



November 23, 2021

Mr. William N. Parham, III

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations
Development

Room C4-26-05

Form Number/OMB Control Number: CMS 10494/0938-1205

7500 Security Boulevard

Baltimore, Maryland 21244-1850

**Re: Information Collection Request Pertaining to the Mental Health Parity and
Addiction Equity Act of 2008**

Dear Mr. Parham,

On behalf of the Association for Behavioral Health and Wellness (ABHW) we appreciate the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) latest Information Collection Request (ICR) related to the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

As you are aware, ABHW also commented on the previous ICR published in June 2021. We appreciate that CMS is conducting investigations pursuant to the Consolidated Appropriations Act (CAA) and hope to be a strong partner with regulators with respect to MHPAEA compliance. Additionally, while CMS has not specified a timeframe for the sought extension, we urge it be another emergency extension to allow regulators to respond to previous comments.

To achieve better MHPAEA compliance, we would like to take the opportunity to reiterate our previous comments for your continued consideration. We urge that future guidance from regulators should focus on the following:

1. ***Proactively promoting uniformity between state and federal requirements.***
Disparate approaches taken to date by regulators at both the federal and state level confuse the regulatory landscape and impact the ability to effectively scale compliance initiatives. The public would be well served by establishing a uniform information collection program amongst federal regulators that in turn, is also

adopted at the state level. This would both minimize the reporting burden on the public and assist with a consistent application of the law.

2. ***Establish rules for MHPAEA examinations using the normal notice and comment process.*** Under the Consolidated Appropriations Act, issuers and plans are responsible for demonstrating compliance with mental health parity. In attempting to meet these requirements, issuers and plans continue to strive to understand expectations with respect to reporting standards, particularly around non-quantitative treatment limitations (NQTLs), as well as rules for examination and how the two relate to each other. To improve standardized information collections, we urge CMS to define a core set of NQTLs and provide an example analysis for each NQTL in the core set. A defined process for examination would likewise be beneficial for when examinations go beyond standardized information collections or focus on specific areas of potential noncompliance.

3. ***Reexamine the burden estimates.***

While we continue to disagree on the accuracy of burden estimates in the ICRs, we support the aim of this request for comment. This information collection exercise helps “assess the impact of its information collection requirements and minimize the reporting burden on the public and helps the public understand the CMS’s information collection requirements and provide the requested data in the desired format.”¹ For example, CMS could look to the cost and burden associated with examinations predating enactment of the CAA, state market conduct examinations, costs for consultants supporting those examinations, or other sources.

We appreciate the opportunity to comment on this ICR, and look forward to working with CMS regarding the CAA’s examination process. Please do not hesitate to contact Deepti Loharikar at loharikar@abhw.org or 202-505-1834 with any questions or concerns. We appreciate your time and efforts on this important issue and look forward to continuing to be a strong partner moving forward.

Sincerely,



Pamela Greenberg, MPP
President and CEO

¹ See Federal Register / Vol. 86, No. 76 / Thursday, April 22, 2021 / Notices 21349. 1