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General Comment

The National Association of County Behavioral Health and Developmental Disability Directors strongly endorses and supports the Interim Final Regulations on Parity for mental health and addiction services. In addition, we offer the following comments.

These regulations represent an essential plateau for the mental health and substance use care fields. Together, the Wellstone-Domenici Act and the associated regulations are intended to make it precisely clear that these fields are to be treated no differently than medical/surgical care. For both quantitative factors, e.g., number of visits, and qualitative factors, e.g., management of benefits, health plans are required to offer benefits for these fields that are no different than those offered for medical/surgical care.

Because they address qualitative factors such as management of benefits, the regulations are designed to improve equality of access between medical/surgical care and mental health or substance use care. However, since they do not specify common standards of medical necessity, the degree of access is very likely to continue to vary dramatically across health insurance plans. This means that two people in two different health plans with the same problem and same severity will very likely not have the same degree of access to care. Hence, the regulations should provide a common national definition of medical necessity.

Beyond the useful 6-tiered stratification, the regulations do not address scope or quality of services. Clearly, scope of services is important, since failure to receive a needed service can result in a less desirable outcome. Similarly, receiving a needed service in a low quality manner can also lead to a less desirable outcome. As we continue to move ahead, it will be extremely important for the regulations to address both of these factors. It is not unreasonable to ask that scope and quality of care be at parity with medical/surgical services.

The penultimate goal is to receive effective care that makes a difference in one's life. Hence, why should we be willing to accept any lesser outcomes for behavioral healthcare than for primary care? The parity regulations should address this very important issue.

Thank you for the opportunity to provide these formal comments.

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