THE
CARTER CENTER

An Employer's Toolkit: Championing Employee Mental Health and Substance Use Treatment Insurance Coverage

Part 1: The Basics of Parity

A not-for-profit, nongovernmental organization, The Carter Center has helped to improve life for people in more than 90 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; and improving mental healthcare. The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and former First Lady Rosalynn Carter, in partnership with Emory University, to advance peace and health worldwide.

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Part 1: The Basics of Parity

About This Toolkit

"Parity" means that the treatment for mental health conditions and substance use conditions is covered by health plans in the same way as the treatment for physical health conditions. This toolkit is designed to help business leaders become champions for parity and make access to behavioral healthcare a reality for their employees.

Though the concept of parity is simple and makes good business sense, the topic of health insurance in general can be complex. This toolkit is not intended to provide legal information or advice. It is designed to provide business leaders with a high-level understanding of key concepts so that they can create a process to ensure parity in their health plans. The Resources section provides links for more in-depth exploration of the topic.

Supporting parity is a strategic and cost-effective way for the business community to foster mental well-being, resilience, and overall health among employees, colleagues, and communities. Thank you for taking the first steps toward becoming a champion for parity.

At The Carter Center, the Rosalynn Carter Mental Health and Caregiver Program partners with employers in Georgia and nationwide to support the implementation of state and federal parity requirements so that people can access needed treatment and supports for mental health and substance use conditions through their insurance plans.

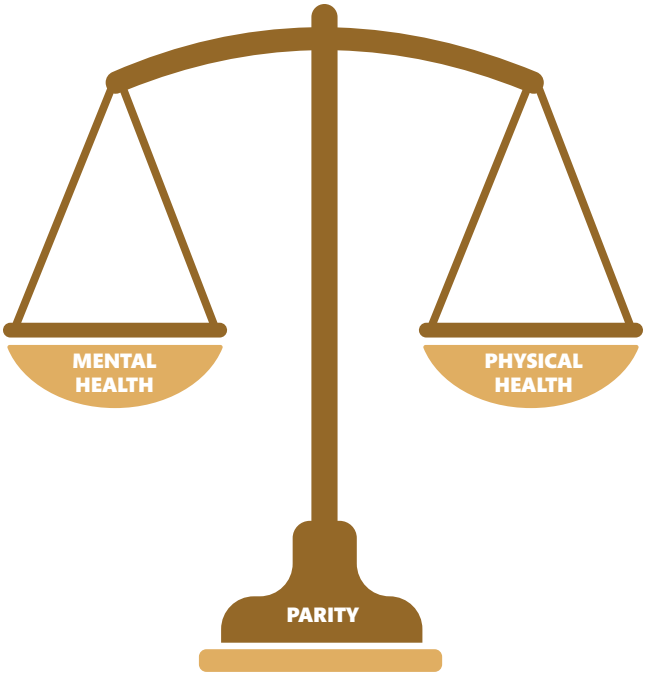


Figure 1. Parity in health insurance coverage means that treatment for mental health conditions is covered in the same way as treatment for physical health conditions.

The Basics of Parity

Parity in health insurance coverage means that treatment for mental health and substance use conditions – often called behavioral health – is covered in the same way as treatment for physical health conditions like heart disease, diabetes, or cancer. Parity ensures that people do not face additional barriers to insurance coverage that can prevent them from accessing needed behavioral healthcare, when compared with physical healthcare, such as:

- More restrictive prior authorization requirements
- Higher co-pays and out-of-pocket costs
- Stricter limitations on number of visits for treatment
- Less ability to get an appointment with an in-network provider in a reasonable amount of time
- Arbitrary denial of coverage

Companion Website

The Georgia Parity Collaborative website is a companion resource to this toolkit, with consumer information on parity and how to file an appeal if coverage is denied. Visit georgiamentalhealth.com.

When insurance plans create additional barriers to access for mental healthcare compared with physical healthcare, it sends a strong message to employees to not seek that care. Lack of parity perpetuates the harmful idea that employee mental health concerns should be hidden or ignored. It also causes delays in care that exacerbate conditions, making it harder for employees to stay healthy, present, and productive.

Because parity is critical to public health, it is prioritized by both federal and state law. Almost all health insurance plans that offer behavioral health coverage – including the self-insured plans of many larger employers – must comply with federal parity requirements. In addition, state parity requirements apply to fully insured employer-based health plans and individual/marketplace plans (See Table 1).

The federal Mental Health Parity and Addiction Equity Act of 2008 states that if health insurance coverage includes both medical/surgical and behavioral health benefits, the financial requirements (for example, deductibles and co-payments) and treatment limitations (number of visits) that apply to those benefits must be *no more restrictive* than the financial requirements or treatment limitations that generally apply to medical/surgical benefits. Parity is enforced by the U.S. Department of Labor for Employee Retirement Income Security Act (ERISA) plans that are funded by employers.

In addition, many states have passed legislation and enacted administrative rules to improve parity enforcement for health plans that they regulate, including fully insured employer-based health plans and individual/marketplace plans. For example, the Georgia Mental Health Parity Act of 2022 requires the state to collect comprehensive, accurate data from insurers on a regular basis and create an effective monitoring and accountability framework for ensuring parity. Annual reports for individual insurance companies can be viewed on the Georgia Insurance and Safety Fire Commissioner's website (oci.georgia.gov/insurance-resources/health). Also through that website, Georgians can file complaints about lack of parity in their health plan (oci.georgia.gov/how-do-i-file-complaint).

Table 1. Responsibility for parity in private employer-sponsored group health plans

Type of Private Employer-Sponsored Group Health Plan	Employer's Role	Who Enforces Parity?
Self-insured: Employers assume the financial risk of paying all claims for their employees' healthcare. Most use insurance companies to administer the plan.	Primary fiduciary responsibility for ensuring that mental health benefits meet federal requirements	U.S. Department of Labor
Fully insured: Employers purchase plans from an insurance company to cover their employees' healthcare needs.	Responsible for verifying that the insurance company's policies comply with state and/or federal parity requirements	State insurance agencies U.S. Department of Labor

Notes:
Federal parity law does not apply directly to the health plans of smaller employers – 50 or fewer employees – although its requirements are applied indirectly to most of them through the essential health benefits requirement of the Affordable Care Act.[1] State law can parallel or exceed federal parity protections.

1 Substance Abuse and Mental Health Services Administration. *Parity of Mental Health and Substance Use Benefits with Other Benefits: Using Your Employer-Sponsored Health Plan to Cover Services.* HHS Publication No. SMA-16-4937. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/mental-health-substance-use-benefits-parity.pdf

Your Role as a Business Leader: Using Your Leverage With Insurance Companies to Drive Change

Business leaders across the nation, from those who are guiding small enterprises to the largest of companies, increasingly are focusing on employee well-being. This is an exciting time to explore innovative ways to increase your commitment to supporting the overall health and wellness of your employees. Many promising practices can be implemented in the workplace to support employee health, but the most important action may be ensuring that employees can access preventive care, treatment, and support services for their mental health and substance use conditions when it is needed. That is why parity in insurance coverage must be the foundation of any successful employee health and wellness initiative.

Despite increased investments in employee mental health and wellness, parity still is not a reality for many people. For example, a 2024 study of commercial claims found significant differences in access to mental health and substance use condition benefits compared with medical/surgical benefits, including greater use of out-of-network providers and lower reimbursement rates for in-network services for behavioral health.[6] In addition, a 2024 Gallup poll found that affordability and difficulty in finding a provider are the top two barriers to getting treatment for a mental health condition.[7]

You can take steps to make parity and access to behavioral healthcare a top priority for your business or organization. To get started:

- Have discussions with other leaders—ranging from human resources and employee assistance program staff to key legal and finance team members—about the role of employers in ensuring parity. Verify that the legal department in your organization is familiar with federal and state mental health parity laws and the company's responsibility to ensure compliance. (See the Resources section of this toolkit for more information.)
- Integrate the topic of parity into any ongoing efforts to review and enhance employee benefits, launch an employee health and wellness initiative, design quality improvement programming, or strengthen workplace culture.
- Notify your third-party administrator or the insurance company that is your health plan provider that you are making parity a top priority and will be requesting its assistance.

A Leader on Parity Enforcement

Georgia is leading on parity enforcement.

- **Georgia's Mental Health Parity Act of 2022 requires insurers to submit annual reports that can flag compliance gaps and trigger investigation.**
- **Based on the annual reports, the state launched 22 market conduct examinations that uncovered widespread violations and set a new benchmark for oversight nationwide.**[2]
- **In 2026, Georgia's Insurance and Safety Fire Commissioner announced $25 million in fines to more than 22 insurance companies for violating the state's Mental Health Parity Act.**[3, 4]

A Growing Priority

In recent years, employers increasingly have prioritized mental health support for employees.

- **Employers are implementing a wide range of initiatives, including employee assistance programs, virtual counseling, caregiver support, and flexible leave.**
- **In addition, employers are using their role as purchasers of health insurance benefits to drive change.**[5]

2 The Kennedy Forum (2025). *States Step Up: Holding Insurers Accountable for Mental Health Parity Violations*. thekennedyforum.org/blog/states-step-up-holding-insurers-accountable-for-mental-health-parity-violations/

3 Georgia's Office of Commissioner of Insurance and Safety Fire (2025). *Commissioner King to Fine Insurers over $20 Million for Mental Health Parity Violations*. oci.georgia.gov/press-releases/2025-08-15/commissioner-king-fine-insurers-over-20-million-mental-health-parity

4 Georgia's Office of Commissioner of Insurance and Safety Fire (2026). *Commissioner King Issues Nearly $25 Million in Fines for Mental Health Parity Violations*. oci.georgia.gov/press-releases/2026-01-12/commissioner-king-issues-nearly-25-million-fines-mental-health-parity

5 Jones, R. (2025). *Why Employers Are Investing Heavily in Employee Mental Health*. National Press Foundation. nationalpress.org/topic/why-employers-are-investing-heavily-in-employee-mental-health/

6 Mark, T.L., & Parish, W.J. (2024). *Behavioral health parity—Pervasive disparities in access to in-network care continue*. RTI International. rti.org/publication/behavioral-health-parity-pervasive-disparities-access-network-care-continue

7 Brenan, M. (2024). *Americans Perceive Gaps in Mental, Physical Healthcare. Gallup*. news.gallup.com/poll/644144/americans-perceive-gaps-mental-physical-healthcare.aspx?utm_source=alert&utm_medium=email&utm_content=morelink&utm_campaign=syndication

All Employers Can Champion Parity

Individual/marketplace health insurance plans, as well as Medicaid plans, are subject to parity law.

Employers that do not provide health insurance, that have part-time employees who do not qualify for benefits, and/or that provide a stipend to subsidize marketplace plans for employees still can champion parity by educating employees about their rights.

For example, employers in Georgia can share the Georgia Parity Collaborative website with their employees for information on parity and how to file an appeal if behavioral health coverage is denied: georgiamentalhealth.com.

It also is important to make sure that employees are aware of their insurance benefits for behavioral healthcare, and to encourage them to seek help when they need it.

- Communicate to employees that you are taking an active role to ensure that their health plan has transparent rules and meets their behavioral health needs.
- Highlight behavioral health coverage in regular communication about benefits with employees, such as annual enrollment messages and materials.
- Share information about parity with employees at health and wellness fairs, staff retreats, and other events.
- Ensure that supervisors have basic knowledge about parity to share with their teams.

Gathering Data

To make parity a reality for your employees, you must analyze relevant data about employee experiences making behavioral healthcare claims, identify areas where parity is a concern, and seek solutions to correct any gaps.

Action Steps:

1. As a business leader, think about your own experiences using benefits for behavioral healthcare.

- Have you struggled to find an in-network provider for your own needs or your family members' needs?
- Was the provider directory up to date?
- Did you ultimately choose a provider that does not accept your insurance? (Low reimbursement rates for mental health providers contribute to some not accepting many types of insurance.)
- Did you end up paying out of pocket for the care?

Normalize Participation

Business leaders can improve employees' comfort with seeking behavioral healthcare through their benefits by actively engaging in mental health discussions and publicly acknowledging their own use of benefits.[8]

2. Conduct anonymous surveys to seek feedback from employees on their experiences accessing behavioral healthcare through their employer-sponsored health insurance. Questions could include:

- Have you ever had to go out of network to find a behavioral health provider, paid out of pocket, and/or waited more than two weeks for an appointment?
- Are your out-of-pocket costs (such as co-pays) for mental health services or prescriptions higher than for your medical/surgical care?
- Have you been limited in how many times you can see a mental health or substance use condition provider, but face no such limits for your physical healthcare?
- Has your doctor prescribed a mental health treatment that the insurance company will not cover because it states it is not medically necessary, without disclosing the reason?

8 One Mind (2025). *Mental Health Leadership at All Levels: Annual Report 2025*. onemind.org/publications/mental-health-at-work-index-reports/new-data-reveal-the-critical-importance-of-mental-health-leadership-at-all-levels/

- Have you filed an appeal with the insurance plan due to lack of coverage for needed behavioral healthcare?
- Have you reached the limit on the number of employee assistance program (EAP) sessions and then could not find an in-network provider that takes your insurance for continued care?

(Survey questions adapted from NAMI Georgia[9]: namiga.org.)

3. Consider having human resources staff take the following steps:

- Assist employees with challenges navigating their health insurance coverage and behavioral health benefits, including how to file an appeal if they are denied coverage.
- Review the health plan summary of benefits and coverage.
- Test insurance websites to better understand employee experiences accessing behavioral health treatment and support services.
- Examine the provider directory to check for how many behavioral healthcare providers are in network, are within a reasonable distance from where employees live, are currently accepting patients, and have open appointments. It also is important to check for culturally diverse/proficient provider types, offering multiple levels of care and delivery systems options.

Ensure Your Network Is Broad Enough

Employers that offer health benefits are less likely to characterize their network as "very broad" for mental health and substance use condition services than for medical services overall, according to the KFF 2024 Employer Health Benefits Survey.[10]

Lower-income adults with employer-sponsored insurance reported more problems in accessing timely and high-quality behavioral health services compared with higher-income adults, potentially due to inability to afford out-of-network care with out-of-pocket payment, according to a KFF 2023 Consumer Survey.[11]

4. Most important, create a process to regularly analyze relevant insurance data through your third-party administrator (TPA) or insurance company. Remember that you are entitled to request this data and to exercise your rights and responsibilities to hold your insurance company or TPA accountable for ensuring parity.

Relevant data to analyze will cover both quantitative financial and treatment limitations (co-pays/co-insurance, limits on number of visits) and nonquantitative treatment limitations (preauthorization requirements, network sufficiency). Examples include:

- Denial rates for behavioral health treatment and support services versus medical/surgical services.
- In-network reimbursement rates for behavioral health providers versus medical/surgical providers.

Data Provides Visibility

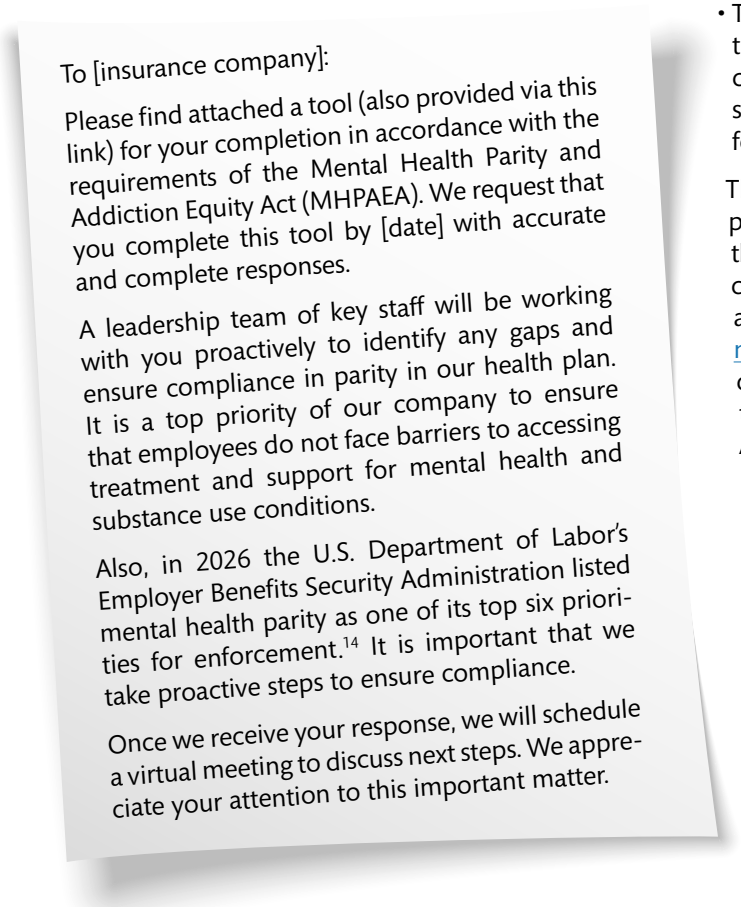
Fewer than half of employers surveyed collect or review data on employee use of benefits or network adequacy for behavioral healthcare, according to the 2025 Employee Benefit Research Institute's Employer Mental Health Survey. But 85% of employers said they are interested in broadening coverage for mental health and substance use treatment. According to the study's authors, employers need greater visibility into data, and complete and transparent claims access, to ensure that their employees have the most effective mental health benefits.[12]

9 NAMI Georgia (2026). *Georgia Mental Health Parity Act*. namiga.org

10 KFF (2024). *2024 Employer Health Benefits Survey*. kff.org/health-costs/2024-employer-health-benefits-survey/#cf7c26be-f8d2-4f1d-a245-b2bee18ef1fa

11 Wallace, R. Pestaina, K., Claxton G., & Rae M. (2023). *Lower Income Adults with Employer Sponsored Insurance Face Unique Challenges with Coverage Compared to Higher Income Adults*. KFF. kff.org/private-insurance/lower-income-adults-with-employer-sponsored-insurance-face-unique-challenges-with-coverage-compared-to-higher-income-adults/

12 Employee Benefits Research Institute (2025). *2025 EBRI Employer Mental Health Survey*. ebri.org/content/2025-ebri-employer-mental-health-survey-report


To [insurance company]:

Please find attached a tool (also provided via this link) for your completion in accordance with the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). We request that you complete this tool by [date] with accurate and complete responses.

A leadership team of key staff will be working with you proactively to identify any gaps and ensure compliance in parity in our health plan. It is a top priority of our company to ensure that employees do not face barriers to accessing treatment and support for mental health and substance use conditions.

Also, in 2026 the U.S. Department of Labor's Employer Benefits Security Administration listed mental health parity as one of its top six priorities for enforcement.[14] It is important that we take proactive steps to ensure compliance.

Once we receive your response, we will schedule a virtual meeting to discuss next steps. We appreciate your attention to this important matter.

Figure 2: Sample message to send to a third-party administrator to request the completion of a comparative analysis tool to ensure parity compliance.

- The use of out-of-network providers for behavioral health treatment and support services versus medical/surgical care (and if the plan provides for out-of-network medical/surgical benefits, checking if it provides the same access for out-of-network MH/SUD benefits).[13]

The U.S. Department of Labor Self-Compliance Tool provides step-by-step instructions to guide you through the process of determining whether a group health plan complies with federal parity law. (Download the tool at: dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.) Because the compliance analysis for nonquantitative treatment limitations is more complex than for quantitative, the National Alliance of Healthcare Purchaser Coalitions has endorsed action steps for employers to take and a nonquantitative treatment limitations multi-step comparative analysis tool to complete (nationalalliancehealth.org/resources/mental-health-parity-compliance-for-employers/).

Familiarize yourself with these tools and the types of questions they ask, and share them with key colleagues. Then, ask your TPA or insurance company to complete them regularly for your review. (See Figure 2). You also should have your broker, benefits consultant, or legal counsel assess the completed tools. If disparities are found, you must develop a plan for taking corrective action.

You may decide to meet with your TPA or insurance company on a regular basis to track progress toward meeting parity goals and correcting barriers to access, such as expanding its behavioral health provider networks. Ultimately, taking action on parity should become a key part of how you select and assess the performance of the insurance companies that you purchase services from as an employer.

Confirm Compliance

If you have a fully insured health plan, ask your insurance company to demonstrate how it is complying with state parity laws and regulations. For example, Georgia requires health plans to perform, document, and regularly report on how they are complying with parity, including through annual data calls designed to identify barriers to access. It is important to know whether the insurance company you are purchasing services from has been fined for failing to submit sufficient or complete reports or data to the state. (Visit georgiamentalhealth.com to view a dashboard with data on how insurance companies operating in Georgia are complying with state parity requirements.)

13 Mental Health America (2025). *Ensure health plans meet workers' needs.* mhanational.org/resources/ensure-health-plans-meet-workers-needs/

14 U.S. Department of Labor (2026). *U.S. Department of Labor's Employee Benefits Security Administration Updates National Enforcement Projects for Employee Benefit Plans | U.S. Department of Labor.* dol.gov/newsroom/releases/ebsa/ebsa20260115

Summary and Reflection

Now that you understand the basics of parity – and your important role in ensuring it for your employees – use the following pages to identify next steps for making behavioral health parity a top priority at your workplace (See Figure 3).

First, gather a team of the right leaders and experts, consider what your activities and goals may be, and set a target timeline to achieve them (see Figure 4 at the end of this document). To do more in-depth reading about parity, refer to the Resources section at the end of this toolkit.

As a business leader, you play a key role in raising awareness about parity. Talk to your peers and colleagues about how behavioral health is critical to overall employee health and well-being. Remind them that behavioral health treatment works and is cost-effective. Share this toolkit with your networks along with the message that parity is a win-win approach for employers and employees.

By ensuring parity in their health plans, employers will maintain a healthier workforce and can experience lower overall costs over time, increased productivity, and lower absenteeism. See Part 2 of this toolkit for more information about why parity makes good business sense.

Figure 3. As a business leader, you can take steps to make behavioral health parity a priority at your workplace.

Thank you for being a champion for parity!

RESOURCES

TO LEARN MORE ABOUT PARITY:

The Georgia Parity Collaborative website is a companion resource to this toolkit, with consumer information on parity and how to file an appeal if behavioral health coverage is denied: georgiamentalhealth.com

The Carter Center Mental Health Parity Newsroom Collaborative shares articles from Georgia and nationwide about current issues in access to behavioral healthcare: mentalhealthjournalism.org/parity-collaborative/

The Mental Health Parity Index launched by the Kennedy Forum provides the percentage of in-network mental health/substance use providers compared with in-network physical health clinicians and what clinicians are paid relative to one another by state and county:
parityindex.org/home

Mental Health America has resources for employers about workplace mental health: mhanational.org/
mhanational.org/resources/
ensure-health-plans-meet-workers-needs/

TO LEARN MORE ABOUT THE CURRENT STATUS OF FEDERAL PARITY REQUIREMENTS:

Centers for Medicaid and Medicare Services:
cms.gov/cms.gov/marketplace/private-health-insurance/
mental-health-parity-addiction-equity

U.S. Department of Labor:
dol.gov/
dol.gov/agencies/ebsa/laws-and-regulations/laws/
mental-health-and-substance-use-disorder-parity

Substance Abuse and Mental Health Services Administration:
samhsa.gov/
samhsa.gov/about/laws-regulations-policies

TO LEARN MORE ABOUT STATE PARITY REQUIREMENTS:

See state-by-state laws and regulations at ParityTrack:
paritytrack.org/
paritytrack.org/reports/

In Georgia, see the Insurance and Safety Fire Commissioner's website:
oci.georgia.gov/
oci.georgia.gov/insurance-resources/health

Find other states' insurance departments through the National Association of Insurance Commissioners:
content.naic.org/
content.naic.org/state-insurance-departments

TO DOWNLOAD TOOLS FOR ANALYZING DATA:

The Bowman Family Foundation:
thebowmanfamilyfoundation.org
thebowmanfamilyfoundation.org/parity-law-compliance

National Alliance of Healthcare Purchaser Coalitions:
nationalalliancehealth.org/
nationalalliancehealth.org/resources/
mental-health-parity-compliance-for-employers/

U.S. Department of Labor:
dol.gov/
dol.gov/agencies/ebsa/laws-and-regulations/laws/
mental-health-parity/self-compliance-tool

TO ENGAGE IN DISCUSSIONS WITH INSURANCE COMPANIES:

The National Alliance of Healthcare Purchaser Coalitions offers questions to engage in discussion with health plan service providers about access to behavioral healthcare:
nationalalliancehealth.org/
nationalalliancehealth.org/resources/
behavioral-health-vendor-engagement-template/

Path Forward offers an employer action plan for working with third-party administrators to improve behavioral healthcare access and quality for employees:
pathforwardcoalition.org/
pathforwardcoalition.org/wp-content/uploads/2024/05/
Employer-Action-Plan-053024.pdf

TO RAISE AWARENESS IN THE WORKPLACE:

Share the Georgia Parity Collaborative website, with consumer information on parity and how to file an appeal if behavioral health coverage is denied:
georgiamentalhealth.com

Post the American Psychiatric Association's Parity Poster in the workplace:
psychiatry.org/psychiatrists/practice/parity

PARITY ACTION PLAN

Question for Reflection	Next Steps	Person(s) Responsible	Target Timeline
Who will I ask to participate on this project team? (specific leaders, HR and EAP staff, consultants, employee resource groups)			
How can I access information our company has gathered to date? (prior analysis of insurance data)			
What will be our first step when we meet as a team? (setting project goals)			
How can we gather new data? (employee survey, request from insurance company)			
Who has the expertise we need to analyze the data? (staff person, consultant)			
What will be our next steps if we find parity gaps? (meeting with our third-party administrator)			
When and how will we communicate with employees? (annual enrollment messages)			
How can we integrate parity awareness into other employee health and well-ness initiatives? (health fairs, employee wellness committee)			
What external partners may be able to help, and who will reach out to them? (national HR associations, statewide nonprofit organizations, local business coalitions)			

Figure 4. Parity Action Plan Worksheet

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