

May 10, 2022

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, DC 20515

The Honorable Anna Eshoo
Chairwoman
Health Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office building
Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member
Health Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member McMorris Rodgers, Chairwoman Eshoo, and Ranking Member Guthrie,

The undersigned organizations write in strong support of Section 321 of the Restoring Hope for Mental Health and Well-Being Act of 2022 (H.R. 7666), which would end harmful opt outs from federal mental health and addiction parity requirements for nonfederal government plans.

Currently, hundreds of thousands of frontline workers and their family members lack federal parity protections and have no recourse if their health coverage discriminates against them due to their mental health and substance use disorder (MH/SUD) treatment needs. This provision would sunset the ability of self-funded, non-federal governmental health care plans that cover first responders, public school teachers, and other city and state workers to opt-out of protections provided by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Federal Parity Act).

President George W. Bush signed the bipartisan Federal Parity Act into law to protect those needing MH/SUD treatment. The law requires health plans to cover MH/SUD treatment in a manner not less restrictive or more costly to enrollees than for physical health treatment. With few exceptions, Americans in all Medicaid and commercial health plans nationwide receive the Federal Parity Act's protections against discriminatory coverage for illnesses of the brain. Yet, according to the [Centers for Medicare and Medicaid Services \(CMS\)](#), about 200 state and local government plans have opted out of these mental health and substance use disorder parity protections. Importantly, 99.5% of the more than 34,000 self-funded non-federal governmental plans nationwide do *not* opt out.

For the hundreds of thousands of frontline workers and their family members who are covered by the 0.5% plans that have decided not to comply with the Federal Parity Act, they often face blanket exclusions, as well as procedural and financial roadblocks when they seek MH/SUD treatment for themselves or their family members. The challenges of seeking needed services for a child with autism or who has a substance use disorder are hard enough without the stress and financial burdens of finding out your health care plan does not have to play by the rules Congress set for nearly every other health plan.

Extending parity protections to frontline workers covered by these plans is all the more important as we begin to emerge from the pandemic. Overdose deaths have skyrocketed, and trauma and [burnout](#) among frontline workers has significantly increased. Private sector insured and self-funded plans are working to improve MH/SUD coverage and comply with the Federal Parity Act. All self-funded, non-federal governmental plans should be doing the same.

Complying with parity is likely to be cost-neutral or even to save on overall health care costs. Milliman, the independent research firm, has demonstrated that untreated and undertreated mental health and substance use disorders [drive physical health care costs much higher](#). Implementing parity [has not been found to increase costs](#). Depression alone costs employers [\\$44 billion](#) in lost productivity each year. Additionally, the Federal Parity Act allows a plan to request to be exempted from parity rules if the plan projects a 1% increase in premiums due to parity compliance. CMS has confirmed that no plan has ever received – or indeed ever applied for – such an exemption.

For frontline workers whose children are part of the well-documented mental health crisis among our youth, the failure of their health plans to provide parity protections can have devastating outcomes. The obstacles of higher deductibles for mental health treatment, stricter prior authorization requirements, limited benefits or more arduous medical necessity determinations than would be applied to physical health benefits can leave parents unable to provide their child with needed treatment even though they have health care coverage. In plans that have decided not to comply with the Federal Parity Act, families are left with no recourse, because they cannot challenge discriminatory coverage denials that violate parity requirements.

For these reasons, we ask you to support phasing out parity opt-outs. No family – but especially our frontline workers – should have to worry that their loved one will not have MH/SUD treatment covered when they need it.

Sincerely,

The Kennedy Forum
AFSCME
National Alliance on Mental Illness
National Education Association
2020 Mom
Addiction Professionals of North Carolina

AIDS United
American Academy of Social Work and Social Welfare
American Art Therapy Association
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American Association on Health and Disability
American College of Medical Toxicology
American Federation of Teachers
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Occupational Therapy Association
American Osteopathic Academy of Addiction Medicine
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
American Society of Addiction Medicine
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Autism Legal Resource Center
Autism Speaks
CADA of Northwest Louisiana
California Consortium of Addiction Programs & Professionals
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Hospital Association
College of Psychiatric and Neurologic Pharmacists
Community Catalyst
Connecticut Certification Board
Council of Autism Service Providers
Eating Disorders Coalition
First Focus Campaign for Children
Global Alliance for Behavioral Health & Social Justice
Inseparable
International OCD Foundation
International Society for Psychiatric Mental Health Nurses
The Jed Foundation
Lakeshore Foundation
Legal Action Center
Maternal Mental Health Leadership Alliance
Meadows Mental Health Policy Institute
Mental Health America
NAADAC, the Association for Addiction Professionals
NASW
National Alliance for Medication Assisted Recovery
The National Alliance to Advance Adolescent Health

National Association for Behavioral Healthcare
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of Addiction Treatment Providers
National Association of County Behavioral Health and Developmental Disability Directors
National Autism Law Center
The National Board for Certified Counselors (NBCC)
National Council for Mental Wellbeing
National Eating Disorders Association
National Federation of Families
National Health Law Program
National Safety Council
NHMH - No Health without Mental Health
Partnership to End Addiction
Postpartum Support International
Project HEAL
Psychotherapy Action Network (PsiAN)
REDC Consortium
RI International
Schizophrenia & Psychosis Action Alliance
SMART Recovery
Steinberg Institute
Stop Stigma Now
Treatment Advocacy Center
Treatment Communities of America
Trust for America's Health
The Voices Project
Young People in Recovery