

December 18, 2025

The Honorable Lori Chavez-DeRemer  
Secretary  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

The Honorable Robert F. Kennedy Jr.  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Scott Bessent  
Secretary  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20220

Dear Secretaries Chavez-DeRemer, Kennedy, and Bessent:

The undersigned organizations, which are dedicated to improving access to mental health and substance use disorder care, write to urge the Departments to strengthen enforcement of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). In light of the Departments' announcement that, because of ongoing litigation, the 2024 Final Rule will not be enforced while its framework is reconsidered, we encourage the Departments to hold insurers accountable for continued parity violations and make clear that noncompliance will carry consequences. It is time to prevent insurance companies from continuing to deny Americans access to mental health and addiction care they are entitled to receive by law.

Recent state action shows why parity violations must carry consequences. The Georgia Insurance Commissioner recently announced over \$20 million in fines across 22 insurers after audits identified more than 6,000 parity violations, including improper prior authorization, opaque medical-necessity reviews, and applying more restrictive standards to behavioral health than to comparable medical/surgical benefits. That record mirrors what patients, providers, employers, and federal oversight have reported for years: persistent, in-operation noncompliance that blocks access to timely, in-network care and shifts costs to families and purchasers. Lacking such access, patients and their families are often left to rely on medications alone, even when clinicians recommend a fuller range of mental health and substance use services.

Congress is also increasingly concerned about insurer practices. A majority of Members of Congress have supported the *Improving Seniors' Timely Access to Care Act*, reflecting bipartisan impatience with insurers' abusive prior authorization practices that have spread across plan types. President Trump has also expressed concern about how health insurance companies have profited by shifting costs onto taxpayers, underscoring concern across the political spectrum.

Consistent with the federal statute, we urge you to ensure that oversight continues to move away from paper attestations to proof of compliance – while giving plans clarity on what this would entail. The Departments should require plans to collect data on their in-operation parity compliance for nonquantitative treatment limitations (NQTLs), implement the Consolidated Appropriations Act, 2021 comparative analysis requirements and further investigate where

mental health or substance use access or outcomes lag medical/surgical comparators without compelling, documented justification – ensuring meaningful implementation of MHPAEA’s “in-operation” requirements.

The Departments should also immediately advance guidance. We encourage the Departments to issue an updated MHPAEA self-compliance tool and accompanying Technical Release to make expectations clear on how plans and issuers should demonstrate that NQTLs are compliant in operation. A consistent framework for identifying relevant data – and support for standardized quantitative in-operation metrics – would go a long way toward improving clarity. These metrics could include: out-of-network utilization, network providers actively submitting claims, wait time data (including secret shopper surveys), provider reimbursement comparisons against standardized benchmarks, accuracy of provider directories (including “ghost” networks), denial rates, and the administrative burden of prior authorization and other utilization management. We believe it is impossible for a plan to have a clear view into in-operation compliance without analyzing this data and then explaining how the data demonstrates compliance in its NQTL comparative analysis.

Much of this information is already collected by plans. Clearer expectations, paired with templates for quantitative data, would make instructions easier to follow, support consistent comparative analyses, and reduce administrative burden. This would help both plans conducting self-assessments and agencies reviewing submissions, allowing for more direct and efficient evaluations of whether NQTLs are truly operating in compliance.

We also urge your Departments to make full use of the enforcement tools already available under current law, including those authorized by Section 4980D of the Internal Revenue Code. Using this provision (alongside other enforcement measures) is key to ensuring compliance is not treated as optional. The Department of Labor and Centers for Medicare & Medicaid Services have documented significant noncompliance with MHPAEA since the comparative analysis requirements were enacted during President Trump’s first term. Yet, under the previous Administration, no referrals were made to the Treasury Department for enforcement. Consistent enforcement now could prevent violations before they happen and expand access to care. When plans understand that MHPAEA requirements will be enforced, they are more likely to invest in genuine compliance, thereby reducing the need for repeated oversight and corrective measures.

For their part, employers are rightly concerned about mental health and substance use disorder coverage. They report serious gaps in such access compared to medical/surgical care. In the 2023 Voice of the Purchaser Survey of 221 employers, only 31% were satisfied with in-network behavioral health access.<sup>1</sup> Similarly, the 2022 Kaiser Family Foundation survey of 2,188 employers found that while 82% reported sufficient primary care providers for timely access, only 44% said the same for behavioral health providers.<sup>2</sup> Many employers have also expressed concern that their third-party administrators do not provide quantitative data, making it much

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<sup>1</sup> National Alliance of Healthcare Purchaser Coalitions. [Voice of the Purchaser: Behavioral Health Support, Spring 2023 Survey Results](#). 2023.

<sup>2</sup> KFF (Kaiser Family Foundation). [Employer Health Benefits: 2022 Annual Survey](#). October 2022.

harder for employers to monitor plan performance, hold their TPAs accountable, and ensure employees can access timely, in-network behavioral health care.

Our organizations urge the Departments to move forward to protect access, support responsible plans, and reduce avoidable administrative burden. We look forward to working with the Departments to advance parity, improve access to mental health and substance use disorder care, and hold insurance companies accountable.

Sincerely,

Inseparable  
Mental Health America  
American Academy of Child and Adolescent Psychiatry  
American Foundation for Suicide Prevention  
American Psychiatric Association  
American Psychological Association Services  
The Carter Center, Rosalynn Carter Mental Health and Caregiver Program  
Eating Disorders Coalition for Research, Policy & Action  
Legal Action Center  
National Alliance on Mental Illness (NAMI)  
National Association for Behavioral Healthcare  
National Council for Mental Wellbeing  
NHMH - No Health without Mental Health  
Partnership to End Addiction  
REDC Consortium