

Improving Mental Health Care

THE ACCESS REPORT

**DECEMBER
2023**

inseparable

About Inseparable

Inseparable is a national nonprofit working to advance mental health policy solutions that help people thrive, including by increasing access to care, improving crisis response, and promoting youth mental health.

We use a unique, campaign-style approach to support lawmakers in enacting mental health policies that will save lives and improve care for millions of Americans. We believe that with the right leadership and strategy, we can all take better care of ourselves, our loved ones, and our communities.

Acknowledgements

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Access to mental health care in America today

People in every state and every community agree that America's mental health care system is falling short.

Poll after poll reveals that mental health is top of mind for Americans. They are worried about their own health and the health of their loved ones. They need better access to care. And they want their elected leaders to treat these issues with urgency.

U.S. mental health care by the numbers



¹ SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#).

^{2,3} Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica.

The purpose of this report

State policymakers across the country have the power to improve access to mental health care by championing and passing key policies that help expand coverage of care, leverage the mental health workforce, and promote prevention and early intervention.⁴

These strategies, and their corresponding policy actions, help remove barriers that prevent or delay people from accessing mental health care. Recognizing that every state is unique, these policy solutions can be adapted to a state's economic, social, and political climate. The goal of this report is to foster an open, nationwide exchange of effective policy solutions.

Following discussion of these strategies, we feature state-by-state data snapshots of each state's progress in adopting a range of policies that make mental health care easier to find, easier to pay for, and more effective for individuals and their families.

⁴ Throughout this report, references to mental health are intended to include substance use disorders, autism spectrum disorders, and eating disorders. For simplicity, we use *mental health* rather than *behavioral health* in all references.

We look forward to a future when all mental health care is accessible, affordable, and effective for everyone.

Policies at-a-glance

1 Expand coverage of care

- **Require coverage of all medically necessary treatment.**
- **Require coverage for out-of-network care.**
- **Mandate accurate provider directories.**
- **Insure more people through Medicaid.**
- **Ensure continuous Medicaid coverage.**
- **Extend Medicaid coverage to people in jails and prisons.**

2 Leverage the mental health workforce

- **Expand the use of telemental health.**
- **Adjust state licensure requirements.**
- **Promote the use of peer and behavioral health support specialists.**
- **Provide competitive reimbursement rates for providers.**

3 Promote prevention and early intervention

- **Cover annual mental health screenings and wellness exams.**
- **Waive formal diagnosis requirements for mental health care.**
- **Address social determinants or drivers of health.**
- **Integrate mental health care with primary care.**

State policies that work

1

EXPAND COVERAGE OF CARE

More than two-thirds of Americans who need mental health treatment do not get it.

Policymakers have several levers to help close this gap, including approaches to improve health insurance. Expanding coverage means both increasing the number of people who have coverage and establishing patient protections to ensure insurance companies are providing members with meaningful access to mental health providers and coverage for all medically necessary treatment.

Policies to accomplish this include:


- **Require coverage of all medically necessary treatment.**
- **Require coverage for out-of-network care.**
- **Mandate accurate provider directories.**
- **Insure more people through Medicaid.**
- **Ensure continuous Medicaid coverage.**
- **Extend Medicaid coverage to people in prison or jail.**

Require coverage of all medically necessary treatment

States typically allow insurers to use proprietary criteria to make decisions about the necessity of a given treatment. This often leads to denials of coverage for much-needed mental health treatment deemed necessary by the patient's doctor. Without coverage, people may delay or skip treatment, elevating their risks for severe mental health symptoms and relapses.

In 2019, a federal court found that United Behavioral Health used flawed criteria to routinely deny mental health and substance use claims for enrollees or to cut treatment short. In response, several states have enacted laws to ensure that health plans use transparent, nonprofit clinical guidelines to cover mental health treatment that is consistent with generally accepted standards of care. Following these standards helps ensure that health plans will not inappropriately deny treatment claims.

What states can do



Require insurers to evaluate mental health claims based on transparent, nonprofit clinical guidelines.


Require insurers to cover all medically necessary mental health treatment consistent with generally accepted standards of care.

Require coverage for out-of-network care

A lack of appropriate provider networks forces people to obtain mental health care out-of-network at more than 5 times the rate for other health needs. For many people, lack of in-network providers means getting limited treatment – or no treatment at all. As their health worsens, people often move into public services such as Medicaid, shifting the cost burden onto taxpayers.

Requiring health plans to cover out-of-network care when timely, effective services can't be found in-network benefits everyone. People can find affordable care more easily, while health plans gain key insights that can help them fill gaps that will ultimately lead to better health outcomes at cost savings.

What states can do



Require health plans to cover out-of-network care from licensed providers when timely, appropriate, medically necessary services aren't available in-network. Costs must not be higher than what people pay for in-network care.


Requiring health plans to pay for out-of-network care when timely, effective services can't be found in-network benefits everyone.

Mandate accurate provider directories

A major barrier to getting mental health care is finding in-network providers. When people are forced to seek care outside their insurance network, they often struggle with the high cost of treatment. Being unable to find an in-network provider quickly may also delay treatment or encourage people to go without – which can threaten the well-being of entire families.

As the “front door” for finding in-network providers – and often a selling point in choosing a health plan – provider directories must be accurate and up to date. However, more than 53% of all people looking for care have found themselves foiled by “ghost networks” – provider directories that appear to have numerous professionals in-network but are so full of inaccurate listings that some people are unable to get any appointment at all.

What states can do



Create strong state enforcement mechanisms, including automatic fines for plans that fail to meet directory accuracy targets.

Require plans to regularly update directories, conduct independent audits of directory data, and mandate regular reporting of accuracy compliance to state regulators.

Require public disclosure of directory accuracy rates.

Provide a mechanism for beneficiaries and providers to report directory inaccuracies to health plans and state regulators.

Protect patients from out-of-network charges if visit or stay was due to inaccurate provider directory at time appointment was scheduled.

Insure more people through Medicaid

Changes to state-level Medicaid policies can help more people obtain mental health services. Expanding eligibility makes it possible for single, low-income adults with mental health conditions to enroll in Medicaid. Without this option, individuals must first qualify for federal disability, a lengthy and complex process that can delay treatment.

Insuring more people can also be achieved by using Medicaid funds to purchase private coverage for low-income adults (an approach known as *private option*). However, people with coverage through a private option may face higher out-of-pocket costs than those covered by Medicaid.

Research shows that expanding coverage leads to a significant increase in the number of people who get regular care for chronic conditions, and decreases the chance that they will need costly emergency room care. Coverage also increases the likelihood that people will get the services and supports they need to prevent mental health emergencies and promote good health.

What states can do



Expand Medicaid eligibility to low-income adults up to 133% of the federal poverty level.

Extend coverage to low-income adults through a private option.


Expanding eligibility makes it possible for single, low-income adults with mental health conditions to enroll in Medicaid.

Ensure continuous Medicaid coverage

When people with mental health conditions have trouble navigating Medicaid processes for renewal or redetermination, their coverage often expires. Lapses in coverage – often called *churn* – lead to delayed or discontinued care, including medications. This can trigger severe symptoms in people with mental health conditions. In fact, churn is associated with much higher monthly health care costs and administrative costs.

In January 2024, all states will be required to provide 12 months of continuous Medicaid eligibility for children; however, no comparable requirement exists for adults, so state policymakers will have to proactively adopt that standard.

What states can do



Require continuous Medicaid eligibility for all adults.

Adopt a Medicaid state plan option to provide 12 months of continuous postpartum coverage – a period when many birthing parents experience mental health conditions.


Adopt a simplified, fast process for verifying Medicaid and CHIP eligibility.

Require Medicaid to implement presumptive eligibility, allowing multiple entities to make temporary eligibility determinations.

Extend Medicaid coverage to people in prison or jail

A large share of people in jails and prisons have mental health conditions. Many of these individuals became involved with the legal system because of their illness and, if they received treatment, could avoid future justice system involvement. Federal regulations have historically barred the use of Medicaid funds for most health care services while someone is in custody. But in April 2023, the Centers for Medicare and Medicaid Services (CMS) issued new [guidance](#) on 1115 demonstration opportunities (waivers) that allow Medicaid financing of medical services before people are released from custody. Taking this step improves access to care for inmates, which supports their successful reentry and yields benefits to taxpayers by reducing the high cost of repeated arrests and emergency department visits.

What states can do



- **Apply for a Medicaid 1115 waiver to improve coverage and connections to care for people in jails, prisons, or youth detention facilities.**

- **Suspend coverage for people who are incarcerated instead of terminating it.**

- **Support in-reach programs that facilitate coverage and care prior to release, strengthen discharge planning, and ensure access to post-release mental health services and medications.**

- **Designate jails and prisons as qualified entities for Medicaid presumptive eligibility.**

- **Promote data and information sharing across agencies to streamline enrollment and access to services.**

State policies that work

2 LEVERAGE THE MENTAL HEALTH WORKFORCE

The widespread shortage of behavioral health professionals plays a key role in reducing access to care.

While there is no doubt we need to widen the pipeline of future providers, the following policies offer opportunities to better leverage the existing workforce.

To accomplish this, state policymakers can:


- **Expand the use of telemental health.**
- **Promote the use of peer and behavioral health support specialists.**
- **Adjust state licensure requirements.**
- **Provide competitive reimbursement rates for providers.**

Expand the use of telemental health

Telemental health services, which grew exponentially during the COVID-19 pandemic, account for 1 in 3 outpatient mental health visits. These online services give us a clear path to expanding the capacity of the mental health system by allowing providers to serve more patients in more areas.

Telemental health also helps us bring mental health together with primary care received in doctor's offices, hospitals, clinics, and other settings. In addition to increasing access to care, telemental health meets people where they are, overcoming the limits of geography to allow people of all backgrounds to connect with culturally competent and age-specific providers. Audio-only telemental health is especially helpful for people in rural areas who lack reliable broadband access, as well as people who have difficulty using digital technology. In the wake of the pandemic, state policymakers can and should adopt policies to maintain and expand access to telemental health.

What states can do



Require commercial health insurers and state Medicaid plans to cover telehealth services and reimbursement at the same rate as in-person care.

Specifically include mental health conditions in telehealth coverage and audio-only coverage.

Ensure that telemental health services are offered through platforms accessible to people with disabilities.


Prohibit insurers from requiring prior authorization for telemental health services.

Create flexibility in licensing, credentialing, and malpractice issues to allow greater use of telemental health services.

Adjust state licensure requirements

State licensure and credentialing rules can block qualified professionals from practicing across state lines, reducing the number of providers available in a given state or region. Many states are changing licensing requirements to allow more flexibility for mental health professionals. Several states are also joining interstate licensure compacts such as the [Psychology Interjurisdictional Compact \(PSYPACT\)](#), the [Counseling Compact](#), and the [Social Work Licensure Compact](#). This makes it easier for providers to practice in more than one state and expands the capacity of the whole system.

What states can do


- 
- Join interstate compacts to permit licensed, eligible mental health professionals to practice in member states.
 - Adopt flexible terms or revisions of state licensure and credentialing requirements.
 - Streamline processes and provide resources to ensure timely approval of applications for licensure or credentialing.
 - Provide stipends or other financial supports for meeting licensure and credentialing requirements.

Many states are changing licensing requirements to allow more flexibility for mental health professionals.

Promote the use of peer and behavioral health support specialists

Studies show the value of incorporating trained, licensed peer support specialists and behavioral health support specialists, including community health workers and paraprofessionals, into the mental health workforce. These specialists can expand workforce capacity and fill crucial gaps in care. For example, peer support specialists can help people understand their diagnosis, engage in treatment, and support their recovery. They may also provide additional services, such as assistance with securing benefits, housing, or employment. These non-clinical services help people navigate the health care system, lower emergency department and hospitalization use, and expand the system's capacity to meet individuals' needs.

What states can do



Require state Medicaid plans to cover peer and behavioral health support services, including for youth.

Open pathways for training of peer and behavioral health support specialists.


Encourage the integration of these specialists into health care teams, including crisis response teams.

Peer support specialists can help people understand their diagnosis, engage in treatment, and support their recovery.

Provide competitive reimbursement rates for providers

Policies that support competitive compensation for mental health providers are essential to broadening the mental health workforce. In a [major study](#) of private health plans, analysts found that U.S. psychiatrists were paid an average of 20% less than primary care physicians using the same or equivalent billing codes, despite having more training. Other mental health professionals – especially trained peer support specialists – are often reimbursed at rates that don't reflect the rising need and demand for services. When mental health providers are not paid enough, they may leave insurance networks or even leave their profession, further reducing access to care.

What states can do



- Require reimbursement rates that reflect living wages, payment parity with other medical professions, and market demand.

- Require public posting of Medicaid reimbursement rates.

In a major study of private health plans, analysts found that U.S. psychiatrists were paid an average of 20% less than primary care physicians using the same or equivalent billing codes, despite having more training.

State policies that work

3

PROMOTE PREVENTION AND EARLY INTERVENTION

Studies show the value of both prevention and early intervention in reducing and addressing mental health and substance use issues.

The sooner people find effective care, the sooner they can recover – enabling them to thrive at home, school, work, and in the community. Prevention and early intervention also trim health care costs, which benefits individuals, health care systems, and the economy.

Early intervention depends on easy access to services and supports when signs of a mental health condition first show up.

To support young people and adults in getting treatment early, states can adopt policies that:

- Cover annual mental health screenings and wellness exams.
- Address the impact of social determinants or drivers of health.
- Waive requirements of a formal diagnosis for reimbursement of mental health care.
- Integrate mental health care with primary care.

Cover annual mental health screenings and wellness exams

Research shows that the earlier a person gets effective mental health treatment, the better the outcomes. In contrast, treatment delays lead to worsening mental health conditions that are more complex and harder to treat. Making annual mental health screenings widely available in a wide range of settings can identify risks early and even prevent conditions from developing.

What states can do



Require insurance companies to cover yearly mental wellness exams without cost-sharing.

Offer incentives for wider use of trauma-informed mental health screenings.

Research shows that the earlier a person gets effective mental health treatment, the better the outcomes.

Waive formal diagnosis requirements for mental health care

In many states, providers are not allowed to bill for mental health services unless their young patient has a formal diagnosis. This flawed rule puts the cart before the horse by making families accept a formal diagnosis before gaining access to the care that keeps mental health issues from escalating. Further, formal diagnoses are not always appropriate: for example, a child may experience anxiety or depression in the wake of a death or other traumatic event, yet not develop a lasting mental health condition. States can clear the way for youth to get the care they need by removing the formal diagnosis requirement for billing.

What states can do



Require Medicaid and private insurance coverage of certain youth mental health services without requiring a formal diagnosis.


States can clear the way for youth to get the care they need by removing the formal diagnosis requirement for billing.

Address social determinants or drivers of health

Social determinants or drivers of health ([SDOH](#)) are factors that have a strong influence on individual and family health. They include housing, nutrition, health benefits, social support networks, transportation, education, and employment – all vital in promoting timely access to care and better health outcomes. Waivers based on SDOH and health-related social needs ([HRSN](#)) have been shown to reduce health disparities.

Unhoused people, for example, often struggle to manage mental health issues, partly because it can be so hard to find care and stick with a treatment plan. States are now using [1115 waivers](#) to address health-related social needs such as housing and nutrition services to help high-need populations get care and experience better outcomes.

What states can do



Pursue Medicaid 1115 waivers to address SDOH/HRSN for people with mental health or multiple (co-occurring) conditions.

Waivers based on social determinants or drivers of health and health-related social needs have been shown to reduce health disparities.

Integrate mental health care with primary care

Integrated health care brings primary health and mental health services together in a single setting where people and families can receive coordinated, effective treatment. Studies show that integrated care not only increases access to mental health services, it also improves health outcomes and reduces costs. In addition, integrated care reduces the perception of stigma and helps overcome this barrier to seeking and receiving essential services.

What states can do

- **Provide financial support for health systems to adopt effective models of integrated care.**
- **Allow Medicaid billing for mental and primary care services delivered on the same day.**
- **Require reimbursement for mental health benefits provided through CoCM or PCBH models.**
- **Expand delivery of primary care services in community-based programs such as Certified Community Behavioral Health Clinics.**
- **Review licensing regulations and develop credentialing programs to reduce burdens for peer support specialists, community health providers, and other professionals who are part of integrated care models.**
- **Offer financial incentives for providers who reduce health disparities for people with mental health conditions.**

The Collaborative Care Model (CoCM) and Primary Care Behavioral Health (PCBH) model are proven approaches to providing integrative care.

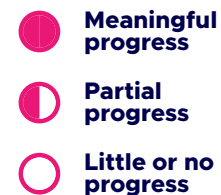
With CoCM, the team is led by a primary care provider and includes a psychiatrist and other mental health care professionals. Care is patient-centered, outcome-driven, and evidence-based.

With PCBH, a mental health professional joins the primary care team to foster a more coordinated approach to all health conditions, from stress to pain management and prevention of future illness. Services are provided to all patients, whether or not they have a prior mental health diagnosis.

State progress: improving access to care

State policymakers across the country have the power to improve access to mental health care.

Inseparable's state snapshots provide an overview of each state's progress in adopting a range of policies in the categories below that make mental health care easier to find, easier to pay for, and more effective for individuals and their families.



1 EXPAND COVERAGE OF CARE	
Policy goal	Scoring
Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment	<ul style="list-style-type: none">● Enacted legislation○ No enacted legislation
Cover out-of-network care at no extra cost if timely in-network care is not available	<ul style="list-style-type: none">● Enacted legislation○ No enacted legislation
Extend Medicaid eligibility to low-income adults	<ul style="list-style-type: none">● Adopted◐ Adopted, but not implemented○ Not adopted
Provide Medicaid coverage to persons prior to release from custody	<ul style="list-style-type: none">● Approved reentry waiver◐ Pending reentry waiver○ No reentry waiver

2 LEVERAGE THE MENTAL HEALTH WORKFORCE

Policy goal	Scoring
Cover telemental health services in commercial insurance and reimburse at in-person rates	<ul style="list-style-type: none"> ● Required coverage at in-person rates ◐ Coverage OR in-person rate requirement ○ No coverage or reimbursement requirement
Join the Psychology Interjurisdictional Compact	<ul style="list-style-type: none"> ● Enacted legislation ◐ Enacted, but not implemented ○ No enacted legislation
Join the Counseling Compact	<ul style="list-style-type: none"> ● Enacted legislation ◐ Enacted, but not implemented ○ No enacted legislation
Join the Social Work Licensure Compact	<ul style="list-style-type: none"> ● Enacted legislation ◐ Enacted, but not implemented ○ No enacted legislation
Cover trained peer support specialists in state Medicaid plan	<ul style="list-style-type: none"> ● Covered in Medicaid plan ◐ Limited coverage in Medicaid plan ○ Not covered in Medicaid plan

3 PROMOTE PREVENTION AND EARLY INTERVENTION

Policy goal	Scoring
Cover annual mental health wellness exams without co-pays	<ul style="list-style-type: none"> ● Enacted legislation ○ No enacted legislation
Adopt state Medicaid waiver to cover social determinants of health	<ul style="list-style-type: none"> ● Approved health-related social needs waiver ◐ Pending or limited approved waiver ○ No health-related social needs waiver
Cover the Collaborative Care Model of integrated mental health and primary care services in commercial insurance plans	<ul style="list-style-type: none"> ● Enacted legislation ○ No enacted legislation
Cover the Collaborative Care Model of integrated mental health and primary care services in the state Medicaid plan	<ul style="list-style-type: none"> ● Enacted legislation ○ No enacted legislation

ALABAMA

867

THOUSAND

people living in
Alabama have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



52.5%
**WITH COMMERCIAL
INSURANCE**



19.2%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



10.0%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 20.7% received specialty care*



WITH MEDICAID

Only 37.3% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
26.3%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

17.5

Suicides per
100,000

16.2

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



ALASKA

138

THOUSAND

people living in
Alaska have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



47.4%
**WITH COMMERCIAL
INSURANCE**



25.7%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



10.8%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 39.6% received specialty care*



WITH MEDICAID

Only 38.3% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
30.8%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

18.3

Suicides per
100,000

26.7

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

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Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 

ARIZONA

1.21

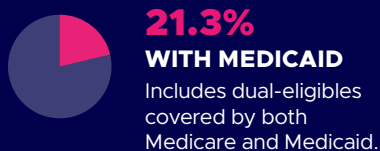
MILLION

people living in
Arizona have a
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Coverage Snapshot

Percentages of the
population with either
commercial insurance,
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Note: Percentages do not equal
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Medicare or military coverage.

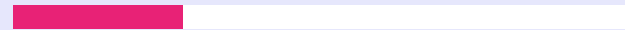


STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 27.5% received specialty care*



WITH MEDICAID

Only 52.7% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
33.3%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

28.0

Suicides per
100,000

18.3

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

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Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 

ARKANSAS

524

THOUSAND

people living in
Arkansas have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



46.6%
**WITH COMMERCIAL
INSURANCE**



27.0%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



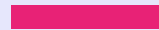
9.2%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

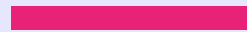
WITH COMMERCIAL INSURANCE

Only 24.9% received specialty care*



WITH MEDICAID

Only 39.4% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
36.5%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

15.2

Suicides per
100,000

18.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☒
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☒
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☒
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☒
 - State Medicaid plan ☐



CALIFORNIA

6.84

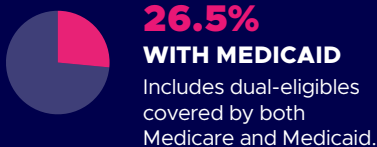
MILLION

people living in
California have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

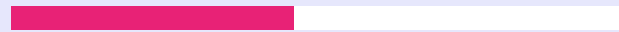
WITH COMMERCIAL INSURANCE

Only 30.0% received specialty care*



WITH MEDICAID

Only 46.0% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
33.7%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

17.3

Suicides per
100,000

10.5

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment



Cover out-of-network care at no extra cost if timely in-network care is not available



Extend Medicaid eligibility to low-income adults



Provide Medicaid coverage to persons prior to release from custody



2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates



Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT)



Counseling Compact



Social Work Licensure Compact



Cover trained peer support specialists in state Medicaid plan



3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays



Adopt state Medicaid waiver to cover social determinants of health



Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans



State Medicaid plan



COLORADO

1.11

MILLION

people living in Colorado have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



58.3%
WITH COMMERCIAL INSURANCE



18.5%
WITH MEDICAID
Includes dual-eligibles covered by both Medicare and Medicaid.



8.0%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 25.4% received specialty care*



WITH MEDICAID

Only 43.9% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 30.2% get follow-up care within 30 days.

Drug overdose deaths per 100,000

20.7

Suicides per 100,000

21.3

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☒
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☒
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☒
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☐

CONNECTICUT

573

THOUSAND

people living in
Connecticut have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



57.4%
**WITH COMMERCIAL
INSURANCE**



22.6%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



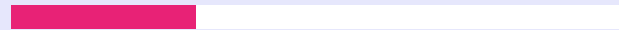
5.1%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 30.0% received specialty care*



WITH MEDICAID

Only 57.9% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
37.4%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

34.2

Suicides per
100,000





10.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



DELAWARE

156

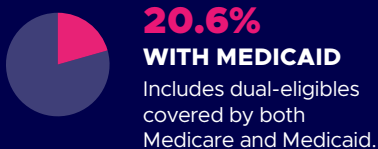
THOUSAND

people living in Delaware have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 40.6% received specialty care*

WITH MEDICAID

Only 47.9% received specialty care*

Among people visiting the ER or hospital for mental health or substance use treatment,

only 34.8% get follow-up care within 30 days.

Drug overdose deaths per 100,000

43.7

Suicides per 100,000

11.6

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☒
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☒
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☐

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☒
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☐



DISTRICT OF COLUMBIA

153

THOUSAND

people living
in D.C. have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



61.8%
**WITH COMMERCIAL
INSURANCE**



24.9%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



3.7%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

Data unavailable
FOR COMMERCIAL INSURANCE

WITH MEDICAID
Only 65.1% received specialty care*

*Data
unavailable*
for % of
people visiting
the ER or
hospital for
mental health
or substance
use treatment
who get follow-
up care within
30 days.

Drug overdose
deaths per
100,000
46.6

Suicides per
100,000
6.2

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☐



FLORIDA

3.61

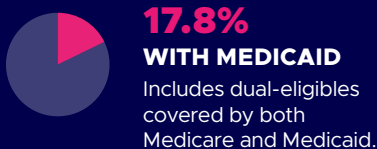
MILLION

people living in
Florida have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

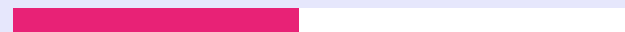
WITH COMMERCIAL INSURANCE

Only 18.2% received specialty care*



WITH MEDICAID

Only 46.5% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
28.0%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

26.7

Suicides per
100,000





14.1

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

GEORGIA

1.87

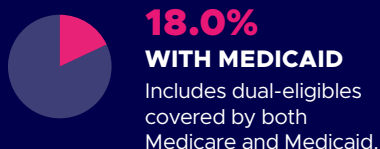
MILLION

people living in
Georgia have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 27.3% received specialty care*

WITH MEDICAID

Only 36.9% received specialty care*

Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
33.2%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

14.8

Suicides per
100,000

14.0

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☒
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☐
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☒
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☒
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☐



HAWAII

227

THOUSAND

people living in
Hawaii have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



55.5%
**WITH COMMERCIAL
INSURANCE**



20.4%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



3.6%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 43.0% received specialty care*



WITH MEDICAID

Only 47.1% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
29.8%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

17.2

Suicides per
100,000





13.5

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



IDAHO

377

THOUSAND

people living
in Idaho have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



54.5%
**WITH COMMERCIAL
INSURANCE**



20.1%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



8.5%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 31.4% received specialty care*



WITH MEDICAID

Only 44.5% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
34.4%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

14.9

Suicides per
100,000

22.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



ILLINOIS

2.09

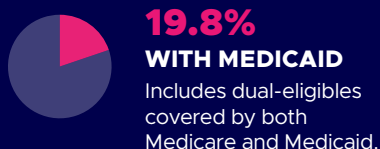
MILLION

people living in Illinois have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

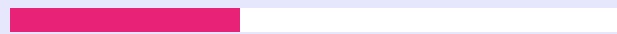
WITH COMMERCIAL INSURANCE

Only 23.4% received specialty care*



WITH MEDICAID

Only 37.4% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 30.7% get follow-up care within 30 days.

Drug overdose deaths per 100,000

23.8

Suicides per 100,000

10.9

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 

INDIANA

1.21

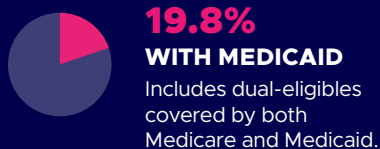
MILLION

people living in Indiana have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 26.2% received specialty care*

WITH MEDICAID

Only 57.8% received specialty care*

Among people visiting the ER or hospital for mental health or substance use treatment,

only 38.2% get follow-up care within 30 days.

Drug overdose deaths per 100,000

28.0

Suicides per 100,000

15.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



IOWA

612

THOUSAND

people living in Iowa
have a diagnosed
mental health
condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



58.6%
**WITH COMMERCIAL
INSURANCE**



20.0%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



4.9%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 36.4% received specialty care*



WITH MEDICAID

Only 49.2% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
37.0%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

11.3

Suicides per
100,000

16.0

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



KANSAS

502

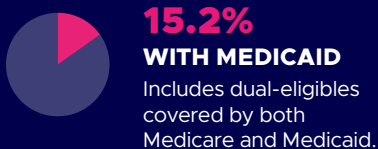
THOUSAND

people living in
Kansas have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

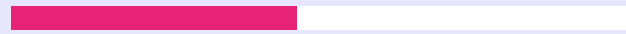
WITH COMMERCIAL INSURANCE

Only 27.2% received specialty care*



WITH MEDICAID

Only 46.5% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
36.6%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

14.2

Suicides per
100,000





18.6

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

KENTUCKY

788

THOUSAND

people living in
Kentucky have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



48.9%
**WITH COMMERCIAL
INSURANCE**



28.9%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



5.6%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 21.2% received specialty care*



WITH MEDICAID

Only 47.5% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
31.0%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

35.6

Suicides per
100,000





17.1

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

LOUISIANA

812

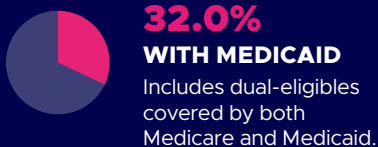
THOUSAND

people living in Louisiana have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.

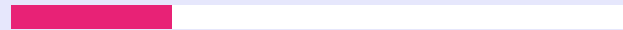


STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

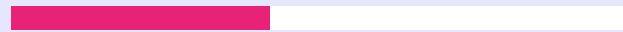
WITH COMMERCIAL INSURANCE

Only 26.1% received specialty care*



WITH MEDICAID

Only 42.0% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 31.6% get follow-up care within 30 days.

Drug overdose deaths per 100,000

30.8

Suicides per 100,000





14.6

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

MAINE

258

THOUSAND

people living
in Maine have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



55.3%
**WITH COMMERCIAL
INSURANCE**



19.5%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



5.4%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 22.6% received specialty care*



WITH MEDICAID

Only 48.9% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
44.2%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

30.1

Suicides per
100,000





17.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



MARYLAND

1.08

MILLION

people living in Maryland have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



58.6%
WITH COMMERCIAL INSURANCE



20.3%
WITH MEDICAID
Includes dual-eligibles covered by both Medicare and Medicaid.



6.1%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 34.0% received specialty care*



WITH MEDICAID

Only 48.5% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 39.2% get follow-up care within 30 days.

Drug overdose deaths per 100,000

41.1

Suicides per 100,000





9.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



MASSACHUSETTS

1.26

MILLION

people living in
Massachusetts have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



60.6%
**WITH COMMERCIAL
INSURANCE**



23.2%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



2.5%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 41.2% received specialty care*



WITH MEDICAID

Only 55.1% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
48.6%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

32.6

Suicides per
100,000





9.0

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



MICHIGAN

1.69

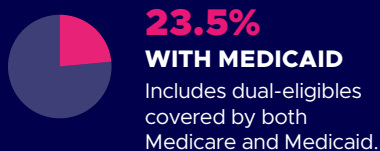
MILLION

people living in Michigan have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 29.7% received specialty care*

WITH MEDICAID

Only 51.6% received specialty care*

Among people visiting the ER or hospital for mental health or substance use treatment,

only 35.1% get follow-up care within 30 days.

Drug overdose deaths per 100,000

25.8

Suicides per 100,000

14.1

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☒



MINNESOTA

1.08

MILLION

people living in
Minnesota have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



61.3%
**WITH COMMERCIAL
INSURANCE**



18.5%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



4.3%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 36.1% received specialty care*

WITH MEDICAID

Only 55.5% received specialty care*

Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
41.4%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

14.7

Suicides per
100,000

13.5

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☒
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☒
 - State Medicaid plan ☐

MISSISSIPPI

482

THOUSAND

people living in
Mississippi have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



47.6%
**WITH COMMERCIAL
INSURANCE**



24.0%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



11.9%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 18.5% received specialty care*



WITH MEDICAID

Only 42.7% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
22.7%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

14.4

Suicides per
100,000





13.9

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

MISSOURI

1.14

MILLION

people living in
Missouri have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



58.3%
**WITH COMMERCIAL
INSURANCE**



14.7%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



9.3%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 23.2% received specialty care*



WITH MEDICAID

Only 44.7% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
31.4%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

27.5

Suicides per
100,000

18.6

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☒
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☒
 - Social Work Licensure Compact ☒
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☐

MONTANA

299

THOUSAND

people living in Montana have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



52.1%
WITH COMMERCIAL INSURANCE



19.8%
WITH MEDICAID
Includes dual-eligibles covered by both Medicare and Medicaid.



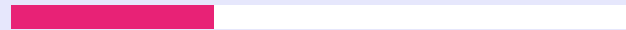
8.0%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 32.9% received specialty care*



WITH MEDICAID

Only 53.8% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 32.3% get follow-up care within 30 days.

Drug overdose deaths per 100,000



13.4

Suicides per 100,000





26.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress


1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

NEBRASKA

349

THOUSAND

people living in
Nebraska have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



62.0%
**WITH COMMERCIAL
INSURANCE**



14.9%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



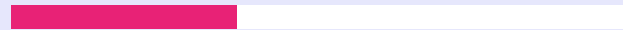
7.0%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 36.7% received specialty care*



WITH MEDICAID

Only 60.0% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
40.6%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

8.8

Suicides per
100,000

14.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 

NEVADA

613

THOUSAND

people living in Nevada have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



52.3%
WITH COMMERCIAL INSURANCE



20.8%
WITH MEDICAID
Includes dual-eligibles covered by both Medicare and Medicaid.



11.4%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 26.0% received specialty care*



WITH MEDICAID

Only 42.3% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 25.9% get follow-up care within 30 days.

Drug overdose deaths per 100,000

23.4

Suicides per 100,000

20.0

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

Meaningful progress

Partial progress

Little or no progress

1

Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment

Cover out-of-network care at no extra cost if timely in-network care is not available

Extend Medicaid eligibility to low-income adults

Provide Medicaid coverage to persons prior to release from custody

2

Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT)

Counseling Compact

Social Work Licensure Compact

Cover trained peer support specialists in state Medicaid plan

3

Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays

Adopt state Medicaid waiver to cover social determinants of health

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans

State Medicaid plan



NEW HAMPSHIRE

246

THOUSAND

people living in
New Hampshire have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



62.7%
**WITH COMMERCIAL
INSURANCE**



13.5%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



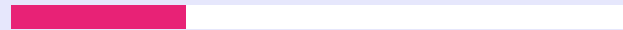
5.0%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

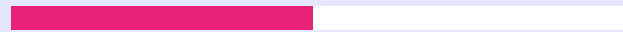
WITH COMMERCIAL INSURANCE

Only 28.3% received specialty care*



WITH MEDICAID

Only 49.0% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
42.2%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000



30.7

Suicides per
100,000





17.9

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress


1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



NEW JERSEY

1.36

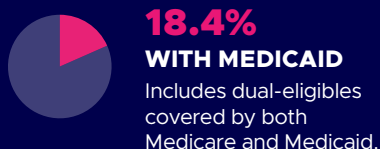
MILLION

people living in
New Jersey have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 28.9% received specialty care*

WITH MEDICAID

Only 45.9% received specialty care*

Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
37.3%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

32.0

Suicides per
100,000

7.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) [Inseparable.us/accessacrossamerica](https://www.inseparable.us/accessacrossamerica) (all other data).

Meaningful progress

Partial progress

Little or no progress

1

Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment

Cover out-of-network care at no extra cost if timely in-network care is not available

Extend Medicaid eligibility to low-income adults

Provide Medicaid coverage to persons prior to release from custody

2

Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT)

Counseling Compact

Social Work Licensure Compact

Cover trained peer support specialists in state Medicaid plan

3

Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays

Adopt state Medicaid waiver to cover social determinants of health

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans

State Medicaid plan

NEW MEXICO

393

THOUSAND

people living in
New Mexico have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



38.4%
**WITH COMMERCIAL
INSURANCE**



34.4%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



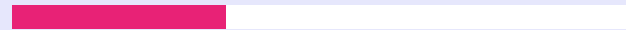
10%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 34.8% received specialty care*



WITH MEDICAID

Only 50.4% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
30.3%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

30.5

Suicides per
100,000

23.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 

NEW YORK

3.12

MILLION

people living in
New York have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



53.5%
**WITH COMMERCIAL
INSURANCE**



27.6%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



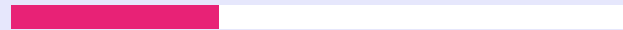
5.2%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

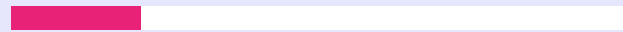
WITH COMMERCIAL INSURANCE

Only 33.7% received specialty care*



WITH MEDICAID

Only 21.0% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
23.8%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

21.0

Suicides per
100,000

8.2

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) [Inseparable.us/accessacrossamerica](https://www.inseparable.us/accessacrossamerica) (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



NORTH CAROLINA

1.81

MILLION

people living in
North Carolina have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



52.9%
**WITH COMMERCIAL
INSURANCE**



18.8%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



10.4%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 26.2% received specialty care*



WITH MEDICAID

Only 35.3% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
28.5%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

24.4

Suicides per
100,000





13.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

STATE PROGRESS: Improving Access to Care

NORTH DAKOTA

148

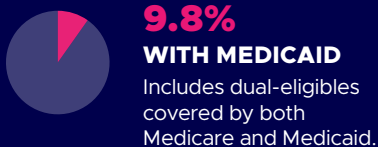
THOUSAND

people living in
North Dakota have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

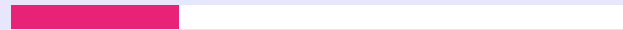
Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

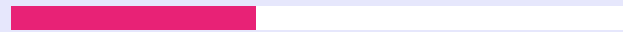
WITH COMMERCIAL INSURANCE

Only 27.3% received specialty care*



WITH MEDICAID

Only 39.7% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
33.5%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

11.6

Suicides per
100,000





19

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



OHIO

2.19

MILLION

people living
in Ohio have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



55.1%
WITH COMMERCIAL
INSURANCE



21.6%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



6.5%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 31.3% received specialty care*



WITH MEDICAID

Only 51.2% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
35.9%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

38.3

Suicides per
100,000

14.6

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



OKLAHOMA

824

THOUSAND

people living in
Oklahoma have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



48.4%
**WITH COMMERCIAL
INSURANCE**



20.1%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



13.8%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 25.0% received specialty care*



WITH MEDICAID

Only 45.9% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
29.8%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

17.9

Suicides per
100,000

20.5

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



OREGON

915

THOUSAND

people living in Oregon have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



52.8%
WITH COMMERCIAL INSURANCE



23.8%
WITH MEDICAID
Includes dual-eligibles covered by both Medicare and Medicaid.



6.1%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 39.8% received specialty care*



WITH MEDICAID

Only 50.2% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 33.8% get follow-up care within 30 days.

Drug overdose deaths per 100,000

15.5

Suicides per 100,000

18.9

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment



Cover out-of-network care at no extra cost if timely in-network care is not available



Extend Medicaid eligibility to low-income adults



Provide Medicaid coverage to persons prior to release from custody



2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates



Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT)



Counseling Compact



Social Work Licensure Compact



Cover trained peer support specialists in state Medicaid plan



3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays



Adopt state Medicaid waiver to cover social determinants of health



Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans



State Medicaid plan





PENNSYLVANIA

2.24

MILLION

people living in
Pennsylvania have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



56.9%
**WITH COMMERCIAL
INSURANCE**



20.8%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



5.4%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

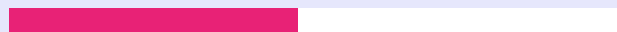
WITH COMMERCIAL INSURANCE

Only 33.6% received specialty care*



WITH MEDICAID

Only 46.9% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
36.3%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

36.4

Suicides per
100,000

14.2

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☒



RHODE ISLAND

226

THOUSAND

people living in
Rhode Island have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



56.2%
**WITH COMMERCIAL
INSURANCE**



23.9%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



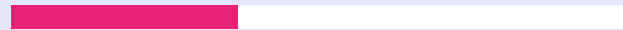
4.3%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 36.8% received specialty care*



WITH MEDICAID

Only 58.2% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
46.5%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

32.2

Suicides per
100,000

10.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

Meaningful progress

Partial progress

Little or no progress

1

Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment

Cover out-of-network care at no extra cost if timely in-network care is not available

Extend Medicaid eligibility to low-income adults

Provide Medicaid coverage to persons prior to release from custody

2

Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT)

Counseling Compact

Social Work Licensure Compact

Cover trained peer support specialists in state Medicaid plan

3

Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays

Adopt state Medicaid waiver to cover social determinants of health

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans

State Medicaid plan



SOUTH CAROLINA

892

THOUSAND

people living in
South Carolina have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



50.7%
**WITH COMMERCIAL
INSURANCE**



20.1%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



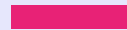
10.0%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 19.6% received specialty care*



WITH MEDICAID

Only 34.6% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
24.8%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

25.8

Suicides per
100,000

16.0

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☐
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☐

SOUTH DAKOTA

154

THOUSAND

people living in
South Dakota have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



58.6%
**WITH COMMERCIAL
INSURANCE**



13.8%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



9.4%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 33.0% received specialty care*



WITH MEDICAID

Only 48.5% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
31.6%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

8.5

Suicides per
100,000

20.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☒
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☐
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☐

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☐

TENNESSEE

1.32

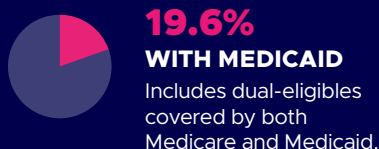
MILLION

people living in
Tennessee have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 16.2% received specialty care*



WITH MEDICAID

Only 41.4% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
28.9%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

33.9

Suicides per
100,000

16.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☐
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☒
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☒
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☒



TEXAS

4.69

MILLION

people living
in Texas have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



52.2%
**WITH COMMERCIAL
INSURANCE**



16.9%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



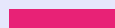
18.0%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 17.7% received specialty care*



WITH MEDICAID

Only 37.1% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
24.7%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

11.8

Suicides per
100,000

13.3

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☐
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☒

UTAH

601

THOUSAND

people living
in Utah have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



68.4%
**WITH COMMERCIAL
INSURANCE**



11.0%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



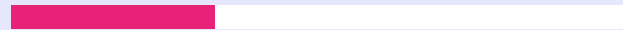
9.1%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

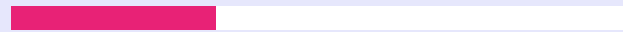
WITH COMMERCIAL INSURANCE

Only 33.1% received specialty care*



WITH MEDICAID

Only 33.2% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
38.4%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

18.9

Suicides per
100,000





21.7

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



VERMONT

132

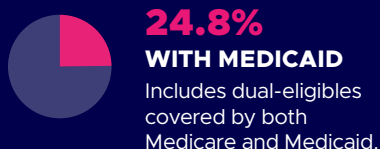
THOUSAND

people living in Vermont have a diagnosed mental health condition

Coverage Snapshot

Percentages of the population with either commercial insurance, Medicaid, or no insurance.

Note: Percentages do not equal 100% as some people have Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health coverage, **people with mental health diagnoses are being under treated.**

WITH COMMERCIAL INSURANCE

Only 24.8% received specialty care*



WITH MEDICAID

Only 50.6% received specialty care*



Among people visiting the ER or hospital for mental health or substance use treatment,

only 30.5% get follow-up care within 30 days.

Drug overdose deaths per 100,000

25.4

Suicides per 100,000

17.7

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

 Meaningful progress

 Partial progress

 Little or no progress

1 Expand coverage of care

Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 

Cover out-of-network care at no extra cost if timely in-network care is not available 

Extend Medicaid eligibility to low-income adults 

Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

Cover telemental health services in commercial insurance and reimburse at in-person rates 

Join interstate licensure compacts, such as:

Psychology Interjurisdictional Compact (PSYPACT) 

Counseling Compact 

Social Work Licensure Compact 

Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

Cover annual mental health wellness exams without co-pays 

Adopt state Medicaid waiver to cover social determinants of health 

Cover the Collaborative Care Model of integrated mental health and primary care services in:

Commercial insurance plans 

State Medicaid plan 



VIRGINIA

1.46

MILLION

people living in
Virginia have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



58.7%
**WITH COMMERCIAL
INSURANCE**



15.5%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



6.8%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 28.7% received specialty care*



WITH MEDICAID

Only 48.8% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
31.2%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

20.4

Suicides per
100,000





13.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



WASHINGTON

1.60

MILLION

people living in
Washington have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



56.8%
**WITH COMMERCIAL
INSURANCE**



21.0%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



6.5%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 40.2% received specialty care*



WITH MEDICAID

Only 51.1% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
32.5%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

18.2

Suicides per
100,000





15.7

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 



WEST VIRGINIA

335

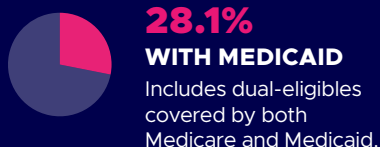
THOUSAND

people living in
West Virginia have
a diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 22.9% received specialty care*



WITH MEDICAID

Only 40.8% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
30.1%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

56.8

Suicides per
100,000





19.9

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

-  Meaningful progress
-  Partial progress
-  Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment 
- Cover out-of-network care at no extra cost if timely in-network care is not available 
- Extend Medicaid eligibility to low-income adults 
- Provide Medicaid coverage to persons prior to release from custody 

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates 
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) 
 - Counseling Compact 
 - Social Work Licensure Compact 
- Cover trained peer support specialists in state Medicaid plan 

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays 
- Adopt state Medicaid waiver to cover social determinants of health 
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans 
 - State Medicaid plan 

WISCONSIN

1.08

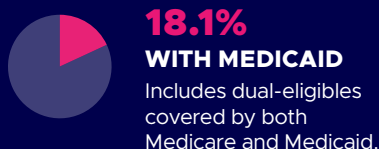
MILLION

people living in
Wisconsin have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

WITH COMMERCIAL INSURANCE

Only 36.9% received specialty care*



WITH MEDICAID

Only 47.0% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
36.3%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

21.8

Suicides per
100,000

14.7

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☐
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☐
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☐
 - State Medicaid plan ☒

STATE PROGRESS: Improving Access to Care

WYOMING

113

THOUSAND

people living in
Wyoming have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



58.0%
**WITH COMMERCIAL
INSURANCE**



11.5%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.

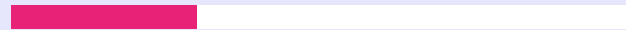


11.5%
ARE UNINSURED

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

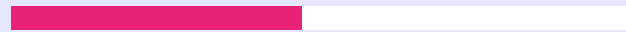
WITH COMMERCIAL INSURANCE

Only 30.2% received specialty care*



WITH MEDICAID

Only 47.2% received specialty care*



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
35.9%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

14.0

Suicides per
100,000

27.4

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) inseparable.us/accessacrossamerica (all other data).

- ☒ Meaningful progress
- ☐ Partial progress
- ☐ Little or no progress

1 Expand coverage of care

- Require plans to use transparent, nonprofit clinical guidelines and cover all medically necessary treatment ☐
- Cover out-of-network care at no extra cost if timely in-network care is not available ☐
- Extend Medicaid eligibility to low-income adults ☐
- Provide Medicaid coverage to persons prior to release from custody ☐

2 Leverage the mental health workforce

- Cover telemental health services in commercial insurance and reimburse at in-person rates ☐
- Join interstate licensure compacts, such as:
 - Psychology Interjurisdictional Compact (PSYPACT) ☒
 - Counseling Compact ☒
 - Social Work Licensure Compact ☐
- Cover trained peer support specialists in state Medicaid plan ☒

3 Promote prevention and early intervention

- Cover annual mental health wellness exams without co-pays ☐
- Adopt state Medicaid waiver to cover social determinants of health ☐
- Cover the Collaborative Care Model of integrated mental health and primary care services in:
 - Commercial insurance plans ☒
 - State Medicaid plan ☐



NATIONWIDE

57.8

MILLION

people living in
the U.S. have a
diagnosed mental
health condition

Coverage Snapshot

Percentages of the
population with either
commercial insurance,
Medicaid, or no insurance.

Note: Percentages do not equal
100% as some people have
Medicare or military coverage.



54.6%
**WITH COMMERCIAL
INSURANCE**



21.1%
WITH MEDICAID
Includes dual-eligibles
covered by both
Medicare and Medicaid.



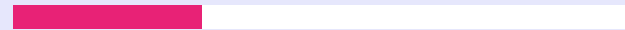
8.6%
ARE UNINSURED

STATE PROGRESS: Improving Access to Care

Regardless of type of health
coverage, **people with mental
health diagnoses are being
under treated.**

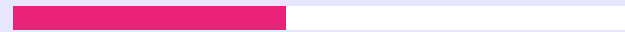
WITH COMMERCIAL INSURANCE

Only 30.7% received specialty care



WITH MEDICAID

Only 44.3% received specialty care



Among people
visiting the ER
or hospital for
mental health or
substance use
treatment,

**only
33.8%**
get follow-up
care within
30 days.

Drug overdose
deaths per
100,000

23.3

Suicides per
100,000

13.8

* Specialty care is defined as care from a behavioral health specialist in an inpatient, outpatient, or professional setting.

Sources: SAMHSA, [2021 National Survey on Drug Use and Health: Model-Based Estimated Totals](#) (prevalence of mental health conditions) and Milliman, "Access Across America" (2023) [Inseparable.us/accessacrossamerica](https://www.inseparable.us/accessacrossamerica) (all other data).