

**From:** [Heather Simms](#)  
**To:** [EBSA MHPAEA Request for Comments](#)  
**Subject:** Comments  
**Date:** Tuesday, October 17, 2023 8:46:37 PM  
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Please see our attached comments 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 (hereinafter "Technical Release").

Thank you for the opportunity to comment.

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**VICTOR LUNA**  
Chief Executive Officer

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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: Requirements Related to the Mental Health Parity and Addiction Equity Act

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

Thank you for the opportunity to comment on the "Requirements Related to the Mental Health Parity and Addiction Equity Act" proposed rule. My name is Heather Simms, I am writing on behalf of Collaborative Support Programs of New Jersey (CSPNJ). Collaborative Support Programs of New Jersey, Inc. (CSPNJ), a peer-led not-for-profit organization, provides flexible, community-based services that promote responsibility, recovery, and wellness through the provision of community wellness centers, supportive and respite housing, human rights advocacy, educational and innovative programs for people with the lived experience of behavioral health conditions— we strongly support the proposal to increase access to treatment by addressing treatment limitations in insurance plans that place a greater burden on accessing MH/SUD care than other medical care.

Over half of Americans with a mental illness do not receive the treatment they need. Shockingly, in New Jersey, people are nine times more likely to be pushed out of network for mental health care compared to primary care. This drives up out-of-pocket costs and renders mental health care prohibitively expensive for far too many. Astonishingly, out of the 309,000 New Jersey residents who desperately needed mental health care, 28.5% were unable to access it due to financial constraints.

The reasons for this dire situation are complex. Stigma and an acute shortage of mental health providers, particularly in rural areas, play a substantial role. Yet, no number of stigma-fighting campaigns and workforce development can surmount the glaring lack of true insurance parity for mental health. Families forced to spend more hours searching for in-network providers, more money out of their own pockets, and more weeks waiting for an appointment than they would for primary care are unjustly discriminated against. This leaves

them feeling not only defeated but ashamed. The insufficient parity perpetuates stigma and inequality by placing an array of burdens—financial, temporal, emotional—on those seeking care as well as on those who provide it.

CSPNJ strongly implores the Departments of Health and Human Services, Labor, and Treasury to expedite the following proposals:

Mandate that health plans demonstrate their commitment to parity by disclosing the effects of benefit limitations on an individual's access to treatment.

Evaluate the health plan's provider network comprehensively. This includes assessing wait times, the frequency of out-of-network referrals, provider compensation, the prevalence of prior authorization requirements for prescribed services, and the rate of denial for prior authorization requests.

Enforce rigorous penalties when a health plan is found to be in violation of parity requirements, including prohibiting them from enforcing plan requirements. We urge the Departments to consider imposing sanctions when health plans disregard these consequences.

Furthermore, we urge you to refrain from granting any exceptions to these new parity enforcement requirements. The experiences of our members in their struggle to access mental health and substance use care have instilled a deep concern that any exceptions might be exploited to deny services inappropriately. To fully realize the promise of the parity law, exceptions simply cannot be tolerated.

CSPNJ ardently believes that there is no health without mental health. We implore you to bring about these changes to obliterate the barriers to care and ensure that everyone has equal access to mental health and substance use benefits, just as they do with physical health benefits.

Sincerely,

Heather Simms  
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