

From: [Rhode Island Parity Initiative](#)
To: [EBSA MHPAEA Request for Comments](#)
Cc: [Laurie-Marie Pisciotta](#)
Subject: Comments on Technical Release Relating to Plans' Required MH/SUD Data Collection
Date: Friday, October 13, 2023 10:46:31 AM
Attachments: [MHARI Public Comment MHPAEA Technical Release.pdf](#)

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Please accept the attached letter submitted on behalf of the Mental Health Association of Rhode Island and our partners in the RI Mental Health Parity Initiative. The letter provides public comment specific to the DOL/HHS/Treasury 'Technical Release Relating to Plans' Required MH/SUD Data Collection'. We have submitted comments on the proposed rules via the Regulations.Gov portal. Thank you.

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A Project of the Mental Health Association of RI
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October 12, 2023

The Honorable Xavier Becerra
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Lisa M. Gomez
Assistant Secretary, Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20002

The Honorable Douglas W. O'Donnell
Deputy Commissioner for Services and Enforcement
Internal Revenue Service
U.S. Department of the Treasury
1111 Constitution Avenue, NW
Washington, DC 20224

Re: Comments on Technical Release 2023-01P

Dear Secretary Becerra, Assistant Secretary Gomez, and Deputy Commissioner O'Donnell;

The Rhode Island Mental Health Parity Initiative ([RIParity](#)), a project of the Mental Health Association of Rhode Island ([MHARI](#)), appreciates the opportunity to comment on the Technical Release 2023-01P, Request for Comment on Proposed Relevant Data Requirements for Nonquantitative Treatment Limitations (NQTLs) Related to Network Composition and Enforcement Safe Harbor for Group Health Plans and Health Insurance Issuers Subject to the Mental Health Parity and Addiction Equity Act.

MHARI established the RI Mental Health Parity Initiative (RIParity) in 2019 to coordinate the activities of a network of non-profit consumer and provider groups, and individual Rhode Islanders, to achieve the promise of federal and state mental health parity laws. The primary goal of RIParity is to improve access for every Rhode Islander to the mental health and substance use disorder (MH/SUD) treatment they need, where and when they need it.

Through our own [research and advocacy](#), including Rhode Island state-specific research on [network adequacy](#), we have experienced first-hand the significant lack of

data needed to appropriately evaluate parity compliance and demonstrate specific issues that limit access to mental health and substance use disorder treatment and services. Therefore, **we strongly support the Departments' proposed NQTL data collection requirements**. Combined with the accompanying proposed 'requirements related to the Mental Health Parity and Addiction Equity Act (MHPAEA)', the data collection requirements envisioned in the Technical Release would be powerful steps in the right direction to increasing access to care.

This is important because access to care across the full continuum of MH/SUD services is at a crisis level. For example, by just one indicator as reported in the [2023 Rhode Island Kids Count Fact Book](#), "In Rhode Island in 2021, more than one-third (36%) of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care."

The focus in the Technical Release of data collection on key indicators including out-of-network utilization; percentage of in-network providers actively submitting claims; network availability; and reimbursement rates are all critical to providing an overall understanding of access that is needed not only for parity enforcement but also to help better define other added solutions to the ongoing crisis in access to mental health and substance use disorder treatment and services.

Overall, **we support the recommendations of our national partner, The Kennedy Forum** in urging the Departments to develop uniform definitions and methodologies for the collection of all data points so that valid data are collected and can be compared across plans/issuers and that the following be included:

- Require data points for MH services and SUD services to be separately collected, analyzed, and reported, consistent with MHPAEA statutory and regulatory requirements.
- Require that data also be collected for medical/surgical (M/S) services to facilitate MHPAEA comparisons.
- Require that all data be collected, analyzed, and reported by age group, including children and adolescents, and by race/ethnicity (where possible).

We also support the Kennedy Forum's opposition to a potential "safe harbor" for NQTLs related to network composition.

Thank you for the opportunity to comment on this important issue. If you have further questions, please don't hesitate to email me at laurie.pisciotta@MHARI.org.

Sincerely,

Laurie-Marie Pisciotta
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