

Draft Pending Adoption

Attachment **XX**
Regulatory Framework (B) Task Force
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Mental Health Parity and Addiction Equity Act (MHPAEA) (B) Working Group
Phoenix, Arizona
March 17, 2024

The MHPAEA (B) Working Group of the Regulatory Framework (B) Task Force met in Phoenix, AZ, March 17, 2024. The following Working Group members participated: Erica Weyhenmeyer, Chair (IL); Jane Beyer, Vice Chair (WA); Crystal Phelps (AR); Gio Espinosa (AZ); Cara Cheevers and Debra Judy (CO); Kurt Swan (CT); Stephen Flick (DC); Elizabeth Nunes (GA); Andria Seip (IA); Julie Holmes (KS); Mary Kwei (MD); T.J. Patton (MN); Teresa Kroll (MO); Robert Croom and Ted Hamby (NC); Chrystal Bartuska and Karri Morris (ND); Ralph Boeckman and Erin Porter (NJ); Viara Ianakieva (NM); Kyla Dembowski (OH); Ashley Scott and Landon Hubbart (OK); Caroline Boehm (PA); Jill Kruger (SD); Rachel Bowden (TX); Heidi Clausen and Shelley Wiseman (UT); Julie Fairbanks (VA); Rebecca Rebholz (WI); Joylynn Fix (WV), and Jill Reinking (WY).

1. Heard Presentations on Opioid Use Disorder and Medication for Opioid Use Disorder

Weyhenmeyer said that state insurance regulators perform detailed analysis of coverage policy and claims data, but they lack health care providers' knowledge of diseases like opioid use disorder and effective treatments for it. She said expert physician speakers would help educate the Working Group on the effects of opioid use disorder and the evidence that supports treatment for the disorder.

Dr. Jesse Ehrenfeld (American Medical Association—AMA) said the overdose epidemic is a critical issue for the nation. He said patients with mental illness and substance use disorder need the help of parity laws that are intended to protect them. He shared data on the rising numbers of overdose deaths and the large share of deaths caused by illicit fentanyl. He said more than 100,000 people die per year due to the epidemic of overdose.

Dr. Ehrenfeld described resources from the AMA on opioids, including reports on pregnant women and justice-involved individuals, a toolkit for policymakers, and a report with statistics on the epidemic. He reviewed key trends in opioid use disorder, including reduced opioid pain prescriptions, the end of barriers to prescribing like the X waiver, the success of naloxone, and remaining barriers to care like prior authorization. He said the AMA is happy to work with state insurance regulators to strengthen state or federal parity laws if regulators do not believe they grant sufficient authority. He urged states to impose significant monetary penalties on health plans for parity violations.

Dr. Ehrenfeld said that workforce challenges exist for mental health, but in comparison to medical crises like cardiac arrest, mental health treatment is not immediate and does not have appropriate follow-up. He said medical decisions are not questioned by health plans when the decisions follow the standard of care. He said that too often, health plans have no problem denying or delaying care for mental health conditions.

Dr. Marcus Bachhuber (Center for Evidence-based Policy) presented on medications for opioid use disorder. He described the effects of opioid use as doses increase and the increasing occurrence of withdrawal for patients. He said substance use disorders share many features with other chronic medical illnesses, such as periods of remission and relapse.

Dr. Bachhuber reviewed treatments for opioid use disorder. He said there was an early recognition that opioid use is different from other drug use disorders. He noted the history of treatments, including municipal morphine

clinics, methadone clinics, and the development of buprenorphine and injectable naloxone. He showed the effects of medications on the opioid receptors in the brain.

Dr. Bacchuber said that medication treatment for opioid use disorder is effective and lifesaving and that treatment retention is similar to other chronic conditions. He said methadone and buprenorphine generally have similar outcomes and that naltrexone requires a patient to undergo withdrawal before treatment. He said the three medications are delivered to different patients in different settings depending on the clinical circumstances, and there is not one optimal treatment for everyone.

Dr. Bacchuber covered the rules for prescribing the three medications and their dose and quantity limits. He said limitations on duration of therapy can disrupt treatment and put patients at risk for overdose death.

Dr. Bacchuber said state insurance regulators have used parity exams to compare health plans' coverage of medications to opioid use disorder with coverage for opioids for treatment of pain, as well as with other medications. He said states have found differences such as excluding methadone, applying different prior authorization requirements, or placing all medications on a high tier.

Dr. Bacchuber shared additional resources on the three medications, including from the Substance Abuse and Mental Health Services Administration (SAMHSA), the American Society of Addiction Medicine (ASAM), and the Center for Evidence-based Policy.

Beyer said state Medicaid programs often use information from the Center for Evidence-based Policy for setting coverage standards and that the same information can support the work that state insurance regulators do in mental health parity.

Seip asked whether generic equivalents exist for the drugs Dr. Bacchuber discussed. He said methadone is a generic, there are generic forms of buprenorphine, and only the brand form of naltrexone is approved for the treatment of opioid use.

2. Discussed Other Matters

Joe Feldman (Cover My Mental Health) said he is working to learn more about consumer complaints to state insurance regulators. He asked members of the Working Group to share how consumers can use the services their state departments of insurance (DOIs) provide. He said he will present at the Summer National Meeting on obstacles that consumers face in accessing mental health services.

Having no further business, the MHPAEA (B) Working Group adjourned into regulator-to-regulator session, pursuant to paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings, to continue work on its goals.

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