

August 31, 2016

Cecilia Muñoz Director of the Domestic Policy Council and Chair, Mental Health and Substance Use Disorder Parity Task Force 1600 Pennsylvania Avenue, NW Washington, DC 20500

Sent Electronically via parity@hhs.gov

Dear Ms. Muñoz,

I am writing on behalf of the National Association of Health Underwriters (NAHU), a professional association representing more than 100,000 licensed health insurance agents, brokers, general agents, consultants and employee benefit specialists nationally. The members of NAHU work on a daily basis to help individuals and employer groups purchase, administer and utilize health insurance coverage. As such, we are pleased to have the opportunity to provide comments to the Mental Health and Substance Use Disorder Parity Task Force (Task Force) on how mental health parity protections are being extended to and communicated to both group and individual health insurance consumers.

NAHU greatly appreciates the willingness of the Task Force to seek comments from stakeholders on their experience with mental health and substance use disorder parity requirements. NAHU members work with individuals to help them obtain private health insurance coverage both on and off the health insurance exchange marketplaces, and they work with employers every day to establish and maintain group health insurance plans that provide health insurance coverage to millions of Americans. Our members help different employers offer and manage both fully insured and self-insured group coverage options, and providing employees and their dependents with access to mental health and substance use disorder benefits are an important part of group health benefit design.

NAHU notes that while obviously the focus of the Task Force's work is on mental health and substance use disorder benefits, when it comes to individual and group health plan and communications that are directed to beneficiaries, information about mental health benefits are generally integrated into general plan communications to enrollees and are not singled out. A good example would be the treatment of mental health and substance use disorder benefits on the recently updated federal summary of benefits and coverage (SBC) template. NAHU served as part of the stakeholder and regulator task force convened by the National Association of Insurance Commissioners (NAIC) to develop both the original and newly updated SBC. In that document, mental health and substance use disorders are specifically identified as potentially common medical events, but mental health and substance use disorders are only one of many common medical events



addressed by this important communication and they are treated identically with other identified situations. Similarly, information about mental health and substance use disorder claims is typically provided through standard explanation of benefit forms sent to enrollees for all types of claims. Issuers also comply with the provisions of the Mental Health Parity and Addiction Equity Act to provide the criteria for medically necessary determination notice and the claims denial notice where appropriate. They generally utilize the sample language that has been provided by the Department of Labor when doing so.

Most Americans receive their health insurance coverage through fully insured health insurance plans. Fully insured plans serve all individual insurance market consumers and the majority of employers, both large and small, offer fully insured coverage options to their employees as well. In these cases, the health insurance issuers are responsible for providing enrollees with information about their mental health and substance use disorder benefits, costs and claims. State regulators ensure their compliance with federal and state mental health parity requirements through market-conduct examinations and their policy filing and review processes. In order to maximize full compliance and the use of best practices in providing mental health and substance use disorder benefit information to all fully insured plan enrollees, NAHU believes that the Task Force should focus on working with state regulators and their professional association, the NAIC, to ensure consistency in market-conduct examinations and policy-review processes relative to parity. Further, sample materials and best practices for communications should be provided to both issuers and state regulators. Information made available through healthcare.gov also has a broad reach and could be used as a means of sharing best practices.

According to the Self-Insurance Institute of America<sup>1</sup>, approximately one third of all employer group benefit plans are at least partially self-insured. For these plans, NAHU believes education is the key. While informational pieces directed specifically to consumers, such as the recent publication by the Department of Labor, "Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits," are helpful, it is hard to know if and when consumers will access them and truly digest their contents. Therefore, it would be much more efficient to ensure plan compliance upfront. Providing clear and consistent educational materials to employers and their plan administrators through webinars, publications, checklists and sample communications about how to operate a fully compliant health plan with regard to both mental health and substance use disorder benefits and all other requirements is the best and most efficient way to ensure group benefit plan compliance. Reaching out not just to employers and health plans, but also to organizations such as NAHU that represent agents, brokers, general agents and consultants, and providing user-friendly materials that could be distributed and communicated to members would also be helpful and an efficient way of reaching large numbers of health plan enrollees and plan administrators.

1

<sup>&</sup>lt;sup>1</sup> http://www.siia.org/i4a/pages/Index.cfm?pageID=4546



NAHU sincerely appreciates the opportunity to provide comments to the Task Force and we look forward to working with the Administration and other state and federal policymakers to ensure that consumers have access to mental health and substance use disorder benefits and are afforded the protections required by both the Mental Health Parity and Addiction Equity Act and its related amendments and state laws aimed at ensuring mental health and substance use disorder parity. If you would like to use our organization as a means of communicating materials or information about plan compliance to agents and brokers and their individual and employer clients, we would be happy to discuss the opportunity. Furthermore, if you have any questions about our comments or need more information, please do not hesitate to contact me at either (202) 595-0787 or jtrautwein@nahu.org.

Sincerely,

Janet Stokes Trautwein

**Executive Vice President and CEO** 

National Association of Health Underwriters