

## **A year after passage, more is happening with the Mental Health Parity Act than you think.**



**BY [JILL JORDAN SIEDER](#)**

A year after [HB 1013](#), the landmark bipartisan legislation known as the [Georgia Mental Health Parity Act](#), went into effect, some important initiatives aimed at expanding treatment for people in Georgia with mental health and addiction issues are moving forward. Other initiatives have been stalled by funding challenges and clashing political priorities of state leaders.

### **What's Happening**

The Mental Health Parity Act of 2022 is designed to broadly expand services to ensure people with mental health or addiction issues are treated by public and private health insurers the same as physical health conditions. The 76-page act includes a number of short-term and longer-term initiatives.

*State Affairs* took a selective look at areas of progress on the Parity Act and found that progress has been made in several areas, including access, workforce development, involuntary commitment, with the courts and corrections and with child and adolescent behavioral health.

It's important to note that [HB 520](#), another ambitious mental health bill introduced last session that was a sequel of sorts to HB 1013 and which many behavioral health reform advocates considered to be critical to its implementation, did not pass. Some Republicans balked at HB 520's annual cost, estimated by Gov. Brian Kemp's budget director to be between \$60 million and \$72 million.

And while overall state funding for the Department of Behavioral Health and Developmental Disabilities (DBHDD) increased by 8% to \$1.5 billion in fiscal year 2024, \$104 million in line items to support behavioral health and parity efforts were vetoed or "disregarded" by the governor in May, leaving their fate in limbo.

## **Why It Matters**

The Act calls for private and public health insurers to provide parity in coverage for mental health and addiction, in accordance with federal law. Insurers must now provide data and comparative analysis reports on how they handle behavioral and physical health claims to the state insurance commissioner each year, to prove that they're applying equal standards.

Overseeing that process is Simone Edmonson, an insurance industry veteran, who was appointed in March as Mental Health Parity officer, a new position created by the Act within the Office of Insurance and Safety Fire Commissioner.

Her office is also tasked with creating a new parity complaints process and web portal for people with insurance through their employers. As of now, such complaints can still be made on the main Department of Insurance [website](#).

Edmonson's initial report on parity compliance by insurers is due to the governor and legislature in August. Meanwhile, the Department of Community Health is working on a similar parity complaints process and website for people who are insured through public health insurance programs, including Medicaid and PeachCare. That process is required to be completed by the end of July.

Eve Byrd, director of Mental Health Programs for the [Carter Center](#), said her team has made some recommendations for improving the insurance department's new site, "so that it's more consumer-friendly and includes language accessibility, which is mandated in the Parity Act."

Other areas seeing some progress are:

- **Workforce Development**

As of 2021, some 150 out of 159 counties in the state were considered mental health care professional shortage areas — 77 counties had no psychiatrists working full-time, 76 counties did not have a licensed psychologist, and 52 had no licensed social worker.

One way the Parity Act addresses this deficit is to incentivize people to pursue behavioral health careers by helping to pay off their student loans. The Georgia Student Finance Authority has created a service cancellable [loan program](#), which launches this fall. Starting in November, students pursuing graduate degrees in qualifying behavioral health professions can apply for up to \$20,000 in student loans per year, for a maximum of \$120,000 over 6 years.

- **Involuntary Commitment**

HB 1013 removed the requirement that a person who is mentally ill must be in the process of committing a crime in order for law enforcement to transport that person to a physician or emergency room for a mental health evaluation. Now officers can do so if they have probable cause to believe the individual is mentally ill, requiring involuntary treatment, and have consulted with a physician.

The Parity Act created a three-year grant program to test the efficacy of five outpatient involuntary commitment programs, which provide one-on-one clinical and peer support to help keep people on their meds, out of crisis and out of jail. DBHDD reported in June that three of the programs were at least partly staffed and operating.

As of the end of May, compared to the 12 prior months, crisis events among the 40 patients served had decreased to eight from 61, psychiatric inpatient admissions fell to five from 71, arrests decreased to five from 51, and days in jail dropped to 145 from 1,048.

- **Mental Health Courts & Corrections**

The [Criminal Justice Coordinating Council](#) set up a grant program for accountability courts to serve the mental health and addiction population.

The [Georgia Public Safety Training Center](#) has added behavioral health co-responders to law enforcement and other occupations to which they provide facilities and training.

DBHDD reported in June that it had funded nine co-responder programs pairing mental health providers and law enforcement agencies throughout the state, with one full-time clinician per site. The programs were not yet operating.

- **Child & Adolescent Behavioral Health**

The mandate of the Multi Agency Treatment for Children ([MATCH](#)) team, which includes leaders from the Family and Children Services (DFCS), juvenile justice, public health, education, and corrections departments, is to “facilitate collaboration across state agencies to explore resources and solutions for complex and unmet needs of children,” with a focus on children and teens with serious mental illnesses.

- The MATCH team members, appointed in March, are meant to “use their shared expertise to cut through the red tape among agencies and find a workable solution,” said Kim Jones, executive director of the Georgia chapter of the National Alliance on Mental Illness (NAMI).

The legislature appropriated \$1 million for their work this year. But in late May, those funds were disregarded by Kemp in his budget veto report, which Jones said has “devastated” many child and behavioral health advocates.

- **Medicaid Spending**

A mandated study of Medicaid reimbursement rates for behavioral health providers in Georgia, compared with several other states, is still being conducted by the Department of Community Health. DBHDD Commissioner Kevin Tanner said a preliminary study shows that DCH should recommend at least a 40% increase in Medicaid reimbursement rates for Georgia providers to the federal Medicaid agency, to make compensation more competitive and to address the severe shortage of mental health crisis workers.

## **What’s Next**

While work on the Mental Health Parity Act will continue for several years, legislators and behavioral health advocates are planning for another run at mental

health reform legislation next year. They're also hoping to restore vetoed funding for three behavioral health crisis centers, salary increases for state psychiatric hospital staff, and a housing voucher program for the mentally ill.

Mary Margaret Oliver, a lead sponsor of both mental health bills, recently wrote on her blog, "These budget cuts, in my view, derail Georgia's forward movement on mental health reform, and I and many others are scrambling to regroup and figure out how to make the money reappear for needed services."

Byrd, of the Carter Center, said, "I don't know what the strategy is going to be moving forward, but I don't think we're going to be able to continue to have these great, big, huge omnibus bills that are 80 pages long. We're going to have to be more specific and kind of address the elephant one bite at a time."

She said the mental health advocacy community is "going to be very much focused on payment of services, network adequacy and workforce, and particularly on payment of services for children at risk and in the welfare system."