March 13, 2020

The Honorable Roy Blunt  
Chairman  
Subcommittee on Labor, HHS, Education & Related Agencies  
U.S. Senate Appropriations Committee  
136 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Rosa DeLauro  
Chairwoman  
Subcommittee on Labor, HHS, Education & Related Agencies  
U.S. House Appropriations Committee  
2358 Rayburn House Office Building  
Washington, DC 20515

Dear Chairs DeLauro and Blunt and Ranking Members Cole and Murray,

The undersigned organizations urge you to include appropriations of at least $15 million in the Labor, Health and Human Services, Education, and Related Agencies appropriations bill to support the parity oversight efforts of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA). Such funding is essential to helping EBSA make the promise of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) a reality. Of this $15 million, we believe $13 million should be directed to enforcement activities, with $2 million for litigation to recoup unpaid benefits for beneficiaries denied coverage due to MHPAEA violations.

Currently, no appropriations are specifically set aside to support EBSA’s MHPAEA oversight, making it difficult for EBSA to prioritize parity enforcement in the way necessary to improve patients’ access to mental health and addiction care. EBSA’s inadequate resources and the large number of employer-sponsored plans (the majority of which are self-insured and not overseen by states) have resulted in it having only one investigator for every 12,500 plans, according to a recent report by the Government Accountability Office (GAO).¹ Given the bipartisan Congressional agreement that EBSA should be moving towards a more proactive approach that monitors plans’ ongoing compliance, dedicated parity funding for EBSA is particularly necessary.

¹ U.S. Government Accountability Office, “Mental Health and Substance Use: State and Federal Oversight of Compliance with Parity Requirements Varies,” December 2019,  
Such dedicated parity oversight funding would enable EBSA to focus efforts on improving compliance of plans’ managed care practices (i.e. non-quantitative treatment limitations). One such non-quantitative treatment limitation under MHPAEA is provider network design and performance. Yet despite MHPAEA, a recent report by Milliman shows that in-network access continues to worsen between behavioral health and physical health.²

For example, according to Milliman’s analysis of claims representing over 37 million covered lives, inpatient out-of-network utilization for behavioral health was 5.2 times higher than it was for physical health – an 85 percent increase in the disparity since 2013. Inadequate insurer networks are driven by many factors including burdensome network admission standards, lengthy credentialing processes, and unresponsiveness to spikes in demand for services. As more and more Americans come forward to seek needed behavioral health treatment, health plans simply are not designing and maintaining their networks in a way that can meet the demand. This is different than how they respond to surges in demand for other medical conditions, indicating that greater enforcement of parity requirements is needed to make progress.

Targeting appropriations to MHPAEA-related compliance efforts will better protect beneficiaries from the expense and hardship of having their claims improperly denied. By giving EBSA more parity resources to carry out its mission, Congress can take a significant step towards making the goals of MHPAEA a reality.

Sincerely,

American Art Therapy Association
American Association for Psychoanalysis in Clinical Social Work
American Association on Health and Disability
American Counseling Association
American Foundation for Suicide Prevention
American Occupational Therapy Association
American Psychiatric Association
American Psychological Association
American Society of Addiction Medicine
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
The Jewish Federations of North America
The Kennedy Forum
Mental Health America
The National Alliance to Advance Adolescent Health
NAADAC, the Association for Addiction Professionals
NACBHDD
National Alliance on Mental Illness
National Association for Behavioral Healthcare
National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of State Alcohol and Drug Abuse Directors
National Council for Behavioral Health
National Disability Rights Network
National Eating Disorders Association
National Register of Health Service Psychologists
NHMH - No Health without Mental Health
Parity Implementation Coalition
Postpartum Support International
Psychotherapy Action Network (PsiAN)
Residential Eating Disorders Consortium
SARDA
SMART Recovery
Treatment Communities of America
Trust for America’s Health
Young People in Recovery
2020MOM