CONTACT INFORMATION

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FOR IMMEDIATE RELEASE

November XX, 2019

**Mental Health and Substance Use Access Disparities Increased in [State] from 2013 to 2017; [Any Specific Finding That Stands Out]**

*[Can add subhead if desired]*

[LOCATION], November XX, 2019 — In the midst of an opioid epidemic and soaring suicide rates, [State-ians] are finding it increasingly difficult to access affordable behavioral healthcare (mental health and substance use disorder treatment) under their private insurance plans. A groundbreaking nationwide study by the actuarial firm Milliman shed light on this disturbing trend over a five-year period beginning in 2013 — which documented widening disparities in access to in-network services for mental health and substance use disorder treatment among 37 million employees and their families.

Milliman’s newest report, released in concert with a coalition of America’s leading mental health and substance use organizations, shows that consumers receive treatment through out-of-network providers at a far greater rate than medical services and access to in-network care has continued to decline since 2013. Through its review of claims data from hundreds of health insurance plans nationwide, the report found that:

* Despite the national opioid and suicide crises, mental health and substance use treatment together accounted for less than 3.5% of total health care reimbursement, with substance use treatment ranging from 0.7 to 1% of that total over the 5 year period.
* Behavioral health access disparities escalated from 2013 to 2017 in all three categories of care examined: outpatient visits, inpatient facilities and outpatient facilities. Disparities nearly doubled for inpatient and outpatient facilities, rising from almost 3 to nearly 6 times more likely, when compared to medical/surgical facility use.
* Children were 10 times more likely to receive outpatient mental health care out of network compared to primary care visits, twice the disparity faced by adults.

The Report also documented a substantially lower reimbursement rate for behavioral health office visits compared to primary care reimbursement for similar billing codes, based upon Medicare payment levels. While provider shortages have been addressed on the medical side through higher reimbursement, health insurers continue to pay behavioral health providers less than Medicare allowable rates.

**Key findings in [State], include:**

[State] outpatient behavioral health access was \_\_ times more likely than out-of-network use for primary care visits. [How compares to national average – if worse].

[State] out-of-network inpatient use rose from \_\_ to \_\_ times more likely than out-of-network medical/surgical inpatient use between 2013 and 2017. [How compares to national average – if worse].

[State] out-of-network outpatient facility use rose from \_\_ to \_\_ times more likely than out-of-network medical/surgical use between 2013 and 2017.

[State] behavioral health providers received \_\_% less than other doctors for similar billing codes in 2017.

[Quote 1 from head of lead organization on release]

[Optional Quote 2 from another relevant person]

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[Background on Organization 1]

[Background on Organization 2, if applicable]