

Mental Health Parity and Medical Readiness: Policy Implementation Effects in the Military Health System

Beth Hawks^{1,2}, Daniel Gedeon^{2,3}, Jangho Yoon²

¹ Department of Health Administration and Policy, College of Public Health, George Mason University, Fairfax, VA ² Department of Preventive Medicine and Biostatistics, Uniformed Services University of the Health Sciences, Bethesda, MD ³ Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

SUMMARY

The Gap: Federal parity mandates equal mental health coverage, yet its impact on military readiness is unclear.

The Study: We evaluated 2014–2019 Military Health System data using an interrupted time-series model.

The Finding: Parity significantly reduced general medical LIMDU (especially for Junior Enlisted), with minimal impact on behavioral health LIMDU.

METHODS

Data: Military Health System Data Repository (MDR) panel data set for years 2014–2019 and create a person-quarter panel (n=28,065,819 person-quarters; covering 2,333,234 ADSMs).

Comparison: pre- (Q1 2014 – Q4 2016), transition (Q1 2017–Q4 2017), and post- (Q1 2018 – Q4 2019) policy time periods.

Outcomes: LIMDU, categorized into general, mental health, and substance use.

Model: A quasi-experimental interrupted time-series model to measure changes in the percentage of ADSM (by rank: Junior and Senior Officer and Enlisted) on LIMDU post-policy.

RESULTS

Pre-Parity: General LIMDU is majority Junior Enlisted. More Junior Enlisted are on LIMDU for substance abuse and mental health than the three other rank categories.

Post-Parity: A -0.26% decrease in Junior Enlisted general LIMDU post-parity ($p < 0.001$), and a -0.15 percentage point decrease for Senior Enlisted during the 2017 transition period ($p < 0.001$).

Mental Health: Mental Health LIMDU in Senior Enlisted decreases by -0.03 ($p < 0.001$) during the transition period and by -0.02 ($p < 0.001$) post-parity policy but increases by 0.04 ($p < 0.001$) percentage points in the post-policy period for Junior Enlisted.

INTRODUCTION

Behavioral health parity mandates equal coverage for mental and physical health to support workforce productivity. In the U.S. military, this mission-critical readiness and non-deployable status is tracked through limited duty (LIMDU) metrics.

The Real World Burden

Unadjusted Observed Quarterly Prevalence and Era-Specific Linear Trends

Figure 1. Unadjusted Trends: Any Limited Duty

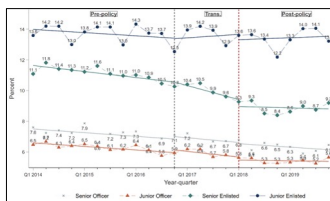


Figure 2. Unadjusted Trends: Mental Health Limited Duty

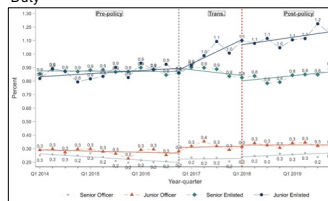
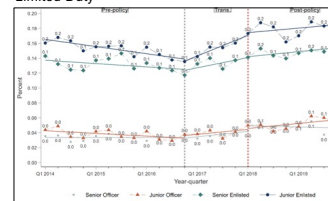


Figure 3. Unadjusted Trends: Substance Abuse Limited Duty



The Statistical Impact

Post-implementation X Time trend: How much the baseline trajectory increased or decreased after the implementation

Figure 4. Change in Long-Term Trend: Any Limited Duty

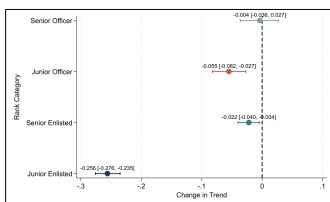


Figure 5. Change in Long-Term Trend: Mental Health Abuse Limited Duty

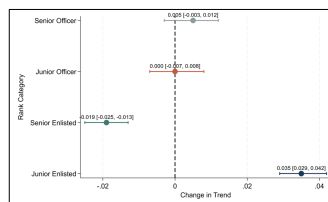
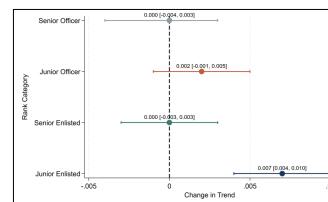


Figure 6. Change in Long-Term Trend: Substance Abuse Limited Duty



PURPOSE

To examine the effect of TRICARE's parity policy on LIMDU status among ADSM.

CONCLUSIONS

The parity policy decreased overall LIMDU most significantly for Junior Enlisted but, interestingly, had limited impact on mental health and substance abuse LIMDU in the post-policy years, as measured through the end of 2019.

The disproportionate impact of LIMDU on Junior Enlisted can inform targeted future policy interventions.

Disclaimers: The opinions and assertions expressed herein are those of the author(s) and do not reflect the official policy or position of the Uniformed Services University or the Department of War. The contents of this publication are the sole responsibility of the author(s) and do not necessarily reflect the views, opinions or policies of The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. Mention of trade names, commercial products, or organizations does not imply endorsement by the U.S. Government. The authors declare no conflicts of interest. This study was supported by the Defense Health Agency Military Health Systems Research Program (Grant #: HT9402-23-1-0001).