

Three Things to Know About How Insurers and PBMs Impose Barriers to Care for Mental Health Patients

The United States is facing a growing mental health crisis, yet insured Americans managing a mental health condition disproportionately face hurdles accessing care, according to recent data from the [Patient Experience Survey](#).

Here are three things to know:

1. Even with insurance, Americans managing a mental health condition struggle with affording their health care costs, more so than insured Americans overall.

- 32% of insured Americans managing a mental health condition say their out-of-pocket costs are more than they could afford if they had a major medical event or were diagnosed with a chronic illness today, compared to only 19% of insured Americans overall.
- 62% of insured Americans managing a mental health condition are concerned about their ability to afford their out-of-pocket health care costs (deductibles, coinsurance, etc.), compared to 57% of insured Americans overall.

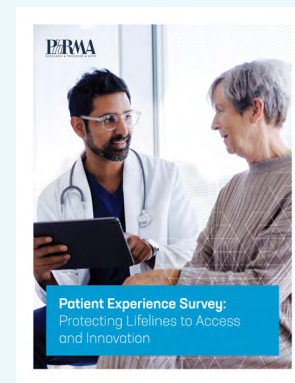
2. Insured Americans managing a mental health condition disproportionately face insurer- and PBM-imposed barriers to care.

- 71% of insured Americans managing a mental health condition are concerned their insurer would not cover the medicine their doctor believed to be the most effective, compared to 55% of insured Americans overall.
- 59% of insured Americans managing a mental health condition and taking prescription medicines say they face an insurance barrier to access, compared to 38% of insured Americans overall.
 - Looking at specific practices, 42% report being subject to prior authorization in the past year, compared to 22% of insured Americans overall.
 - And 36% report facing formulary exclusion, compared to 20% of insured Americans overall.

3. Americans managing a mental health condition support policy reforms that lower their out-of-pocket costs and increase predictability and transparency.

- 91% of insured Americans managing a mental health condition support ensuring more predictability in health care so that people know how much they will pay for things like prescription drugs every month.
- 87% of insured Americans managing a mental health condition agree Congress should rein in tactics by insurers and PBMs that drive up health care costs and make it harder for people to get the medicines they need.

Patients desperately need and deserve access to new, innovative therapies to address the growing burden of mental illness. As policymakers evaluate possible reforms to the U.S. health care system, leaders should consider the access and affordability challenges Americans managing mental health conditions face when navigating their coverage.



Read the full Patient Experience Survey report [here](#) and learn more about patient-centered solutions at PhRMA.org/Middlemen.

PhRMA's Patient Experience Survey is a research initiative to explore the challenges Americans face as they navigate the health care system. The poll was conducted among 5,152 American adults (age 18 or older), including 4,823 with insurance and 298 managing a mental health condition, from April 4 - 17, 2023, using Ipsos' probability-based KnowledgePanel®, and it is representative of the American adult population. The margin of sampling error is plus or minus 1.5 percentage points at the 95% confidence level, for results based on the entire sample of adults.