

NAIC Fall Meeting, B Committee, MHPAEA Working Group (Dec. 10, 2025)

# Lessons Learned: State NQTL Templates and Instructions

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## Agenda

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- State NQTL Templates and Instructions
- Plans' Perspectives
- MHPAEA Compliance
- Key Takeaways



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Lisa Campbell is co-chair of the firm's [Health Services](#) group. She advises clients on all aspects of MHPAEA.

Lisa is the former Director of the Compliance and Enforcement Division for the Oversight Group at CCIIO at HHS, and immediately prior to joining Groom, she was the Group Director for the Consumer Support Group at CCIIO. In her positions at HHS, Lisa worked closely with all key stakeholders, including State insurance regulators, the Departments of Labor and the Treasury, trade associations, and consumer groups. Prior to working at HHS, Lisa worked in the OHPSCA in EBSA at the DOL.

# State NQTL Templates and Instructions

## Survey of State Requirements for MHPAEA NQTL Reporting

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- States are varied in how they approach MHPAEA NQTL reporting:
  - Some States require very detailed reporting using specific templates.
  - Some States reference federal law and require reporting, but do not require specific templates.
  - Some States require certification only.



## Survey of State Requirements for MHPAEA Reporting

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- Issues related to State-specific detailed reporting:
  - Lack of explicit instructions on information being requested and review criteria.
  - Excessive burdens if detailed reporting is required at individual item, service or drug levels.
  - Regarding data, small datasets and differing assumptions complicate benchmarking or comparisons in State review.

## Survey of State Requirements for MHPAEA Reporting

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- Issues related to State-specific detailed reporting (cont.):
  - Templates may be inconsistent with federal law.
  - Gaps in templates and instructions create the need for several rounds of detailed follow-up inquiries.

# Plans' Perspectives



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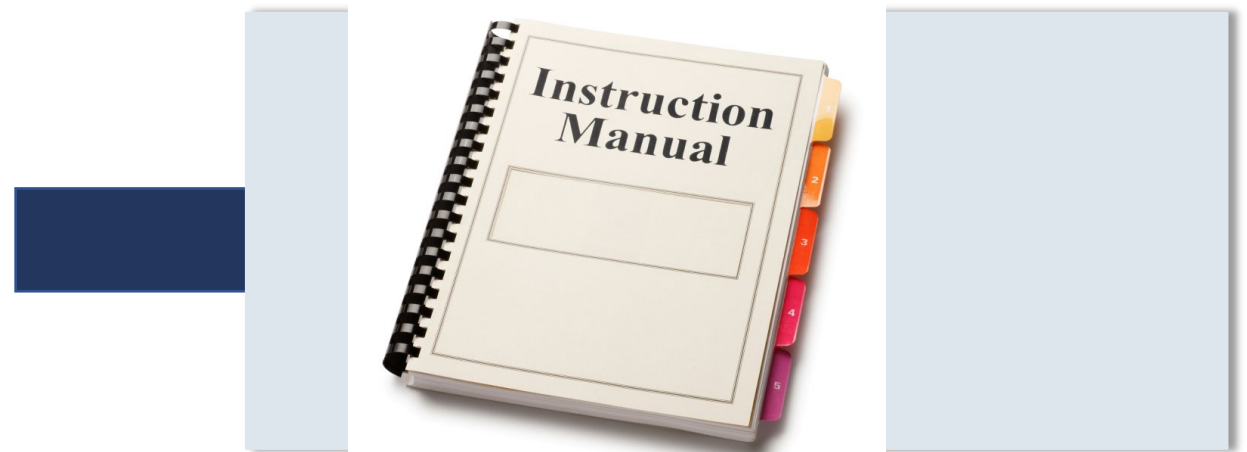
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- Generally, templates and instructions are helpful,
  - BUT, when there are so many of them and they are all different, it is not helpful.
- The extreme variation in State NQTL templates and instructions creates confusion and a lack of clarity for issuers in submitting NQTL documentation.

## MHPAEA NQTL Templates & Instructions

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- Imagine having 50 instruction manuals, and each set of instructions is telling you to do different things.



# Use of State NQTL Templates

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- For States that utilize the same template, the effort at uniformity is appreciated, but without clear guidance and consistent review criteria, it can lead to *inconsistent* interpretations across States and undermine the effort at uniformity and efficiency.
- Some templates impose significant burdens on health insurance issuers which can complicate the regulatory review.
- If templates and instructions are going to be used, it is **critical** that issuers are involved in the development of the templates and instructions, through notice and comment.
  - From a regulator perspective, if issuers do not understand how to complete the templates, then this will inhibit the regulatory review.

# Uniformity of NQTL Tools

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- The Tri-agencies are in the process of completing their evaluation of the 2024 final rule, which may impact the NQTL comparative analysis requirements that could inform future NQTL template design.
- Generally, States have aligned with Tri-agency guidance, including the DOL's self-compliance tool.
- Use of the DOL self-compliance tool by States would:
  - help with consistency and provide clarity on expectations; and
  - improve uniformity in reporting and review of health insurance issuers' compliance with MHPAEA.
- Use of the DOL self-compliance tool is consistent with reporting by self-funded plans.
- Additional federal guidance through sample comparative analyses or templates to demonstrate compliance would create the uniformity that is necessary to ease the burden on compliance with MHPAEA's NQTL documentation requirements.

# MHPAEA Compliance



# Costs of MHPAEA Compliance

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- The administrative burdens imposed by **varying** NQTL standards have the effect of diverting resources away from innovation, and toward *compliance analyses* where the cost of producing such documentation (in many different formats) far exceeds any benefit.
- The resources required to satisfy the requirements associated with varying templates and instructions undermine health plan stakeholders' ability to offer more generous behavioral health benefits and/or enhanced coverage overall.

# Progress on Mental Health Parity

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- Health plans have made tremendous progress related to mental health parity.
- Plans have:
  - expanded access through enhanced provider networks and telehealth;
  - significantly reduced utilization management on MH/SUD services; and
  - conducted proactive outreach to members about the availability of MH/SUD benefits.
- As a result, more people are accessing their MH/SUD benefits and getting the care they need.
- We know that there is more work that must be done, but it is important to recognize the positive improvements.

# Key Takeaways

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- Many States have significant, detailed reporting, which varies from State to State.
- Generally, templates and instructions may be helpful, BUT when there are so many of them and they are all different, it creates confusion and a challenging regulatory environment.
- Standardization is critical for MHPAEA compliance, and an updated federal DOL self-compliance tool would establish consistency.
- There should be better alignment between States and the federal government in the interpretation of the statute and MHPAEA reviews.
- Mental health parity continues to be a key priority for health plans.

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