



**MURIEL BOWSER**  
**MAYOR**

May 28, 2026

The Honorable Phil Mendelson  
Chairman, Council of the District of Columbia  
John  
A. Wilson Building  
1350 Pennsylvania Avenue, NW, Suite 504  
Washington, DC 20004

Dear Chairman Mendelson:

Pursuant to section 3 of the Behavioral Health Parity Act of 2018, effective March 13, 2019 (D.C. Law 22-242; D.C. Official Code § 31-3175.02) ("BHPA"), I am pleased to transmit to the Council of the District of Columbia the "2025 Behavioral Health Parity Report".

The BHPA requires health insurers offering health benefits plans in the District of Columbia to comply with the requirements of the Mental Health Parity and Addiction Equity Act of 2008 ("MHPAEA"). The Department of Insurance, Securities and Banking ("DISB" or "the Department") is required, pursuant to D.C. Official Code § 31-3175.03(b), to submit an annual report to the DC Council setting forth the methodologies used by the Department to verify compliance with the requirements of the BHPA; a description of the market conduct examinations related to the BHPA conducted by the Department during the prior year; a description of any educational or corrective actions the Department took to ensure health insurer compliance with the requirements of the BHPA; and a description of the Department's efforts to educate the public regarding mental health conditions and substance use disorder protections under the BHPA and MHPAEA.

If you have any questions regarding the report, please contact Commissioner Woods by email at [karima.woods@dc.gov](mailto:karima.woods@dc.gov) or by phone at (202) 727-8000.

Sincerely,

A handwritten signature in black ink that reads "Muriel Bowser".

Muriel Bowser  
Mayor

Enclosure

Department of Insurance, Securities and Banking  
Behavioral Health Parity Act of 2018  
Fiscal Year 2025 Compliance Report

## **Introduction**

Section 3 of the Behavioral Health Parity Act of 2018, effective March 13, 2019 (D.C. Law 22-242; D.C. Official Code § 31–3175.02) (“BHPA”) requires health insurers offering health benefits plans in the District of Columbia to comply with the requirements of the Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”). The Department of Insurance, Securities, and Banking (“DISB” or “the Department”) is required, pursuant to D.C. Official Code § 31–3175.03(b), to submit a report to the DC Council by October 1 of each year setting forth the following:

- The methodologies used by the Department to verify compliance with the requirements of the BHPA;
- A description of the market conduct examinations related to the BHPA conducted by the Department during the prior year;
- A description of any educational or corrective actions the Department took to ensure health insurer compliance with the requirements of the BHPA; and
- A description of the Department's efforts to educate the public regarding mental health conditions and substance use disorder protections under the BHPA and MHPAEA.

Thus, this report is being submitted to the Council in accordance with D.C. Official Code § 31- 3175.03(b) to inform the Council and the public of the steps DISB has taken to comply with the BHPA during Fiscal Year 2025.

## **Department Methodology for Compliance Verification**

### *Reporting and Tool Mechanisms*

During Fiscal Year 2025, the Department distributed reporting templates to 11 insurance companies to complete and submit annually to provide uniform qualitative and quantitative data from both public and commercial insurance carriers subject to the reporting requirements of the BHPA. The Department created two reporting templates that allow DISB to solicit data and verify adherence to section 4 of the BHPA which outlines reporting requirements for insurers: (a) the Behavioral Health Compliance Report, which collects qualitative information; and (b) the Behavioral Health Parity Compliance Template, which collects quantitative data on prior authorizations and denial of claims for both medical/surgical benefits (“med/surg”) and mental health/substance abuse disorder (“MH/SUD”).

### *Behavioral Health Compliance Report*

The Behavioral Health Compliance Report is an open response form that asks insurers to describe the processes they have put in place for determining medical necessity and non-quantitative treatment limitations, the reasons for denying claims, and medication-assisted treatment attestations for Medicaid products.

### *Behavioral Health Parity Compliance Template*

The Behavioral Health Parity Compliance Template, formatted similarly to the National Association of Insurance Commissioners’ Market Conduct Annual Statement (“MCAS”), allows the Department to collect quantitative prior authorization and denial of claims data for both med/surg and MH/SUD services at the product level. The tool also internally flags potential parity issues between the two service categories. For example, if in-patient MH/SUD services are denied at a higher rate than in-patient med/surg services, then the tool will indicate this

disparity. This allows the Department to act quickly and follow up with issuers regarding flagged parity violations.

### *Behavioral Health Parity Issues Overview*

The Department received all parity report submissions from the 11 insurance companies operating in the District and are required to self-report to DISB in FY 2025 (as of October 1, 2024), and did not identify any parity issues or concerns.

### **Market Conduct Examinations**

In 2021, DISB joined a multi-state examination of a large health insurance provider to review its compliance with MHPAEA and the BHPA. As a lead jurisdiction, DISB helped gather data on non-quantitative treatment limitations (NQTL) placed on mental health and substance abuse disorder treatment from January 1, 2020, to August 31, 2021. This examination is ongoing and requires the insurer to produce extensive documentation related to prior authorizations in and out of network, concurrent review in and out of network, facility in-network, reimbursement, professional in-network reimbursement, fraud, waste and abuse, and drug testing reimbursement. DISB, other lead jurisdictions, and outside consultants completed a detailed regulatory review. Subsequently, the lead jurisdictions provided comprehensive guidance to the insurer on multiple occasions to expedite continued production of required data. The written report, which has not been finalized, will serve as a baseline example of a sufficient NQTL comparative analysis. The next step of the exam will be to determine the composition and sample size of additional NQTL material from other jurisdictions and insurer plans.

### **Efforts to Ensure Health Insurer Compliance**

The Department administers the consumer complaint process to help protect consumers from illegal and/or unauthorized insurance practices. The Department reviews each complaint and investigates issues to determine whether insurance companies and producers are operating in accordance with the District's insurance laws and regulations, and provisions of the insurance policies that are issued. When DISB finds a violation of law and/or policy, the Department requires that companies take corrective action.

In Fiscal Year 2025, the Department received four consumer complaints related to mental health coverage. One complaint was submitted by a consumer who received treatment out-of-network and submitted a claim for reimbursement. The insurer's reimbursement was less than fifty percent of the provider's charged rate. The consumer requested a copy of the comparative analysis of the plan's method to determine this lower-than-expected amount. The Department sent an inquiry to the insurer asking for a narrative explanation and the insurer initially responded that the member had not exhausted the internal appeals process and subsequently requested extensions to review the matter in more detail. After two extensions, the insurer provided a copy of the contract and an explanation of payment calculations for out-of-network claims. They also provided the insured with a copy of the comparative analysis. Ultimately, the Department confirmed that there had not been a violation of insurance regulations.

The Department received a second consumer complaint related to claim denial for out-of-network treatment. The Department sent an inquiry to the insurer asking for a narrative explanation and supporting documentation. The Department learned that the basis for the denial was that the insured did not provide necessary details to process the claim fully. The contract allowed the consumer 12 months to dispute the denial and provide additional information for the claim. The consumer did not provide that information on time and the claim remained denied. Upon review, the District determined that the insurer had operated in accordance with the terms of their contractual agreement with the insured and no corrective action was required.

The Department determined that two additional complaints that it received were out of DISB's jurisdiction based on the relevant insurance plan type.

The Department continues to monitor complaints and other data to identify possible trends, emerging risks, and recent developments related to mental health parity.

### **Education and Outreach**

In Fiscal Year 2025, the Department continued its commitment to raising awareness of mental health parity laws and improving access to behavioral health services for District residents. In collaboration with the Department of Behavioral Health ("DBH") and other community organizations, the Department hosted multiple forums to educate the public on their rights under the MHPAEA and to connect them with local mental health resources.

On March 12, 2025, the Department presented at a town hall at Hayes Senior Wellness Center, co-hosted with DBH. This event focused on promoting awareness of mental health parity protections and behavioral health resources available, attracting approximately 46 attendees from the local community.

On March 14, 2025, the Department held a "Know Your Rights: Mental Health Parity" segment during the United Planning Organization's Foster Grandparents Program's monthly meeting at Matthews Memorial Baptist Church. With an audience of approximately 59 residents, the session provided critical information about MHPAEA and how individuals can report non-compliance related to mental health coverage.

On May 2, 2025, the Department again partnered with DBH to deliver a Mental Health Parity presentation at the Congress Heights Wellness Center. Attended by around 20 participants, the forum reinforced the importance of interagency collaboration and equipped attendees with information to help navigate and access behavioral health services in the District.

In addition to public-facing events, the Department also took steps to inform its own employees. On May 20, 2025, DISB conducted an internal presentation during its all-staff meeting, providing employees with information regarding mental health parity laws and the resources available to support their mental well-being.

On June 18, 2025, the Department hosted its last event at The Residences at Thomas Circle in partnership with DBH. This smaller, community-based event engaged approximately 10 residents in a more personalized setting, fostering in-depth discussions around mental health rights and local support systems.

In addition to the outreach forums, the Department also provides online resources related to Mental Health Parity on [DISB's website](#). Constituents can download a fact sheet with examples of licensed professionals who offer covered MH/SUD services as well as illustrations of possible violations of parity. For additional details and fact patterns related to mental health parity, an FAQ published by the Department of Labor is available in PDF form on the website. Lastly, residents can download a mental health disclosure template that allows them to request information on the treatment limitations of their health plan, as well as a printable fact sheet.

In Fiscal Year 2026, DISB will continue to work with the regulated community to facilitate compliance with our parity law and intervene if necessary on behalf of District residents and health plan participants to reduce any barriers to and health disparities in accessing treatment.