

December 12, 2012

The Honorable Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Ave, NW
Washington, DC 20210

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

The Honorable Timothy Geithner
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Ave, NW
Washington, DC 20220

Dear Secretaries Solis, Sebelius and Geithner:

We are writing to urge the Administration to issue a final rule implementing the Mental Health Parity and Addiction Equity Act (MHPAEA) by the first quarter of 2013.

MHPAEA was signed into law by President Bush in 2008 and passed with bipartisan support in the House and Senate. Interim final rules were issued in February of 2010 and lack of clarity in these regulations has made full implementation and enforcement of the law difficult for all stakeholders.

Untreated addiction and mental illness costs the U.S. over \$600 billion annually. Currently, approximately 10% of individuals diagnosed with a substance use disorder receive treatment and approximately 39% of the individuals who need treatment for a mental illness receive it. At the same time there is also inefficient and ineffective application of available services which generates significant costs without a concomitant benefit in improving health¹.

The undersigned organizations are in agreement that a final rule is vital to addressing these issues.

The undersigned stakeholders also agree that a final rule needs to address in clear terms certain issues which were raised in the Interim Final Rule (IFR) and the comments from your respective agencies that accompanied the IFR. While the undersigned parties do not necessarily agree on what the Final Rule should provide with respect to these topics, we respectfully would request that the Final Rule provide definitive guidance as to the following topics:

- Specific guidance on application of non-quantitative treatment limits and clinically appropriate recognized standards of care that will allow all stakeholders to effectively assess whether or not a particular limit is “comparable” to, and “applied no more stringently” for mental health and substance use disorder benefits, the same limit on medical/surgical benefits.
- Whether MHPAEA requires plans to provide coverage of any specific scope of services
- The applicability of the IFR to Medicaid managed care plans

¹. IOM Quality Chasm Series: Improving the Quality of Health Care Mental and Substance-Use Conditions; 2006.


While the undersigned parties have engaged in dialogue and developing solutions over the past two years on these and other issues under the IFR, we have found that the lack of a final rule with greater clarity in the above categories is a major barrier to being able to continually work out collaborative understanding between providers and managed care companies to develop those solutions.

We look forward to working with the Administration on the issuance of a final rule that will improve coverage and the administration of benefits for mental health and substance use disorders as well as improving access to quality behavioral health services for the millions of Americans affected by mental health conditions and substance use disorders on footing equal to that for medical/surgical coverage, benefits and treatment.

Sincerely,

A handwritten signature in black ink, appearing to read 'RJR'.

Rhonda J. Robinson Beale, MD
Chief Medical Officer
OptumHealth Behavioral Solutions

A handwritten signature in black ink, appearing to read 'Carol McDaid'.

Carol McDaid
Co-Chair
Parity Implementation Coalition

A handwritten signature in black ink, appearing to read 'Sam Muszynski'.

Irvin (Sam) Muszynski
Co-Chair
Parity Implementation Coalition