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New Biden administration rule aims to make mental health covered like physical health

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The Biden Administration announced a new rule that will require private health insurers to cover mental health and addiction services like physical conditions.

JUANA SUMMERS, HOST:

It is no secret that it can be extremely difficult to access mental health and addiction care in the U.S. Out of pocket, it's simply out of reach for many people, and even with insurance, qualifying can be tough, and therapists can be hard to find. Today the Biden administration announced a new rule that will require private health insurers to cover mental health and addiction services like physical conditions. The aim is to lower the cost of medical care and expand access for 175 million people with private insurance. To hear more about this new rule, we're joined now by Neera Tanden, who is domestic policy adviser for the White House. Neera, welcome back to the program.

NEERA TANDEN: Thank you so much for having me.

SUMMERS: I mean, Neera, a federal mental health parity law has been on the books since back in 2008, but it's got a lot of loopholes, and enforcement has been weak. Tell us. How is this going to be different?

TANDEN: Well, we recognized that there have been loopholes. We are providing new tools, new teeth to ensure that people have that coverage. We've seen loopholes like use of prior authorization, a lot of paperwork hurdles or different reimbursement rates or - and this has been an especially problematic challenge - really, networks that just don't have enough providers in them.

SUMMERS: Couple questions I want to follow up on. You mentioned that there are new tools and new teeth here. Give us an example of what that looks like in real, practical terms if you're a consumer listening to this who's struggled to have access to this type of care.

TANDEN: First and foremost, it requires that health plans have sufficient mental health providers in their networks and that they have to demonstrate that to regulators. It also provides that there's measures of prior authorization, that when they're doing measures around prior authorization, that they're really demonstrating why they're doing it. It's a presumption against denying coverage. Essentially, we're trying to reverse the system so that insurers have to demonstrate that they are providing full ranges of mental health coverage, not that, you know, the consumer has to demand it.

SUMMERS: How does the administration plan to hold insurance companies accountable? I mean, when I hear you describe this, it sounds like in many ways, companies are being called on to police themselves, so I'm curious. What happens if they aren't complying? What happens then?

TANDEN: The Department of Labor, which enforces our insurance rules, will enforce this rule as well. And we are not actually asking insurers to police themselves. I think that's been a real challenge in the past, that they've considered ways that they can basically game the system so they don't have to provide this coverage.

SUMMERS: Neera, I want to ask you about another access issue, and I think it's one that a lot of us who interface with the healthcare system as patients are quite familiar with, and that's the issue of outdated provider lists which are sometimes known as ghost networks. Basically, insurers have these long lists of mental health providers that are theoretically a network, which makes their plans look appealing. And then you dig, and it turns out that those lists can be wildly inaccurate. ProPublica has some recent reporting on a company like this that ensures a lot of people through healthcare.gov, as well as through Medicaid and Medicare. What responsibility does the administration have to police companies like this who are ostensibly co-signed by the government, yet these lists don't reflect reality?

TANDEN: I think a big challenge that a lot of families face is that they will call through the provider list and not be able to find anyone, and - or the wait list is months, possibly years long. And so that is not a true provision of healthcare coverage. We need regulators and sufficient numbers of regulators. Secretary Su has talked about increasing enforcement power. That basically means having the right personnel to police the insurance companies for these issues. The presumption is that insurers have to provide equal levels of care and that they can't just say they're providing care. They have to demonstrate that.

SUMMERS: I just want to follow up one more time here. What are the consequences if they don't, though? I understand that the presumption, as you put it, is that insurers must provide equal levels of care to serve patients well. But what happens to them if they don't do that?

TANDEN: The Department of Labor has the power to regulate the insurance companies. So if they find a provider is basically using ghost networks, they can mandate them to offer that coverage and just require actual parity.

SUMMERS: That's Neera Tanden, domestic policy adviser for the Biden administration. Neera, thanks, as always.

TANDEN: Thank you.