EBRI FAST Facts
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Health Plan Knowledge About Mental Health Coverage Is Lacking

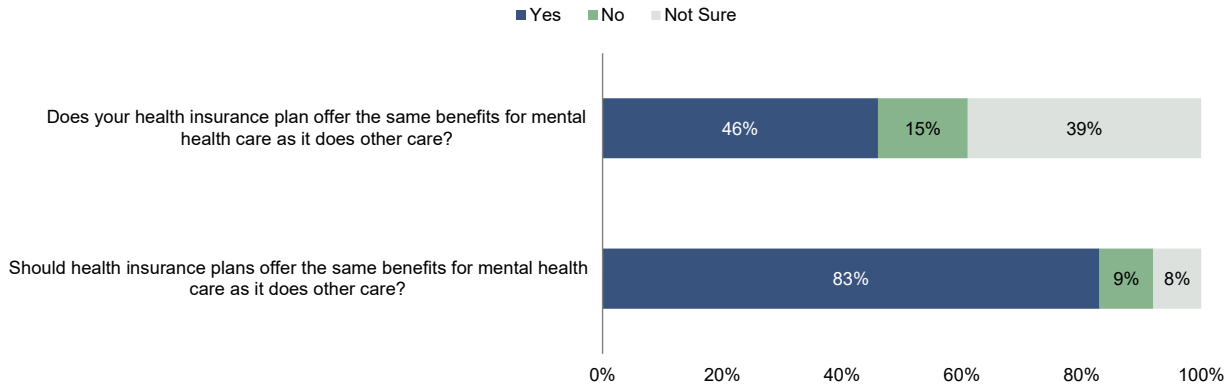
The Employee Benefit Research Institute (EBRI)/Greenwald Research Consumer Engagement in Health Care Survey found that among private health plan enrollees, many do not know if their health plan covers mental health care services the same way that other care is covered, but most think they should be covered the same way.

Four in 10 private health plan enrollees were unsure as to whether their health plan provides coverage for mental health care services as it does for other health care. Nearly one-half (46 percent) reported that their health plan covers mental health care and other services the same way, while 15 percent said that they are not covered the same way.

Most people thought that mental health care services should be covered the same way as other health care services. Over 80 percent thought they should be covered the same, while 9 percent did not think they should be covered the same way. Similarly, 8 percent were not sure if they should be covered the same way.

Despite the findings of the survey, policymakers have also been addressing the issue of access to mental health services through various forms of mental health parity legislation. For example, the Mental Health Parity Act of 1996 (MHPA) provided that large group health plans cannot impose annual or lifetime dollar limits on mental health benefits that are less favorable than any such limits imposed on medical/surgical benefits. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) prevents group health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing benefit limitations on those benefits that are less favorable than those on medical/surgical benefits. The Patient Protection and Affordable Care Act (ACA) of 2010 was built on MHPAEA by requiring coverage of mental health and substance use disorders (SUD) services as one of 10 essential health benefits categories. Most recently, the Consolidated Appropriations Act (CAA) of 2021 amended MHPAEA to require plans and issuers to provide comparative analyses of their non-quantitative treatment limitations (NQTLs) to the secretary of the treasury, the secretary of labor, and the secretary of health and human services (collectively, the secretaries) upon request and to authorize the secretaries to determine whether those NQTLs comply with MHPAEA. NQTLs include plan provisions such as determinations of prior authorization, medical necessity, and network adequacy.

Figure 1
Knowledge About Mental Health Care Coverage



Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey.

More information about the EBRI/Greenwald Research Consumer Engagement in Health Care Survey can be found online.

The 2024 Consumer Engagement in Health Care Survey is an online survey of 2,011 Americans ages 21–64 with private health insurance coverage. It was fielded between October and November 2024. The survey is made possible with funding support from the following organizations: Blue Cross Blue Shield Association, CareFirst, The Cigna Group, HealthEquity, Inspira Financial, Johnson & Johnson, Segal, TIAA, and Wex.

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