March 22, 2024

Mr. William Melofchik
General Counsel
National Conference of Insurance Legislators
616 5th Avenue Suite 106
Belmar, New Jersey 07719

Re: Comments and Suggested Amendments to Mental Health Parity Model Act

Dear Mr. Melofchik,

Thank you for the opportunity to participate in the National Conference of Insurance Legislators (NCOIL) Spring National Meeting. I look forward to sharing Teladoc Health's thoughts regarding the Mental Health Parity Model Act sponsored by Rep. Rachel Roberts of Kentucky. Like the sponsor, we share the same eagerness to explore all possible ways of improving access to mental health care. We believe this model act will go a long way toward meeting that goal, but we respectfully wish to offer two amendments that we believe will augment its impact even further.

As I have talked to policymakers across the states, it is clear that "parity" means different things to different people. In 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure equal coverage of treatment for mental illness and addiction. Prior to passage, mental health was typically covered at much lower levels than physical illnesses.

However, not all health plans must follow MHPAEA. For example, Medicare (except for Medicare's cost-sharing for outpatient mental health services, which do comply with parity), Medicaid FFS, and certain plans who received an exemption based on an increase of costs related to parity are not required to follow the Act. Unfortunately, this means there are still instances in which mental health care patients are not treated in an equitable manner. Inequity is present any time a constituent reports to you that they have to call to get permission for their mental health care to be covered but *not* for other types of health care. It is present any time a patient cannot find a mental health care provider in-network but face no difficulties finding other health care providers. It is present when the plan will not cover residential mental health, substance use treatment, or intensive outpatient care, but will cover other health conditions.

It is no secret that over the last few years, our country has witnessed an unprecedented demand for mental health care. The increase in addiction rates, the Covid-19 pandemic, and other societal dynamics have dramatically increased this need. While fortunately we are seeing the acknowledgment that mental health care IS health care and is no different than seeking medical care for diabetes, high blood pressure or any other physical illness, we still have a long way to go before we can claim to have mitigated the mental health care crisis in the United States. This Mental Health Parity Model Act before NCOIL will certainly advance existing efforts to meet mental health care needs, and we appreciate the sponsor and the Conference's efforts to do so.

While we are very supportive of the model act as currently drafted, we would like to offer two suggestions that we believe would make a good bill even better:

> *Section 1(2)iii Not primarily for the economic benefit of the insurer, purchaser, ~~or for the convenience of the patient,~~ treating physician, or other health care provider.*

We recommend striking "or for the convenience of the patient" as, for many, the decision to seek mental health care is a difficult one, and stigmas surrounding this decision persist in society today. For others, it is simply too difficult to leave home to seek professional help. Some patients in desperate need of mental health services simply will not access those services unless they are provided in a manner that could be classified as "convenience." As long as the care is clinically appropriate and meets the standard of care, we should strive to make access as easy and convenient as possible for the patient.

Lastly, in order to ensure that insurers have a robust network of mental health providers, we respectfully recommend that telehealth be included in network adequacy requirements. As is the case with all health care professions currently, the shortage of mental health care providers is significant. In some areas of the country, the shortage is even greater than that for medical care. Almost 50% of Americans live in an area where there is a shortage of mental health care workers, and two-thirds of those folks live in rural areas. There is also a severe lack of culturally appropriate and linguistically congruent care that telehealth can address by connecting patients to a larger pool of available providers.

Additionally, though it is not directly under the purview of insurance, we urge you to talk to your colleagues about the benefits and increased access that can be achieved by interstate license simplification. This allows a provider licensed and in good standing in their home state to register with the appropriate regulatory board in states that have passed such legislation. Florida, Arizona, New Mexico and others have adopted such a process, and the feedback has been very positive.

Thank you for considering Teladoc Health's position regarding this important model legislation. I look forward to seeing you in April.

Best regards,

Claudia Duck Tucker
Senior Vice President, Government Affairs and Public Policy
Teladoc Health