May 16, 2022

The Honorable Frank Pallone
Chairman
Committee on Energy & Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Committee on Energy & Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor & Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor & Pensions
United States Senate
Washington, DC 20510

Dear Chairman Pallone, Ranking Member McMorris Rodgers, Chair Murray, and Ranking Member Burr:

The Mental Health Liaison Group, representing consumers, families, providers, and organizations advocating to strengthen access to high-quality mental and behavioral health care, strongly supports the bipartisan Parity Implementation Assistance Act (H.R. 3753/S.1962) and asks that your committees consider it as you debate mental health legislation in the coming weeks.

This legislation will ensure that states are able to implement the new requirements that were added to the Mental Health Parity and Addiction Equity Act (federal parity act). In December 2020, the federal parity act was amended by the Consolidated Appropriations Act to require health insurers to perform comparative analyses demonstrating that they comply with the law. And, the amendments gave states new authorities to request that insurers submit the analyses upon request.

However, collecting and reviewing these analyses can be time and labor intensive for state regulators and many may be reluctant to request the analyses without additional resources. The Parity Implementation Assistance Act will authorize $25 million in annual grant funding to states for five years so that they can request and review the analyses. This will provide states with the capacity to fully implement the new requirements of the federal parity act as Congress intended.

State regulators have been at the forefront of parity compliance, and their investigations in recent years are what revealed that insurers were not doing what was needed to secure compliance. These investigations showed that insurers simply did not have any sort of comparative analyses proving that they met all of the requirements of the federal parity act. This is what spurred Congress to take action last year to add the new requirements that made the production of comparative analyses compulsory for insurers. Now that insurers must perform these analyses, and states can request them, the logical next step is to provide states with the funding they need to meaningfully review the analyses. This legislation does exactly that and will be instrumental in ensuring that the promise of parity is achieved.

The federal parity act has been in effect for over a dozen years but far too often individuals and families face unnecessary suffering and financial hardship because their insurance plans won’t provide the same level of coverage for behavioral health care as they do for other medical care. This has helped fuel the fire of increased deaths from suicides and overdoses. The Parity
Implementation Assistance Act will help stem the tide of this crisis and ensure that people get the treatment they need and deserve.

The Mental Health Liaison Group asks that you build on the Energy & Commerce Committee’s and HELP Committee’s history of bipartisan leadership on mental health and substance use disorder parity and consider H.R. 3753/S.1962.

Sincerely,

2020 Mom

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 Counseling Association
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association
American Society of Addiction Medicine
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children’s Hospital Association
Clinical Social Work Association
College of Psychiatric and Neurologic Pharmacists
Confederation of Independent Psychoanalytic Societies
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
International Society for Psychiatric Mental health Nurses
Lakeshore Foundation
Maternal Mental Health Leadership Alliance
NAADAC, the Association for Addiction Professionals
NACBHDD
NARMH
National Alliance on Mental Illness National Association for Behavioral Healthcare National Association for Children’s Behavioral Health
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Board for Certified Counselors
National Council for Mental Wellbeing
National Federation of Families
Postpartum Support International
REDC Consortium
RI International
SMART Recovery
The Jewish Federations of North America