

August 16, 2016

The U.S. Department of Health & Human Services
Mental Health and Substance Use Disorder Parity Task Force
200 Independence Avenue, S.W.
Washington, D.C. 20201

Mental Health Parity Comments

The National Association of Social Workers (NASW), representing 130,000 social workers, submits comments on Mental Health Parity and its application. For more than ten years, the NASW has supported the development of mental health parity regulations at both the federal and state level.

Monumental gains have been made in access to mental health and substance use disorder services since the implementation of the Mental Health Parity and Addiction Equity Act in 2008, and the passage of the Patient Protection and Affordable Care Act in 2010. NASW lauds the administration's recent steps to extend parity provisions to Medicaid and Children's Health Insurance Program (CHIP), and establish the Mental Health and Substance Use Disorder Parity Task Force.

Nevertheless, consumers and providers are still experiencing barriers to accessing and receiving adequate coverage for behavioral health services. Health insurance companies have devised new methods to keep costs down and deny coverage through non-quantitative treatment limitations, including cumbersome approval and review processes.

The NASW has the following recommendations for the Mental Health and Substance Use Disorder Parity Task Force:

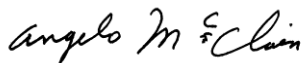
- Make insurance coverage affordable so that all consumers have access to comprehensive benefit packages that offer adequate behavioral health and medical/surgical benefits.
- Provide federal and state guidance on the definition of parity and whether mental health parity should be based on the comparison of medical/surgical services or costs, so that consumers are able to evaluate plans and behavioral health coverage in a standardized manner.
- Require insurance companies to outline the process under each health insurance plan offered to access behavioral health services, highlighting any pre-approvals or medical necessity reviews.
- Eliminate barriers to evidence-based behavioral health interventions, including residential treatment, which may exceed specified outpatient visit limits or the length of comparable inpatient stays for medical/surgical benefits.
- Have insurance companies report on in-network provider capacity in relation to the need of consumers in the network.
- Require insurance companies to clearly describe in-network and out of network benefits for behavioral health services.

- Ensure that all consumers have timely access to services when they are sought. For example, California law requires insurers to provide patients with mental health care access within a designated timeframe. NASW endorses the time frames set forth in California, requiring access to a mental health provider within 48 for an urgent appointment and within 10 business days for an appointment that is not urgent.
- Ensure that parity provisions are applied to psychiatric medication coverage and other interventions that are integral to behavioral health treatment.

For the health of the United States to improve on a population level, evidence-based, comprehensive mental health and substance use disorder treatment must be accessible. A recent brief from the State Health Reform Assistance Network asserted that Medicaid coverage for behavioral health services will be the most effective pathway to combating the devastating impact of the opioid and heroin crisis on American communities and the nation's mortality. The consequences of inadequate access to behavioral health services extend far beyond the reach of health insurance networks.

Advances in parity practices are needed to ultimately reduce the stigma of mental health and substance use disorder services and embrace behavioral health services as a routine part of health care for Americans.

Sincerely,

A handwritten signature in cursive script that reads "Angelo McClain".

Angelo McClain, PhD, LICSW
Chief Executive Officer