**Position Statement: Fair Practices in Mental Health Care, Reimbursement, and Clinical Decision Making**

**Submitted by**: Behavioral Health Provider Coalition for Insurance Advocacy

Access to effective behavioral health care and addiction treatment is arguably one of the most pressing and important public health issues facing our diverse citizenry. Increased overdose and suicide rates highlight the developing crisis in behavioral health. Now is the time for a strong investment in prevention and treatment. Evidence suggests that millions of Americans, including those who are commercially insured, have little to no access to the most basic behavioral health and addiction services, despite the fact that their insurance policies offer behavioral health benefits. The reasons for this inequity in access are broad, including but not limited to, inadequate plan coverage, refusal by insurance carriers to cover specific diagnoses or services, and a basic lack of understanding by claims decision makers of how behavioral health service delivery is carried out. Regardless of the reasons, implicit or explicit, limited access to behavioral health care is causing unnecessary suffering by citizens, increases in behavioral health and addiction crises, and skyrocketing costs of dealing with behavioral health and addiction issues. The costs are both financial and in the form of general declines in health, the latter of which is supported by evidence that suggests defensible correlations exist between poor behavioral health and overall health. The Behavioral Health Provider Coalition for Insurance Advocacy has studied and continues to study these problems in an effort to educate insurance carriers, the public, and behavioral health and addiction providers, and with the intent to initiate policy changes that will yield their sustainable resolution. In this position statement, we want to categorically raise awareness of these issues in an effort to promote change in the current paradigm of thinking about behavioral health coverage. Below are the specific items that comprise our position:

* Clinical decisions should stay in the hands of clinically trained and licensed professionals.
* Spending money on behavioral health of subscribers will ultimately decrease overall healthcare costs.
* Limiting the number and length of sessions is counterproductive since therapists are trained to deliver services in the one-hour model.
* Administrative costs comprise 20% of the budget for most commercial insurance carriers.
* Routine behavioral health services contribute to the prevention of more severe and sustained mental health and addiction problems.
* At a minimum behavioral health services must be available as required in federal and state mental health parity laws, which should be rigorously enforced.
* Care quality outcome measures should not be sacrificed for cost containment.

The quality of behavioral healthcare should be measured by health outcomes that are clinically informed and evidence based. The coalition plans to work tirelessly with stakeholders to bring real change to behavioral healthcare access, quality, and service delivery.