



August 31, 2016

To the Mental Health and Substance Use Disorder Task Force:

On behalf of the Jewish Federations of North America (JFNA), thank you for this opportunity to comment on the equal coverage of and access to mental health and addictive disorder treatment through the Mental Health Parity and Addiction Equity Act (MHPAEA) and its broader application under the Affordable Care Act (ACA). We thank you for your sustained effort to solicit input from organizations nationwide, and for your continuing work to ensure that individuals with mental illness and addictive disorders get the services to which they are entitled.

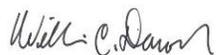
JFNA is one of the largest philanthropic networks in the country, serving as the umbrella organization for 151 Jewish federations and over 400 partner agencies. Our network includes 125 Jewish family & children's agencies that provide extensive mental health and addictive disorder treatment and, therefore, are on the front lines of mental health parity implementation.

Although our nation has come a long way in recognizing the need for and the importance of mental health treatment, JFNA believes that the promise of mental health parity is not being fully realized. We are concerned that the breadth and complexity of mental health parity under the current regulations and guidance make it difficult for individual patients to determine whether they truly are being provided coverage for mental health and addictive disorder treatment equal to their general medical coverage. The process seems to require extensive and detailed analysis of both a plan's stated benefits and actual coverage decisions. JFNA believes that this complexity necessitates federal action or study of mental health parity to assess the level of parity compliance throughout the country.

A recent inquiry of our Jewish family & children's agencies also has revealed two important findings related to mental health parity compliance. First, our agencies report that access to covered mental health and substance use treatment is being impeded by narrow networks of behavioral health providers and long wait lists for in-network providers, a situation that is forcing patients to choose between paying out-of-pocket for out-of-network providers or foregoing needed care. Second, our agencies report that their patients increasingly are unable to afford their copayments for services, particularly when combined with the higher deductible plans which are becoming much more prevalent according to recent reports. As one agency said, "If people can't afford co-pays, they don't seek treatment." Mental health care simply is becoming out of reach for too many Americans.

Eight years after the MHPAEA's enactment, it is time to ascertain whether the promise of the mental health parity law is being realized for the patients who are in dire need of mental health and addictive disorder treatment. Thank you for this opportunity to offer the perspective of our broad network of social service agencies on this important matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "William C. Daroff".

William C. Daroff,
Senior Vice President for Public Policy
& Director of the Washington Office