

# Parity Principles to Optimize Medicare Coverage of Mental Health and Substance Use Disorder Care

These principles outline all the measures necessary to ensure that Medicare provides comprehensive coverage of, and equitable access to, addiction and mental health treatment for the [1.7 million](#) beneficiaries with a diagnosed substance use disorder and the [1 in 4](#) with a mental health condition. Medicare coverage must be expanded to include the full continuum of services, settings, and provider types in order to match the care delivery infrastructure for addiction and mental health that exists in other payer systems, and to guarantee Medicare-eligible populations can get the life-saving care they need and deserve.

Principle	Filling the Medicare Treatment Gap
1. Apply the Mental Health Parity and Addiction Equity Act to Medicare Part A	Applying the Parity Act to hospital insurance will eliminate limits to length and settings of care, utilization management-associated barriers such as prior authorization, and restrictive reimbursement standards in traditional Medicare and Medicare Advantage.
2. Apply the Mental Health Parity and Addiction Equity Act to Medicare Part B	Applying the Parity Act to medical insurance will eliminate limits to service coverage, settings and providers, as well as restrictive utilization management, and reimbursement standards in traditional Medicare and Medicare Advantage.
3. Apply the Mental Health Parity and Addiction Equity Act to Medicare Part C	Applying the Parity Act to Medicare Advantage plans will eliminate restrictive utilization management, provider network, contracting, and reimbursement practices.
4. Apply the Mental Health Parity and Addiction Equity Act to Medicare Part D	Applying the Parity Act to Medicare Prescription Drug Plans will eliminate restrictive utilization management practices that delay or deny individuals' access to needed medications.
5. Authorize coverage of the full continuum of evidence-based substance use disorder treatment services	Authorizing coverage of intensive outpatient programs, partial hospitalization programs for a primary substance use disorder diagnosis, and residential treatment will ensure beneficiaries get the appropriate level of evidence-based care in the least restrictive and least expensive setting.
6. Authorize coverage of community-based substance use disorder treatment settings	Authorizing coverage of substance use disorder treatment in community-based facilities will greatly expand capacity and allow for the delivery of care in the most common, and often most accessible, settings of service.
7. Authorize coverage of all licensed mental health and substance use disorder treatment providers and establish adequate reimbursement rates	Authorizing Licensed Professional Counselors, Licensed and Certified Substance Use Disorder Counselors, Licensed Marriage and Family Therapists, and Peer Support Specialists to provide treatment and directly bill Medicare will significantly expand the behavioral health workforce, as will establishing Medicare reimbursement rates for mental health and substance use disorder practitioners, including clinical social workers, psychologists, and psychiatrists, that are fair and meet the cost of care delivery.