Parity Enforcement Act

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Background

In 2008, Congress began requiring mental health parity – which means, under law, insurance plans must provide the same level of coverage for mental health and substance-use disorders that they provide for physical health conditions. The problem is – the law cannot be adequately enforced for the millions of employees that receive health insurance through their employer.

Currently, Department of Labor (DOL) is only able to require employers to reimburse their workers after there are parity violations in their self-funded insurance plans. However, DOL cannot take action against the insurance company that is offering the insurance plan. That leaves DOL with no front-end enforcement mechanism to ensure there's compliance with existing mental health and substance-use parity requirements.

Parity Enforcement Act

To amend the Employee Retirement Income Security Act (ERISA) to provide the Department of Labor the authority to investigate and levy monetary penalties against health insurers and plan sponsors that offer health plans to employers that violate the Mental Health Parity and Addiction Equity Act of 2008.

Broad Support

This legislative change has a broad range of bipartisan and nonpartisan support. It was included as a recommendation by President Donald Trump's Commission on Combatting Drug Addiction and the Opioid Crisis, and the report from President Barack Obama's Mental Health and Substance Use Disorder Parity Task Force. In 2018, DOL Secretary Alexander Acosta testified before Congress expressing his support for this authority.

The enforcement correction is also supported by a variety of advocacy leaders, including the American Psychological Association, the American Society of Addiction Medicine, and the Kennedy Forum.

Endorsements

2020 Mom; American Academy of Child and Adolescent Psychiatry; American Art Therapy; Association American Association for Marriage and Family Therapy; American Association for Psychoanalysis in Clinical Social Work; American Association of Nurse Anesthetists; American Association on Health and Disability; American Counseling Association; American Foundation for Suicide Prevention; American Group Psychotherapy; Association American Nurses; Association American Occupational Therapy Association; American Psychological Association; American Society of Addiction Medicine; Association for Ambulatory Behavioral Healthcare; Association for Behavioral and Cognitive Therapies; Bazelon Center for Mental Health Law; Campaign for Trauma-Informed Policy and Practice; Children and Adults with Attention-Deficit Hyperactivity Disorder; Clinical Social Work Association; College of Psychiatric and Neurologic Pharmacists (CPNP); Depression and Bipolar Support Alliance; Eating Disorders Coalition for Research, Policy & Action; EMDR International Association; Global Alliance for Behavioral Health and Social Justice; International OCD Foundation; International Society for Psychiatric Nurses; The Kennedy Forum; Legal Action Center; Mental Health America; NAADAC, the Association for Addiction Professionals; National Alliance on Mental Illness; National Alliance to Advance Adolescent Health; National Association for Behavioral Healthcare; National Association for Children's Behavioral Health; National Association of County Behavioral Health and Developmental Disability Directors; National Association of Rural Mental Health; National Association of State Mental Health Program Directors; National Council for Behavioral Health; National Eating Disorders Association; National Federation of Families for Children's Mental Health; National Register of Health Service Psychologists; No Health without Mental Health; Psychotherapy Action Network; Residential Eating Disorders Consortium; Schizophrenia and Related Disorders Alliance of America; SMAR

