BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 24-01-09-02	In the Matter of Submitting a Resolution for Consideration at the National Association of Counties 2024 Legislative Conference

WHEREAS, the Board of Commissioners have directed that Lane County be a member in good standing at the National Association of Counties; and

WHEREAS, the Board of Commissioners endeavors to utilize the advocacy skills of the National Association by influencing the issues the Association focuses on; and

WHEREAS, the National Association of Counties has announced it will accept proposed Policy Resolutions the membership will consider at their annual Legislative Conference to be held in Washington DC beginning on February 10, 2024; and

WHEREAS, Lane County provides behavioral health services and has an interest in ensuring a diversity of payer mixes to support that work; and

WHEREAS, Behavioral health care payments for service are often below payments for primary health care in spite of federal laws aimed at creating parity between behavioral healthcare and physical health care.

NOW, THEREFORE, the Board of County Commissioners of Lane County **ORDERS** as follows:

1. The Policy Resolution (Attachment A) addressing payment parity improvements for behavioral health care will be submitted to the National Association of Counties for consideration at its Legislative Conference in Washington DC under Lane County's name.

2. The Administrator shall cause the Policy Resolution to be submitted by the deadline of January 10, 2024.

ADOPTED this 9th day of January, 2024.

Laurie Trieger

Chair
Lane County Board of Commissioners

Proposed NACo Policy Resolution

Enhancing the Mental Health Parity and Addiction Equity Act of 2008

Issue:
Mental health and substance use treatment providers are critical resources for county government and enhancements to existing federal policies would improve the commercial payer environment while expanding coverage for older Americans.

Proposed Policy:
NACo supports efforts to add Medicare-delivered services to be subject to the payment parity intent of the Mental Health Parity and Addiction Equity Act (MHPAEA).

Background:
By many standards, payment by commercial insurers for behavioral health services compares poorly with payments for primary health care services in spite of parity laws established by Congress in 2008 (the MHPAEA). The Department of Labor is the primary regulator of MHPAEA and is responsible for overseeing 2 million group health plans covering 136.5 million individuals. Their enforcement efforts continue to evolve, and notably, Medicare is not subject to MHAPAEA. This creates two important healthcare parity issues that counties are concerned with:

- Significant barriers to access for treatment of mental health conditions and substance use disorders for Medicare beneficiaries (those 65 years of age and above and those with long-term disabilities under the age of 65).
- Lack of consistency for commercial insurance reimbursement methodologies because those payers follow the categories of services that Medicare defines.

County Governments struggle with community-wide behavioral health issues in a variety of ways, including service delivery for public health, public safety, economic development, and juvenile justice. Counties rely on both public and private providers and struggle to have adequate access to these resources due to workforce issues, capital development, and timely access to services. Each of these dynamics would be lessened if there were better payment parity between physical health care services and behavioral health care services. While Congress did address this issue by passing the Mental Health Parity and Addiction Equity Act in 2008, it excluded Medicare plans from meeting the parity standards codified by the Act. That exception means private insurance companies assert a high degree of latitude in defining a MH/SUD benefit under their terms of health coverage and Medicare plans are well documented in their shortfalls for behavioral health services compared to primary health care services.

Fiscal/Urban/Rural Impact:
Behavioral health care simply needs to be better resourced in the United States, and the lack of access to this care is felt in both urban and rural communities. In urban communities, demand rarely meets supply for care that is best provided immediately. In rural communities, that dynamic is exacerbated, with outcomes that can resonate through an entire community even when one individual struggles to find appropriate care.

Sponsor:
Lane County, Oregon. Carried to the NACo Legislative Conference by Commissioner Pat Farr