

May 6, 2015

The Honorable Sylvia Mathews Burwell  
Secretary, U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

The Honorable John Koskinen  
Commissioner, Internal Revenue Service  
1111 Constitution Avenue, NW  
Washington, D.C. 20224

The Honorable Thomas E. Perez  
Secretary, U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, D.C. 20210

Dear Secretary Burwell, Commissioner Koskinen, and Secretary Perez,

The undersigned organizations are requesting the issuance of additional guidance related to the full implementation and enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA).

This guidance is critically important as we are finding major compliance problems, particularly around disclosure, and these issues have prevented Americans from equitably accessing their mental health and addiction benefits as promised by the law.

We are pleased that the Notice of Proposed Rulemaking on Medicaid Managed Care Organizations, Alternative Benefit Plans, and Children's Health Insurance Program was recently issued. Many of our organizations will be providing comments by June 9<sup>th</sup>, 2015 after we have had time to thoroughly analyze the proposed rule.

In the interim, we recently convened a meeting of consumer, provider, and research organizations to discuss our organizations' experience with parity implementation. Several common compliance issues arose from most of the organizations represented at the meeting:

- 1) Disclosure guidance is needed regarding what plan documents and instruments must be provided, and what level of information must be disclosed, in order for beneficiaries and providers to know if a plan is in compliance with federal parity law and regulations.
- 2) Written parity compliance guidance is needed for states to know what their parity compliance responsibilities are and how to implement the law. While a handful of states have released varying degrees of parity compliance information to plans operating in their state, the vast majority have not released this information despite that all commercial plans must be in compliance with the law as of January 1, 2015.
- 3) We have concerns that MHPAEA is not being visibly enforced. This makes plans less concerned with compliance and leaves all stakeholders uncertain as to how enforcement agencies are applying MHPAEA to real world problems. We recognize that these agencies can sometimes

achieve better results if they do not publicly identify the plan. But we urge you to develop a common methodology for federal and state regulators to provide de-identifiable transparent information on parity compliance investigations in order to drive uniform compliance practices.

We would be pleased to have a call or meeting to discuss these issues in greater detail.

We stand ready to work with the Administration on full implementation, action and enforcement of the federal parity law.

Respectfully,

American Psychiatric Association

American Psychological Association Practice Organization

Community Anti-Drug Coalitions of America (CADCA)

Connecticut Office of the Healthcare Advocate

Depression and Bipolar Support Alliance

Eating Disorders Coalition

Hazelden Betty Ford Foundation

Kennedy Forum

Mental Health America

Mental Health Association of Maryland

National Association of Addiction Treatment Providers

National Association of Psychiatric Health Systems

National Alliance on Mental Illness

National Council

Parity Implementation Coalition

Treatment Research Institute

Watershed Addiction Treatment Programs