## May 10, 2022

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office building
Washington, DC 20515

The Honorable Anna Eshoo
Chairwoman
Health Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers Ranking Member Committee on Energy and Commerce U.S. House of Representatives 2322 Rayburn House Office Building Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member
Health Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member McMorris Rodgers, Chairwoman Eshoo, and Ranking Member Guthrie,

The undersigned organizations write in strong support of Section 321 of the Restoring Hope for Mental Health and Well-Being Act of 2022 (H.R. 7666), which would end harmful opt outs from federal mental health and addiction parity requirements for nonfederal government plans.

Currently, hundreds of thousands of frontline workers and their family members lack federal parity protections and have no recourse if their health coverage discriminates against them due to their mental health and substance use disorder (MH/SUD) treatment needs. This provision would sunset the ability of self-funded, non-federal governmental health care plans that cover first responders, public school teachers, and other city and state workers to opt-out of protections provided by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Federal Parity Act).

President George W. Bush signed the bipartisan Federal Parity Act into law to protect those needing MH/SUD treatment. The law requires health plans to cover MH/SUD treatment in a manner not less restrictive or more costly to enrollees than for physical health treatment. With few exceptions, Americans in all Medicaid and commercial health plans nationwide receive the Federal Parity Act's protections against discriminatory coverage for illnesses of the brain. Yet, according to the Centers for Medicare and Medicaid Services (CMS), about 200 state and local government plans have opted out of these mental health and substance use disorder parity protections. Importantly, 99.5% of the more than 34,000 self-funded non-federal governmental plans nationwide do *not* opt out.

For the hundreds of thousands of frontline workers and their family members who are covered by the 0.5% plans that have decided not to comply with the Federal Parity Act, they often face blanket exclusions, as well as procedural and financial roadblocks when they seek MH/SUD treatment for themselves or their family members. The challenges of seeking needed services for a child with autism or who has a substance use disorder are hard enough without the stress and financial burdens of finding out your health care plan does not have to play by the rules Congress set for nearly every other health plan.

Extending parity protections to frontline workers covered by these plans is all the more important as we begin to emerge from the pandemic. Overdose deaths have skyrocketed, and trauma and <a href="burnout">burnout</a> among frontline workers has significantly increased. Private sector insured and self-funded plans are working to improve MH/SUD coverage and comply with the Federal Parity Act. All self-funded, non-federal governmental plans should be doing the same.

Complying with parity is likely to be cost-neutral or even to save on overall health care costs. Milliman, the independent research firm, has demonstrated that untreated and undertreated mental health and substance use disorders <u>drive physical health care costs much higher</u>. Implementing parity <u>has not been found to increase costs</u>. Depression alone costs employers <u>\$44 billion</u> in lost productivity each year. Additionally, the Federal Parity Act allows a plan to request to be exempted from parity rules if the plan projects a 1% increase in premiums due to parity compliance. CMS has confirmed that no plan has ever received – or indeed ever applied for – such an exemption.

For frontline workers whose children are part of the well-documented mental health crisis among our youth, the failure of their health plans to provide parity protections can have devastating outcomes. The obstacles of higher deductibles for mental health treatment, stricter prior authorization requirements, limited benefits or more arduous medical necessity determinations than would be applied to physical health benefits can leave parents unable to provide their child with needed treatment even though they have health care coverage. In plans that have decided not to comply with the Federal Parity Act, families are left with no recourse, because they cannot challenge discriminatory coverage denials that violate parity requirements.

For these reasons, we ask you to support phasing out parity opt-outs. No family – but especially our frontline workers – should have to worry that their loved one will not have MH/SUD treatment covered when they need it.

Sincerely,

The Kennedy Forum

AFSCME

National Alliance on Mental Illness

National Education Association

2020 Mom

Addiction Professionals of North Carolina

**AIDS United** 

American Academy of Social Work and Social Welfare

American Art Therapy Association

American Association for Psychoanalysis in Clinical Social Work

American Association of Child and Adolescent Psychiatry

American Association on Health and Disability

American College of Medical Toxicology

American Federation of Teachers

American Foundation for Suicide Prevention

American Mental Health Counselors Association

American Occupational Therapy Association

American Osteopathic Academy of Addiction Medicine

American Psychiatric Association

American Psychoanalytic Association

American Psychological Association

American Society of Addiction Medicine

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Autism Legal Resource Center

**Autism Speaks** 

CADA of Northwest Louisiana

California Consortium of Addiction Programs & Professionals

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Children's Hospital Association

College of Psychiatric and Neurologic Pharmacists

**Community Catalyst** 

Connecticut Certification Board

**Council of Autism Service Providers** 

**Eating Disorders Coalition** 

First Focus Campaign for Children

Global Alliance for Behavioral Health & Social Justice

Inseparable

International OCD Foundation

International Society for Psychiatric Mental Health Nurses

The Jed Foundation

Lakeshore Foundation

Legal Action Center

Maternal Mental Health Leadership Alliance

Meadows Mental Health Policy Institute

Mental Health America

NAADAC, the Association for Addiction Professionals

**NASW** 

National Alliance for Medication Assisted Recovery

The National Alliance to Advance Adolescent Health

National Association for Behavioral Healthcare

National Association for Children's Behavioral Health

National Association for Rural Mental Health

National Association of Addiction Treatment Providers

National Association of County Behavioral Health and Developmental Disability Directors

National Autism Law Center

The National Board for Certified Counselors (NBCC)

National Council for Mental Wellbeing

**National Eating Disorders Association** 

National Federation of Families

National Health Law Program

**National Safety Council** 

NHMH - No Health without Mental Health

Partnership to End Addiction

Postpartum Support International

**Project HEAL** 

Psychotherapy Action Network (PsiAN)

**REDC Consortium** 

RI International

Schizophrenia & Psychosis Action Alliance

**SMART Recovery** 

Steinberg Institute

Stop Stigma Now

Treatment Advocacy Center

**Treatment Communities of America** 

Trust for America's Health

The Voices Project

Young People in Recovery