October 27, 2017

The Honorable Lamar Alexander  
Chairman  
Senate Health Education Labor  
and Pensions Committee  
455 Dirksen Senate Office Building  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Senate Health, Education, Labor and Pensions  
and Pensions Committee  
154 Russell Senate Office Building  
United States Senate  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the Mental Health Liaison Group (MHLG), we are writing to express our support for the Bipartisan Health Care Stabilization Act of 2017, and leading bipartisan efforts to provide stabilization to the health insurance marketplace.

The MHLG is a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates, payers and other stakeholders committed to strengthening Americans’ access to effective mental health and addiction care. Together, on behalf of the millions of Americans living with mental health and addiction disorders, their families, and communities, we advocate for public policies and funding to improve access to high-quality through prevention, early intervention, treatment and recovery services and supports.

As you well know, the maintenance of needed health and mental health care has little meaning without affordable and ready access to the plans providing such coverage, at parity with medical/surgical benefits. Additionally, ensuring affordable and ready access requires retention of the ACA’s prohibition against denying coverage based on a pre-existing condition, as well as the ACA’s prohibition against annual and lifetime limits on coverage. This is particularly vital given the opioid addiction epidemic our nation is facing, and the millions of Americans with multiple chronic co-occurring mental health and physical health conditions.

We believe your bill is a step in the right direction. It is critical that Cost-Sharing Reductions (CSR) funding be maintained to lower individual market premiums and to provide security for insurers to remain in the marketplace. Furthermore, funding for outreach efforts is paramount to help consumers choose the right plan for themselves and their families, and to ensure more people obtain coverage.

We are supportive in concept of allowing states to propose innovative value-based insurance designs and enabling streamlining approval of Section 1332 waivers, as long as current law provisions protecting low income people, those with serious health conditions, and other vulnerable populations are maintained. We specifically believe that any final bill that may be brought to a vote must maintain current law requirements that all plans offered in the individual insurance market: (1) must cover the 10 categories of essential health benefits, including mental health and substance use disorder treatment; (2) require guaranteed issue and renewability; (3) cannot deny coverage or impose higher premiums on people with preexisting conditions, and (4) cannot impose annual or lifetime limits on coverage.
We applaud your efforts to develop bipartisan solutions to strengthen and improve the health insurance market. Thank you for your bipartisan leadership to ensure Americans have affordable access to meaningful health care through funding CSR payments for the next two years and other stabilization efforts. We look forward to working with you to enact this bill without delay.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Art Therapy Association
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Work
American Association on Health and Disability
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
American Society of Addiction Medicine
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Children and Adults with Attention-Deficit Hyperactivity Disorder
Clinical Social Work Association
Council on Social Work Education
Depression and Bipolar Support Alliance
Eating Disorders Coalition
EMDR International Association
Global Alliance for Behavioral Health and Social Justice
The Jewish Federations of North America
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
The National Alliance to Advance Adolescent Health
National Association for Children’s Behavioral Health
National Association for Rural Mental Health (NARMH)
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
National Association of Social Workers
National Association of State Mental Health Program Directors (NASMHPD)
National Council for Behavioral Health
National Federation of Families for Children’s Mental Health
National Health Care for the Homeless Council
National League for Nursing
National MS Society
National Register of Health Service Psychologists
No Health Without Mental Health (NHMH)
Residential Eating Disorders Consortium
School Social Workers Association of America
The Trevor Project
Treatment Communities of America
Young Invicibles