

From: Linda Brownholtz [mailto:lab@hinamauka.org]
Sent: Friday, May 15, 2009 7:05 PM
To: EBSA, E-OHPSCA - EBSA
Subject: FW: Comments in response to the "Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008."

From: Alan Johnson
Sent: Friday, May 15, 2009 10:54 AM
To: 'E-OHPSCA.EBSA@dol.gov'
Subject: Comments in response to the "Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008."

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DEPARTMENT OF THE TREASURY, Internal Revenue Service, 26 CFR Part 54, RIN 1545-BI70, DEPARTMENT OF LABOR, Employee Benefits Security Administration, 29 CFR Part 2590, RIN 1210-AB30, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services, 45 CFR Parts 144 and 146, [CMS-4140-NC] RIN 0938-AP65

Hina Mauka, a substance abuse and co-occurring disorder treatment provider in Hawaii, provides the following comments and recommendations:

- Parity should extend to all levels of care including detox, residential, inpatient, etc.
- Medical necessity should be medical based such as for all other medical conditions.
- Parity should extend to court-ordered treatment based on medical need.
- Federal government should create a website or toll free number and outreach program to educate consumers as well as record problems accessing services.
- Remove plan limitations based on types of facilities and kinds of clinicians.
- Include parity for out-of-network services.

Problems with Current System before Parity:

- Access to residential care is too limited by insurers.
- Detox is limited, especially for those drugs considered as having less withdrawals such as cocaine and methamphetamine.

- Insurance plans limit recognition of counselors as providers unless heavily credentialed.
- Insurers often deny coverage for other levels of care including continuing care.
- Out-of-network charges can be steep, which limits access to treatment.
- The “usual and customary rates” used by insurers are significantly lower than industry standards.
- Some insurers have excessive co-pays or deductibles.
- Insurers often hide behind verbiage such as “does not meet medical necessity according to our internal standards.”
- Pre-existing clauses can limit coverage.

Aloha,

Alan Johnson, CEO, Hina Mauka (The Alcoholic Rehabilitation Services of Hawaii, Inc.)