

From: [REDACTED]
To: [EBSA MHPAEA Request for Comments](#)
Subject: Re: Support for MHPAEA enforcement
Date: Tuesday, August 22, 2023 1:04:04 PM

CAUTION: This email originated from outside of the Department of Labor. Do not click (select) links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails through the "Report Phishing" button on your email toolbar.

Hello,

My name is [REDACTED], I'm an LMHC ([REDACTED]) in Massachusetts.

I wanted to provide some additional commentary to federal regulators regarding enforcement of MHPAEA.

In addition to being an LMHC, I have also been employed for the past 6 years by major insurers like Humana, Elevance Health & Caredon (formerly Anthem).

I have taken endless personal & professional risk in asking questions related to parity at internal meetings (Utilization Management, Claims, Operations, Customer Success, Finance, Actuarial, Network, and other teams) to advocate for improving things like benefit plan structures, network inadequacies, claims processing, and other insurer operations to align better with parity law.

Let me tell you with lived experience : THEY DO NOT CARE.

Not only do they not care, it is not on anyone's radar. Not my managers. Not their managers. Not VPs. Not the C-suite. Perhaps only in closed rooms with lawyers are these things discussed, I don't know. As far as the experience for employees, health plans act like these laws don't exist and don't pertain to them. No one that I have ever worked with (or for) in managed care knew anything about federal or state healthcare laws, including MHPAEA, or our duty as (licensed) professionals to understand the intersection of ethics with the administration of healthcare business. EVEN WHEN THEIR DAY TO DAY JOB RESPONSIBILITIES WERE NOT ALIGNED WITH FEDERAL LAWS.

I'll give you an example - I worked for a "start up" Medicare Advantage plan inside Humana for two years, so I saw everything in a microcosm:

When I confronted the actuarial team about the need to pay for more outpatient MH/SUD services to comply with parity, they told me "We can't risk utilization going up."

When I showed the finance leaders data from Evernorth that people get better mentally and physically (PMPM costs go down) with outpatient MH/SUD care, they said "We aren't in a position to make that kind of change right now."

When I confronted the benefit team that MH/SUD co-pays shouldn't be categorized under "specialty services" because it makes the co-pays higher than Med/Surge visits, they told me it was "in alignment" with other Humana plans as if that were justification.

When I confronted our Provider Network team that we had a ghost network of MH/SUD providers (only 7% of our provider list were viable referrals- actively practicing and accepting new patients w/ Medicare) and we needed to contract more providers and offer higher reimbursement rates to close the loop, I was asked, "What do we get out of it?"

Those of us who actually care about MHPAEA compliance are systematically avoided (insurers will no longer hire me because I am outspoken on LinkedIn on these matters) and never invited into any rooms to discuss or leverage our lived experiences in mental health to further comply with the law and act with accountability to consumers/members.

Major insurers and health plans like the ones I have worked for already have huge teams dedicated to auditing, quality and compliance - HEDIS measures, claims data, medical record reviews, and especially STARS performance measures that are tied to bonus payments from Medicare.

How long are we going to allow them to continue this trope that they don't understand how to comply while profiting billions from the dollars they willfully won't allocate to paying for MH/SUD services?

If plans actually thought they needed to do more in order to not suffer financially, they would. Point blank.

Instead, they do less and withhold information to obfuscate and hide that their operations are entirely motivated by financial risk and therefore inherently biased against appropriate MH/SUD coverages.

Federal regulators would be wise to, for example, restrict access to Medicare STARS financial incentives only to plans that successfully demonstrate MHPAEA compliance across all lines of business.

Just a thought. Please do something meaningful to help before we all leave these professions for our own health.

I'm #opentowork.

Regards,

[REDACTED]

On Mon, 14 Aug 2023 at 11:22, [REDACTED] wrote:

Hello,

My name is [REDACTED], I'm an LMHC ([REDACTED]) in Massachusetts.

I support the proposed rule updates to enforce greater compliance with MHPAEA law, however it woefully lacks real-world and meaningful negative consequences for major health plans and insurers.

I have not practiced professional counseling under my LMHC license in over 5 years, and there is a direct line of reasoning for that which stems from the intentional, widespread systemic violations of parity law.

Let me be clear:

The relentless ripple effect from parity non-compliance manifests as a compounding series of challenges that threaten the very core of sustainability for mental health and substance use providers. Many of us, especially in regard to outpatient services, are operators of small local businesses. Financial strains deepen as inadequate reimbursement rates persist, chipping away at the resources needed for comprehensive and high-quality care delivery. Reduced revenue curtails providers' ability to invest in crucial aspects of their practices, such as staff training, technological advancements, grant-writing, and ultimately hampering the overall quality of care they can offer. The consequences extend to the recruitment and retention of skilled professionals, as the allure of fair compensation diminishes, leading to staffing shortages, increased workloads, and burnout. This impacts the availability of mental health and substance use disorder (SUD) treatment services, thereby limiting patients' access to the care they require. As the network of available providers continues to narrow due to non-compliance, consumers find their choices restricted and their prospects for effective treatment dimmed. The community fabric frays as the viability of mental health and SUD treatment is explicitly undermined, directly harming the well-being of those who rely on these critical services.

I will not personally participate, nor do I advise any other practitioners new or seasoned to participate, in our healthcare system until the intentional and willful harm displayed by health plans and insurers is brought to justice in a way that at least ensures a mental health professional can earn livable wages under a workload that won't dysregulate and/or traumatize him/her/them.

I dedicated my entire professional life to becoming a mental health professional and at age 36 I have literally nothing to show for it but ongoing GI/gut health issues, trauma reactivity, and student loans I cannot afford to repay.

Thank you,

[REDACTED]

[REDACTED]