



# Minnesota Psychiatric Society

*Improving Minnesota's mental health care through education, advocacy, sound psychiatric practice, and achieving health equity*

The Minnesota Psychiatric Society represents over 450 Minnesota psychiatric physicians.

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## Parity and Strengthening the Office of Parity Enforcement (OPE)

*Minnesotans are frustrated by restrictions on health care, especially when seeking care for mental health (MH) and substance use disorders (SUD) given the disproportionate amount of restrictions. MPS supports parity enforcement legislation that corrects this by strengthening the Office of Parity Enforcement.*

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**The Mental Health Parity and Addiction Equity Act** set forth that treatment limitations for MH/SUD care could be no more restrictive than those for med/surg care

- The law corrected quantitative discrepancies, such as unequal restrictions on how often you could see a psychiatrist vs a surgeon, but many treatment limitations did not lend themselves to quantitative measurement
- NQTLs (Non-Quantitative Treatment Limitations) create barriers to care that are more difficult to quantify, such as by ensuring limited networks or imposing onerous prior-authorizations

### New Federal Rule targets NQTLs

- A 2024 federal rule issued by Labor, Treasury, and HHS requires plans to create a Comparative Analysis of their members' outcomes when attempting to access MH//SUD benefits vs. med/surg benefits
- Minnesota's Office of Parity Enforcement, created in 2023, will need to oversee these analyses
- OPE currently has one staff member despite funding for \$250K/yr. Given the task at hand, they will probably need a staff of eight
- Because healthcare data is scattered over several departments, OPE will need data from those other departments

### Minnesota Psychiatric Society recommends enforcing mental health parity by:

1. Legislation should require OPE to request Comparative Analyses from plans beginning 2025 and to receive them within 10 days, as laid out in the rule.
  - a. OPE shall assist plans in the use of templates to develop Comparative Analysis and will collaborate with plans to correct disparities.
  - b. Outcomes will be compared, such as how easily members can access MH/SUD care vs med/surg care. As per Federal Rule, any meaningful differences will be assumed to result from unequal treatment limitations. OPM will then work with the plan to seek out and correct that parity violation.
  - c. OPE shall have the authority to impose a penalty of retroactively removing an offending treatment limitation
2. OPE needs an exception to the Minnesota Data Practices Act to gather healthcare data owned by other departments

**For more information: Legislative Comm Chair Michael Trangle, MD, DLFAPA (612-859-4471), Executive Director Linda Vukelich (651-278-4241), Lobbyist Amy Koch (763-300-8492)**