



September 8, 2016

The Honorable Joe Pitts
Chairman
Health Subcommittee
House Energy and Commerce Committee
420 Cannon House Office Building
Washington, DC 20515

The Honorable Gene Green
Ranking Member
Health Subcommittee
House Energy and Commerce Committee
2470 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Pitts and Green:

On behalf of the National Alliance on Mental Illness (NAMI), thank you for your leadership in conducting this important hearing examining implementation of the federal Mental Health Parity and Addictions Equity Act (MHPAEA). NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI and its members have worked for many years at both the state and federal levels to advocate for equitable coverage of mental health and substance use disorder treatment relative to coverage of medical/surgical treatment in health insurance plans.

The enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addictions Equity Act (MHPAEA) in 2008 was a landmark step forward in addressing pervasive inequities in coverage of mental health and addictions disorders in health insurance. Today, eight years later, while significant progress has been made, people living with mental illness continue to encounter significant barriers in accessing necessary mental health services covered in health insurance.

In 2015, NAMI released a report entitled "*A Long Road Ahead: Achieving True Parity in Mental Health and Substance Use Care.*" The report, which was based on a survey of people living with mental illness and their families concerning their experiences with health insurance, revealed that these individuals continue to encounter numerous obstacles in their efforts to access and obtain quality mental health or substance use disorder treatment. These barriers include:

- Serious problems in finding mental health providers in health insurance plan networks;
- High rates of denials of authorization of inpatient and outpatient mental health and substance use disorder care by insurers;
- Barriers to accessing psychiatric medications in health plans;
- High out-of-pocket costs for prescription drugs that appear to deter participation in both mental health and medical treatment;

- High co-pays, deductibles and co-insurance rates that impose barriers to mental health treatment;
- Serious deficiencies in access to information necessary to make informed decisions about the most appropriate health plans.

NAMI is currently analyzing responses to an updated survey of people living with mental health conditions and families concerning coverage of mental health and substance use care in health insurance policies. Although our analysis is not yet complete, it appears that many respondents are continuing to encounter these kinds of barriers.

For example, one survey respondent talked about the difficulties of getting accurate information even when he calls his insurance company.

“Calling the insurance company to find mental health and/or substance abuse providers is a JOKE. Their website gives no help. Call representatives should be knowledgeable about their own plans! So hard to navigate insurance requirements – and I have a Masters’ degree! What is it like for others?”

Another respondent talked about disincentives for mental health providers to participate in her health insurance plan’s network and how she has chosen to seek care out of network, even at the risk of foregoing some of life’s other necessities.

“I don’t even try to use the mental health benefits anymore provided by my insurance company. It requires pre-authorization by one of their providers. My psychiatrist isn’t in any network. I have been going to her for over 20 years. She is part of the reason I am still on this earth. I would spend less on food, if I had to, rather than stop seeing her.”

NAMI is pleased that the “Helping Families in Mental Health Crisis Act” (HR 2646) passed by your Committee, and by the full House in a nearly unanimous vote, contains important provisions addressing these barriers. We are particularly appreciative of the inclusion of provisions requiring:

- Development and issuance of guidance to help improve compliance by health insurers with MHPAEA, including examples of non-discrimination in the clinical criteria used to evaluate mental health and substance use claims, relative to medical/surgical claims;
- Development of an action plan for improving enforcement of MHPAEA at the federal level, including input from mental health and substance use disorder advocates and providers;
- Annual reporting by federal agencies charged with enforcing MHPAEA summarizing the results of all completed Federal investigations involving findings of serious violations of the federal parity law;
- A comprehensive GAO study on parity in mental health and substance use disorder benefits, with specific focus on coordinated enforcement activities and on compliance with requirements concerning non-quantifiable treatment limitations; and
- Development of resources on the application of the federal parity law to eating disorders.

These provisions would be a significant step forward in helping to realize the potential of MHPAEA as a vehicle for eliminating discrimination towards mental illness and substance use disorders in health insurance.

NAMI is also on record as supporting the Behavioral Health Transparency Act (H.R. 4276). We support provisions in H.R. 4276 that clarify disclosure requirements for plans and for the collection and public publishing of denial rates. These latter provisions are necessary to not only enhance enforcement of the federal parity law, but to level the playing field for plans that are improving mental health care and striving to meet the intent of the law. Without greater transparency requirements, well-intentioned plans are disadvantaged by plans that offer weaker, or even disparate, mental health coverage.

We also strongly support provisions in that bill authorizing randomized audits of health plans for compliance with parity and establishing a one-stop internet portal for submitting parity violation complaints and forwarding these complaints to relevant federal and state agencies charged with parity enforcement.

NAMI's ongoing efforts to assess stakeholder experiences with parity have made us aware that people are confused about what constitute parity violations and what to do if they believe their rights have been violated pursuant to MHPAEA. We believe this illustrates the importance both of conducting ongoing educational efforts on parity and implementing clear and simple procedures for filing parity complaints. Although H.R. 2646 did not include the two aforementioned provisions regarding randomized audits and a one-stop portal for filing complaints, we hope that these very helpful provisions will be considered for adoption in the future.

NAMI applauds the sponsors, co-sponsors and supporters of H.R. 2646 for including important provisions to improve implementation of federal mental health and substance use disorder parity. We also applaud HELP Committee Senators for their support of parity provisions in the Mental Health Reform Act (S. 2680). We stand ready to work with you in any way we can to ensure that the goals of equity in health insurance are realized.

Respectfully,

A handwritten signature in black ink, appearing to read "Mary T. Giliberti". The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

Mary T. Giliberti, J.D.
Chief Executive Officer