

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 Patty Murray  
Ranking Member  
Subcommittee on Labor, HHS, Education &  
Related Agencies  
U.S. Senate Appropriations Committee  
156 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

The Honorable Tom Cole  
Ranking Member  
Subcommittee on Labor, HHS, Education &  
Related Agencies  
U.S. House Appropriations Committee  
1016 Longworth 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).<sup>1</sup> 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.

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<sup>1</sup> U.S. Government Accountability Office, "Mental Health and Substance Use: State and Federal Oversight of Compliance with Parity Requirements Varies," December 2019, <https://www.gao.gov/assets/710/703239.pdf>.

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.<sup>2</sup>

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

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<sup>2</sup> Steve Melek, Stoddard Davenport, TJ Gray, Addiction and mental health vs. physical health: Widening disparities in network use and provide reimbursement. Milliman Research Report. November 19, 2019. <https://milliman-cdn.azureedge.net/-/media/milliman/importedfiles/ektron/addictionandmentalhealthvsphysicalhealthwideningdisparitiesinetworkuseandproviderreimbursement.ashx>.

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  
SARDAA  
SMART Recovery  
Treatment Communities of America  
Trust for America's Health  
Young People in Recovery  
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