Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ms. Cecilia Munoz

Director, Domestic Policy Council

The White House

1600 Pennsylvania Ave, NW

Washington, DC 20500

Via email to: parity@hhs.gov

Re: NAATP Member Comments to the White House Parity Task Force

Dear Ms. Munoz,

On behalf of **{name of facility**}, I would like to take this opportunity to thank President Obama for establishing the Mental Health and Substance Use Disorder Parity Task Force. We are on the front line of dealing with this critical health crisis, and are delighted to provide comments, which we believe will be helpful in realizing the full potential of the Mental Health Parity and Addiction Equity Act (MHPAEA).

We believe that through the Affordable Care Act, combined with the MHPAEA, the potential exists to reach millions of individuals suffering the disease of addiction and literally to save lives. Our national trade association, The National Association of Addiction Treatment Providers, has been intimately involved in every step of the law, from passage through the rulemaking process. Unfortunately, eight years after becoming law those who are suffering the ravages of addiction have not yet been significantly benefited as intended.

We experience on a regular basis, how coverage of services for substance use disorder (SUD) continue to be discriminated against as compared to medical/surgical insurance coverage. Even when SUD services are covered by plans, it is often difficult to access the clinically appropriate type, amount and duration of care.

To make the requirements of the federal law effective we urge all appropriate federal government agencies to directly and actively enforce the law wherever states are not enforcing for both commercial insurance as well as Medicaid plans.

The disease of addiction affects millions of Americans. Many of these individuals are in urgent need of treatment in order to save their lives yet are unable to obtain care.

While a great deal of attention has recently been focused on the opioid epidemic, the SUD problems associated with alcohol and other drugs continue to impact millions of Americans.

As treatment providers, we deal with the many gaps and restrictions in insurance plan coverage of SUD and mental health care on a daily basis, despite the fact that equitable coverage is required under the federal parity law. Numerous studies by organizations in the field have documented many enforcement problems. A survey undertaken by NAATP members documented hundreds of parity violations in a very short period of time.

Some of the issues include the failure of many essential health benefit (EHB) based insurance plans to cover services, or the coverage of non-comparable and limited services including intensive outpatient, residential and recovery support of chronic disease management services and medications. Even when insurance plans do cover services, they often impose obstacles to obtaining that care such as inappropriate denials based on lack of medical necessity, prior notification or authorization or even dangerous “fail first” rationale.

For these reasons we believe it is critical the administration act swiftly to fully enforce MHPAEA. To that end, we make the following recommendations:

1. The federal government should issue additional specific guidance to State regulators and plans on how to implement the federal parity law, identify parity violations and enforce the law for both public and private insurance.
2. The federal government should issue additional guidance detailing the Parity law’s transparency requirements in order to determine compliance.
3. Federal and State regulators should vigorously enforce the requirements of the federal MHPAEA prospectively during plan approval and retrospectively through the audit and complaint process.

The federal government should require Exchange plans to provide comprehensive information that demonstrates plan compliance with the Parity law as part of the certification process. State regulators should be encouraged to do the same for all commercial plans. This will assist State regulators in having sufficient information to determine compliance of issuers, which have the relevant data rather than the consumers.

For plans required to comply with the EHB requirements of the Affordable Care Act, States should be precluded from certifying that they are providing EHB in mental health and substance use disorder benefits without complete information on which to make certain they comply with the federal Parity law. Plans should submit written assurance as part of the plan approval process that each plan is fully compliant with the requirements of the law and have supporting documents available through a parity compliance officer.

For plans that have a federal agency as the primary oversight agency we encourage more stringent oversight for monitoring Parity compliance. When violations are discovered, a corrective plan should be required and made public. We also encourage the examination of potential fines for repeated or willful non-compliance.

Another Parity equity issue we encourage the Task Force to address is the Medicaid IMD exclusion. We appreciate the progress contained in the new rule, which allows for 15 days monthly for this population. That artificial limitation however does not align with medical necessity for many individuals. We encourage lifting this treatment limitation to allow SUD treatment options as appropriate for each covered individual.

Finally, thank you for the opportunity to provide these comments. More importantly, thank you for the leadership that this Administration has shown regarding substance use disorder issues. Including Parity in the Affordable Care Act as well as residential care for SUD in the Essential Health Benefits requirements were game changers for millions of Americans suffering from the disease of addiction.

We fully support recommendations made by the National Association Addiction Treatment Providers, and appreciate their commitment to continuing to work with the Administration to make certain MHPAEA is fully implemented and enforced.

Sincerely,

**{Name}**

**{Title}**

**{Agency}**