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2024 Fall National Meeting Denver, Colorado

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA) (B) WORKING GROUP

Monday, November 18, 2024 11:30 a.m. – 12:15 p.m. Gaylord Rockies Hotel—Aurora Ballroom C/D—Level 2

ROLL CALL

Jane Beyer, Chair	Washington	Ralph Boeckman/Erin Porter	New Jersey
Chrystal Bartuska, Vice	North Dakota	Viara lanakieva/	New Mexico
Chair		Margaret Pena	
Leanette Henagan	Arizona	Sylvia Lawson	New York
Jimmy Harris	Arkansas	Ted Hamby	North Carolina
Kayte Fisher	California		
Cara Cheevers/Kate Harris	Colorado	Kyla Dembowski	Ohio
Kurt Swan	Connecticut	Ashley Scott/Landon Hubbart	Oklahoma
Howard Liebers	District of Columbia	Lindsi Swartz	Pennsylvania
Elizabeth Nunes/	Georgia	Glynda Daniels	South Carolina
Simone Edmonson			
Chris Heisler	Illinois	Jill Kruger	South Dakota
Andria Seip	lowa	Rachel Bowden	Texas
Julie Holmes	Kansas	Tanji J. Northrup	Utah
Mary Kwei	Maryland	Brant Lyons	Virginia
Candace Gergen	Minnesota	Tim Sigman/Joylynn Fix	West Virginia
Cynthia Amann/Amy Hoyt	Missouri	Barbara Belling	Wisconsin
David Dachs	Montana	Tana Howard/Jill Reinking	Wyoming
Sarah Cahn/	New Hampshire		
Maureen Belanger			

NAIC Support Staff: Joe Touschner/Brian Webb

AGENDA

- 1. Hear a Discussion on the Federal Mental Health Parity Final Rule —Jane Beyer (WA)
 - A. Beth Baum (U.S. Department of Labor—DO])
 - B. Jennifer Jones (Blue Cross Blue Shield Association—BCBSA)
 - C. Deborah Steinberg (Legal Action Center—LAC)
- 2. Discuss Any Other Matters Brought Before the Working Group



—Jane Beyer (WA)

3. Adjournment

Mental Health Parity Final Rule

November 18, 2024

Jennifer Jones, Executive Director, Legislative and Regulatory Policy BCBSA Policy and Advocacy



Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.



Longer Term Concerns

BCBSA has several significant concerns on how compliance with the new requirements will impact patients.

While numerical tests were removed, the Departments retained the "no more restrictive" standard without sufficient guidance.

- Limits the use of medical management which protects patients from care that is not clinically recommended
- Increases inappropriate care through unchecked overutilization and prioritizing higher-level providers when not needed—driving costs higher for consumers
- Drives poorer health outcomes and higher costs for patients

The Departments did not finalize automatic noncompliance for differences in network composition, but the rule includes problematic outcomes metrics tied to compliance. Necessitates health plans to reduce their standards for network participation, lowering quality without materially improving access for patients

Continued ambiguity in what qualifies as an NQTL constrains what plans can do to support care management and direct members to the appropriate level of care.

- - May restrict plans' ability to provide the support that patients need to choose the right approach for them
 - Creates additional pressure on higher level practitioners, resulting in fewer patients getting the help they need

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Immediate Concerns

BCBSA has concerns about plans' ability to align their compliance work to the new requirements by the current deadlines.

Timelines for implementation are aggressive.

The Final Rule was issued in September with many of the requirements in effect starting in Jan. 2025.

 Health plans could be at risk for noncompliance despite working aggressively to implement the changes and irrespective of whether the plan is compliant with the spirit of the requirements

The new provisions and definitions are not clear and additional guidance is needed to implement.

- The ambiguity is likely to lead to differences in interpretation exacerbating the existing confusion and complexity around compliance
- This will increase the burden on regulators, employers and health plans while not contributing to improved access for patients





Questions?

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