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Representative Rachel Roberts, Chair
NCOIL Joint State-Federal Relations & International Insurance Issues
NCOIL National Office
616 5th Avenue, Suite 106
Belmar, New Jersey 07719

Delivered via email: rachel.roberts@lrc.ky.gov

Dear Rep. Roberts,

Thank you for taking the time to meet with us in late February to discuss your draft NCOIL Mental Health Parity Model Act ("Model"). We appreciated your time and commitment to ensuring Americans have access to effective, affordable, and equitable mental health care and additional services.

AHIP is fully aligned in that goal. As the leading association representing health insurance providers who together cover hundreds of millions of Americans, AHIP and our member plans are committed to ensuring that patients have access to affordable, high-quality care and services for mental health and substance use disorder (MH/SUD) treatment, including addiction treatment.[1] Health insurance providers are facilitating and paying for more MH/SUD care than ever before. The results of health plan efforts are seen in studies of health insurance claims and expenditures since implementation of MHPAEA. An AHIP analysis of employer-sponsored plans estimated that plan expenditures for MH/SUD care nearly doubled (from $33.9 billion to $60.8 billion) from 2013-2021.

However, we know that access to MH/SUD care has been, and continues to be, challenging – primarily because of a shortage and lack of clinicians. That is why health insurance providers have proactively put in place multiple programs and strategies to expand their MH/SUD networks and increase access to better serve people who need this type of care. Our members are also committed to advocating for policies that expand access to mental health care, improve quality and value, promote parity, advance equity, and educate various stakeholders on how health insurance providers are improving patient access and quality of MH / SUD care. These policies:

- Help patients navigate in a timely manner to the right type of care, setting and practitioner based on their MH/SUD needs.
- Integrate MH/SUD support with primary care visits.
- Create innovative programs to expand system capacity and increase the number of mental health care practitioners available.
- Expand access to MH/ SUD care through telehealth, virtual health, and other innovative uses of technologies.
- Improve quality and move toward value.

[1] https://www.ahip.org/resources/ahip-board-of-directors-statement-of-commitment-improving-access-to-and-quality-of-mental-health-and-addiction-support

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- Promote access to evidence-based SUD/opioid use disorder treatment
- Continue to ensure that MH/ SUD treatment is covered – on par with physical health treatment in compliance with the Mental Health Parity and Addition Equity Act (MHPAEA)

With these goals in mind, AHIP agrees with many of the concerns raised by the employers and legislators during the NCOIL Spring Meeting in Nashville relative to the Model's impact on health care affordability and quality of behavioral health care. We respectfully reiterate those concerns below.

- **Evidence-Based Sources and Use of UM to Promote Evidence-Based Care.** It is important that both the definitions and proposed policy in the Model ensure patients are receiving appropriate care in the appropriate setting, aligning with evidence-based standards of care**.**
    - During our February call, we suggested using existing Georgia's language (GA Code § 33-21A-13(a)(2) (2022) enacted in 2022) defining "generally accepted standards of mental health and substance use disorder care" in lieu of the Model's Section 1(a)(1) definition; we believe that language better reflects evidence-based standards of care.

- **New Benefit Mandates.** The Model includes several new benefit mandates, impacting purchasers' – individuals, employees, employers - cost of health care while not addressing the underlying workforce challenges to improve access to mental health care.

- **Duplication and Conflict with Existing Law.** The Model includes provisions that conflict with current law potentially causing confusion for patients, providers, and purchasers of health care. Alignment is important, particularly as we anticipate the federal Departments of Treasury, Labor, and Health and Human Services to finalize updates to MHPAEA regulations which will have significant impact on payers and providers if changes and requirements are finalized as proposed.

- **Ambiguity.** The Model as drafted does not address the current ambiguity of what is considered an NQTL for purposes of MHPAEA. Continued ambiguity will likely cause further confusion rather than clarification.

We know that you are rightfully focused on solutions that improve access to and quality of mental health and addiction support. To that end, we are working with industry stakeholders to identify additional recommendations specific to the Model's wellness exam provisions that you identified to us during our meeting as your priority.

We look forward to partnering with you and would welcome the opportunity to continue our dialogue moving forward. If it would be helpful to you, we would be happy to assemble some AHIP members to meet with you to further discuss MH/SUD access and care.

AHIP remains committed to working together to improve access to mental health support for every patient who needs it, and similarly to collaborating with you on this critical issue.

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Sincerely,

Miranda Creviston Motter
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