

YOUNG INVINCIBLES

October 2, 2023

The Honorable Danny Werfel
Commissioner
Internal Revenue Service
U.S. Department of the Treasury
P.O. Box 7604, Ben Franklin Station
Washington, D.C., 20044

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicaid & Medicare Services
U.S. Department of Health & Human Services
7500 Security Boulevard
Baltimore, Maryland, 21244

The Honorable Lisa M. Gomez
Assistant Secretary
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Ave NW, Suite S-2524
Washington, DC 20210

Re: File Code 1210–AC11, Requirements Related to the Mental Health Parity and Addiction Equity Act

Dear Commissioner Werfel, Administrator Brooks-LaSure, and Assistant Secretary Gomez:

Thank you for the opportunity to comment on the proposed rule, *Requirements Related to Mental Health Parity and the Addiction Equity Act*, which would require health insurance companies to reevaluate how they cover mental health services, their mental health provider networks, provider reimbursements, and their prior authorization requirements for mental health services. We believe that this rule is particularly important in addressing the mental health crisis young people are experiencing and applaud this important effort to improve mental health coverage under private health insurance, including ACA marketplace plans and group employer-sponsored plans.

The Covid-19 pandemic exacerbated mental health issues among youth and young adults and these continue to worsen as people deal with the aftermath of the pandemic, lack of economic mobility, financial debt, climate change, racism, poor maternal health, and rising rates of chronic conditions and cancers¹ affecting younger populations. Today, a third of young adults report living with a mental illness, feeling depressed, anxious, or lonely.² As a society, we cannot afford to lose the current and imminently future generation of workers, medical providers, parents, caregivers, teachers, scientists, to a mental health crisis. As we continue to live through unprecedented times, we must address systems that are fully in our control to improve, such as

¹<https://www.washingtonpost.com/wellness/2023/08/16/young-patients-breast-gastrointestinal-cancer/#:~:text=There%20is%20not%20a%20clear,sleeping%20poorly%20and%20being%20sedentary.>

²[https://www.kff.org/mental-health/press-release/new-kff-cnn-survey-on-mental-health-finds-young-adults-in-crisis-more-than-a-third-say-their-mental-health-keeps-them-from-doing-normal-activities/:~:text=Half%20\(52%\)%20say%20they.those%20ages%2030%20and%20older\).](https://www.kff.org/mental-health/press-release/new-kff-cnn-survey-on-mental-health-finds-young-adults-in-crisis-more-than-a-third-say-their-mental-health-keeps-them-from-doing-normal-activities/:~:text=Half%20(52%)%20say%20they.those%20ages%2030%20and%20older).)

the mental health care system and parity under most health insurance plans. Given the challenges that we are collectively experiencing, it is inhumane to allow for people to suffer alone due to costs, or lack of access that is purely by design and structure under privately-run health plans.

The intent of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was to ensure that consumers did not face additional barriers to mental health services in comparison to other benefits or services under the same insurance plan. However, given that mental health coverage is categorized as a “specialty care service,” rather than preventive care, often people are required to obtain prior authorization from the insurance company before being able to see a mental health provider or purchase a treatment at an in-network rate. For some time, evidence has shown how prior authorization practices across all specialties can hinder adequate and timely access to care.³ Yet, health insurances continue to implement prior authorization requirements under the guise of ensuring patient safety, despite the real intent being to avoid paying for a service or specific type of medication. In the case of mental health, this process delays care that can be potentially life-saving. We urge HHS to remove any prior authorization requirements from initial mental health screenings and visits with mental health providers. We also encourage HHS to look further than prior authorization and consider moving at least some mental health services to be considered preventive care for plan coverage purposes, this way truly protecting people from needing a medical referral to see a provider and by ensuring lower out-of-pocket costs for visits.

We are pleased to see that this proposed rule seeks to require insurance companies to collect and turnover updated data on their practices of creating higher out-of-pocket costs for consumers seeking mental health services. We support these efforts to enforce mental health parity given that mental health should not be more expensive than other specialty services. However, we must reiterate that true mental health parity would ensure that seeking mental health be as affordable as an annual physical or follow-up care in a primary provider’s office. Primary care services often range from \$10-35 dollars under insurance plans, while specialty care often have heftier out-of-pocket costs, with copays of \$45-\$100 per visit. An insurance plan with a \$60 copay for talk therapy becomes very expensive if the patient is in need of 4 sessions per month. For a young adult in crisis seeking therapy, the costs can deter them from follow-up care and an effective treatment plan. We know that not every therapist is a perfect match for a mental health patient; providing three free mental health sessions per year would support young people who are either in crisis or who need to try different providers before settling on a regular therapist.

Lastly, we find that while people struggle to meet out-of-pocket costs for regular mental health visits, many are never able to find a provider or a culturally competent provider to begin with. Insurance plans must be held accountable for deceiving consumers with ghost directories of mental health providers that are not frequently updated. Additionally, we support this rule’s effort to have insurance companies evaluate their reimbursement practices to mental health providers. It’s completely unjust to on one hand require high out-of-pocket costs from consumers, while on the other hand also cheating out providers from reasonable payments for their services. The lack of parity in reimbursement rates to mental health providers discourages many from accepting

³<https://www.ama-assn.org/practice-management/prior-authorization/1-3-doctors-has-seen-prior-auth-lead-serious-adverse-event>

health insurance to begin with and severely cuts access to people desperately in need of their services.

Again, we are grateful for the opportunity to comment on such an important issue. More importantly, we support this very important step in improving mental health parity nationwide and look forward to supporting more policies that improve the access and affordability of mental health care.

Sincerely,

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Active Minds

American Federation of Teachers

American Muslim Health Professionals

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Chicago Jobs Council

CHILDREN AT RISK

Children's Action Alliance

Colorado Children's Campaign

Community Catalyst

Congregation of Our Lady of Charity of the Good Shepherd, U.S. Provinces

Droste Mental Health Services, Inc

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Generation Hope

Global Alliance for Behavioral Health & Social Justice

James Place Inc.
Kansas Action for Children
League of Women Voters of the United States
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