



Using Complaints to Address Discrimination In Care for Mental Illness and Substance Use Disorders

Despite [increased access to treatment](#) for mental illness and substance use disorders, many consumers with these conditions still face discrimination that prevents them from getting the care they need. [Reporting health insurance problems](#) to state regulatory agencies is one way that vulnerable consumers can stand up for themselves against discrimination. Unfortunately, few consumers file complaints and most don't know which state agency or department they should turn to. Health advocates can help by learning more about the complaints process and helping support consumers with behavioral health needs who face discrimination. *Leveraging the power of consumer complaints to combat plan discrimination can make lasting change in our health care system.*

Background

Prior to the passage of the Affordable Care Act (ACA), many consumers with mental illness and substance use disorders were locked out of coverage due to pre-existing conditions or inadequate benefits in their health insurance coverage. The ACA has [improved coverage for substance use disorders](#) and expanded access to health insurance for millions of Americans. Yet, consumers with behavioral health needs still do not receive the care they need.

Many insurers do not comply with the [federal parity law](#), which mandates that behavioral health benefits are covered equally to other medical and surgical benefits. Marketplace plans, which are required to cover mental health and substance use disorders services as one of the [10 Essential Health Benefits \(EHB\)](#), often do not provide adequate coverage. Health insurers engage in [other forms of plan discrimination](#), including designing plan benefits to purposely disadvantage consumers with chronic health needs.

Many consumers with behavioral health problems are also part of marginalized demographic groups and may be doubly or triply disadvantaged when it comes to health equity related to race, ethnicity, sexual orientation or gender identity, disability, and income level.

Advocates can help address these inequities by encouraging [consumers to file complaints](#), working [to simplify the complaints process](#) and mining complaint data to drive improvements in health policy.

Community Catalyst is a national non-profit advocacy organization building consumer and community leadership to transform the American health care system.

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Consumer Complaints about Behavioral Health

Consumers can file complaints with state regulatory bodies, including the [Department of Insurance \(DOI\)](#) and [Attorney General's office \(AG\)](#) to report health insurance problems and alert state agencies to behavioral health plan discrimination. The resources included in the [Consumer Complaints Toolkit](#) can improve health advocates' understanding of the consumer complaints process and help to guide advocacy on consumer complaints.

When consumer complaints systems are set up well, they are accessible to all consumers and easy to access. This includes options for filing a complaint by phone or online, and support for consumers with disabilities or who do not speak English as a first language. Data generated by the complaints process, including what issues consumers are facing with their health coverage, which insurers are violating behavioral health protections, and how issues are ultimately resolved, is an invaluable tool for health advocates. Only by demonstrating the scope of the problem through data can we begin to make lasting changes to the health care system and fully ensure the rights of consumers with behavioral health needs.

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Supported by a grant from the Open Society Foundations