: REACH OUT!



- Call your legislators to speak to their staff. You may also email or send a letter in the mail detailing your opinion.
- It can help to include how you are impacted by the issue or legislation.

\*Be sure to include your name, address, contact information, and what specific legislation you are calling on behalf of!



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