



# New tool brings mental health parity problems to light

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**Jennifer Lubell**

Contributing News Writer

The AMA is collaborating with The Kennedy Forum and Third Horizon to launch the Mental Health Parity Index, a free, open-access visual interactive mapping tool that allows physicians, patients, policymakers and other stakeholders assess how well commercial insurance plans are performing with regard to mental health parity laws.

Specifically, the tool analyzes commercial insurance plans based on access, coverage and payment for mental health and substance-use services as compared with physical health services using Transparency in Coverage data published by individual insurance plans.

First piloted in Illinois, “we’re hoping to expand nationally,” said Nathaniel Counts, chief policy officer for The Kennedy Forum, a national mental health nonprofit. Counts joined Patrick J. Kennedy, former Congressman and Kennedy Forum co-founder, and Christopher Botts, who is the AMA’s senior manager of care delivery and payment to discuss the tool on a recent webinar.

The new tool found that plans are failing across several metrics throughout Illinois. Looking at the average across representative commercial insurance plans and the proportion of the population they cover, there’s a 55% difference between the percentage of physicians and health professionals providing physical health services compared with those who treat mental health and substance-use disorders, said Counts.

Data also revealed a nearly 27% difference between payment to physicians who provided physical health services compared with those who deliver mental health and substance-use disorder care.

Additionally, per day payment for inpatient mental health admissions are on average almost twice as much than physical health admissions.

The AMA’s experts were not surprised by the findings, which are consistent with multiple years of health-plan failures to comply with state and federal mental health and substance-use disorder parity laws.



At an event in Chicago in May unveiling the Mental Health Parity Index, Jesse M. Ehrenfeld, MD, MPH, spoke to the heart of the matter.

“When those who are struggling seek help and support, they should be able to access and afford timely and appropriate care,” said Dr. Ehrenfeld, then the AMA’s immediate past president. “Yet too often, that is not the case. Too often, health plans get in the way. Time and again, we’ve seen how health plans’ failure to cover physician-recommended care results in significant harm to patients and to our society.”

That failure has real consequences, said Dr. Ehrenfeld, a Wisconsin anesthesiologist.

“We know that when patients are unable to afford timely, appropriate services due to health insurance denials, their conditions and overall health frequently worsen. This can lead to preventable emergency department visits, hospitalizations, higher overall health care costs, and harm and suffering for the patient and their family. It’s exacerbating this crisis in our communities. This is unacceptable and we must do better.”

Commercial insurers should invest as much money and attention for mental health and addiction medical services as they do for physical conditions, argued Kennedy.

Commercial insurers have forced more than 156 million Americans to seek out-of-network providers for mental health services, according to The Kennedy Forum. In a recently updated issue brief (PDF), the AMA documented multiple violations. These include excluding therapy for autism spectrum disorder and cognitive, intensive behavioral, habilitative or rehabilitative interventions to treat mental health or substance-use disorders, and excluding medication-assisted treatment for opioid-use disorder.

The Mental Health Parity and Addiction Equity Act of 2008 requires insurers to offer coverage for mental health and addiction treatment that is on par with other medical and surgical care. The AMA continues to urge state and federal policymakers to hold health plans accountable for violations when they fail to comply because the failures mean patients are not receiving medically necessary care recommended by their physician—likely leading to disruptions in care and patient harm.

## **Data shows coverage discrepancies**

Summarizing the Illinois findings, Counts walked through the different features of the index. These include indices on payer-network composition and payment for inpatient and outpatient services.

The data outlines which proportion of available physicians and health professionals are registered in network with a health plan in a certain county and which ones are not. In Iroquois County, Illinois, for



example, 73% of 156 licensed physicians and other health professionals who provide physical health services are in network. Comparatively, only 34.5% of 206 physicians and other professionals licensed to provide mental health and substance-use disorder care are in network.

The index displays these results in color-coded maps, which provide an overall picture of mental health parity trends in the state of Illinois. The index tool enables users to set up different comparisons, “so you can look at two different counties. There's just a lot of different exciting options with how we look at network composition,” Counts said, noting that information on payment discrepancies is also included.

## **“Let’s work off the same playbook”**

At the event in May, Dr. Ehrenfeld lauded the “first-of-its-kind tool,” noting that the “Mental Health Parity Index will support efforts to improve outcomes for patients—and I am thrilled that we could all work together to make this a reality.”

During the webinar, Botts said the AMA is excited about this potential for using transparency files in the new index to start changing the conversation and help policymakers understand how—despite parity laws—payers are falling short.

“Let's just all work off of the same playbook and have the same conversation and start working towards action,” he said.

Physician-led care teams often must help address mental health disorders such as depression, anxiety and substance abuse, alongside a patient’s physical health needs. The AMA continues to provide physician practices with tools and practical solutions to integrate these services. This includes the Behavioral Health Integration Collaborative, a group dedicated to catalyzing effective and sustainable integration of behavioral and mental health care into physician practices.