

CONSUMERS: Frequently Asked Questions About Mental Health Parity

Q: What is Oregon mental health parity?

A: The mental health parity law (Senate Bill 1) was passed by the 2005 Oregon Legislature. It requires group health insurance policies to cover treatment of chemical dependency and mental or nervous conditions at the same level and with no more restrictions than those imposed for other medical conditions.

Q: When did the Oregon mental health parity law take effect?

A: The law was effective January 1, 2007, for new group health insurance policies and, for renewal policies, the first renewal date after January 1, 2007. Please contact your insurance company representative to confirm the effective date of parity for your plan.

Q: Does Oregon's mental health parity law apply to all types of health insurance?

A: No. The law doesn't apply to the following types of insurance:

- Individual health insurance plans
- Self-insured employer group health plans
- Medicare
- Medicaid

Q: Does the Oregon parity law cover my child's learning disability?

A: No. Learning disorders related to reading, math, or disorders of writing expression are not covered, nor is there coverage required for mental retardation (mild, moderate, severe, profound, or severely unspecified).

Q: Will my insurance company cover gender identity disorders?

A: Yes. Children 18 and younger are covered; however, the law does not extend coverage to adults with gender identity disorders.

Q: Does my insurance have to cover treatment for dependency on tobacco or foods?

A: No. Chemical dependency does not mean an addiction to or dependency on tobacco, tobacco products or foods.

Q: Does my insurance company have to cover marriage counseling?

A: In most instances, marriage counseling may *not* be covered. It's best to contact your insurance company representative to verify benefits prior to seeking treatment.

Q: Can my insurance company require me to pay more out-of-pocket expenses, such as co-payments, coinsurance, reimbursement, or other cost sharing, for mental health than I pay for physical health conditions?

A: No. The parity law eliminates separate and unequal deductibles and out-of-pocket co-payments or coinsurance for mental or nervous conditions and chemical dependency.

Q: If my mental health provider refers me to a specialist who is not in-network, is my insurance company responsible for providing coverage the same as if I went to an in-network provider?

A: No. You would be responsible for charges that exceed what your insurance company would have paid if you received services from an in-network provider. Please refer to your policy or contact your insurance company representative for more information on out-of-network coverage.

Q: Can my insurance company require me to pay more for mental health prescription drugs than for drugs for physical health conditions?

A: Insurers must use the same classification of prescription drugs, such as open, closed or tiered drug benefit formularies, for both mental and physical conditions. You may be charged more if your mental health provider prescribes a preferred brand drug instead of a generic brand.

Q: Does the Oregon parity law require my insurance company to cover long-term residential treatment when medically necessary?

A: Yes. The law provides for coverage of up to 45 days in a long-term residential mental health program.

Q: How is “medical necessity” defined?

A: The law does not define medical necessity, but it does require insurance policies to contain a single definition of medical necessity that applies uniformly to all medical, mental or nervous conditions, and chemical dependency, including alcoholism. Contact your insurance company directly to get the policy definition.

Q: What if an insurer denies coverage for mental health or substance abuse services that I believe are medically necessary, or the insurer says the treatment is experimental or investigational?

A: If the insurance company denies your claim based on medical necessity or experimental/investigational services, you have the right to both internal appeals with the company and an independent [external review](#).

Q: What can I do to become an informed health care consumer?

A: Know your rights and benefits. Be sure to read your policy and ask your insurance agent or company representative about anything that is not clear. It’s important that you understand what is covered and what your responsibilities are as the insured.

Q: Who should I contact if I have questions about the Oregon parity law or other insurance questions?

A: Free help is available from the [Consumer Advocacy Unit](#) of the Oregon Insurance Division for consumers with insurance questions and complaints. A consumer advocate will investigate your complaint, help you get a clear response to your questions, and advocate on your behalf to resolve issues. For more information about our services, please contact:

**Consumer Advocacy Unit
Oregon Insurance Division
PO Box 14480
Salem, Oregon 97309-0405
(888) 877-4894 (toll-free)
(503) 947-7984 (Salem area)
www.insurance.oregon.gov**