



September 28, 2022

The Honorable Richard Neal  
 Chairman  
 Committee on Ways and Means  
 372 Cannon House Office Building  
 Washington, DC 20515

The Honorable Kevin Brady  
 Ranking Member  
 Committee on Ways and Means  
 1011 Longworth House Office Building  
 Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady,

Our organizations, representing millions of individuals with serious and chronic health conditions across the country, commend you for passing legislation out of committee that will make it easier for people to access critical mental health and substance use disorder services.

Our organizations are united in our commitment to advocate for policies that help people with serious and chronic health conditions access needed health care services. Specifically, the following three overarching principles guide our work: (1) health care should be accessible, meaning that coverage should be easy to understand and not pose a barrier to care; (2) health care should be affordable, enabling patients to access the treatments they need to live healthy and productive lives; and (3) health care must be adequate, meaning healthcare coverage should cover treatments patients need. Coverage should include a robust set of services to treat mental health and substance use disorders. We are heartened to see that the committee had advanced a package of bills that will improve health care accessibility, affordability and adequacy.

It is well established that cost sharing is a significant barrier to obtaining health care, including mental health and substance use disorder treatment services. [Committee Print 117-3, Requiring Coverage of Forensic Medical Exams with No Cost Sharing](#) would ensure that forensic medical exams for victims of sexual assault are provided without cost-sharing in private health insurance plans. We applaud the Committee for working to support those who have experienced the trauma of sexual assault by ensuring they can begin their healing without carrying the burden of costs for forensic medical care that may lead to the prosecution of their attacker.

The information in health insurance plans' provider directories is often inaccurate, which can make it difficult for patients to effectively locate providers. Our organizations have strongly supported provisions in the No Surprises Act which would require providers to keep up to date and accurate directories. However, [Committee Print 117-4. Improved Information in Provider Directories, Plan Definitions, and Crisis Services for Private Insurance Plans](#) would add additional patient transparency protections that require private health insurance plans to include information in their provider directories about whether providers are accepting new patients as well as information about telehealth options. The legislation would also require public posting of these directories on a government website. Many people struggle to find a mental health provider in their insurance plan's network that is accepting new patients. We applaud the Committee for this change and are hopeful that such public disclosure requirements will help more people easily find mental health providers.

Numerous studies have shown that the provider networks for mental health and substance use disorder specialists are less robust than other specialties. This can leave people with mental health conditions with no other option than to seek care that is out-of-network, often making mental health care unaffordable. Some people will pay overwhelming out-of-pocket costs or take on medical debt, while others will forgo medically necessary mental health treatment. These are choices no one should have to make. [Committee Print 117-5. Improved Information for Network Coverage and Plan Documents in Private Insurance Plans](#) requires private health insurance plans to publicly disclose the number and percentage of behavioral health and substance use disorder providers and facilities that are in-network. The legislation also requires the Departments of HHS, Treasury and Labor to establish a system of designations (such as "low", "medium", and "high") to reflect the breadth of the plan's behavioral health and substance use disorder provider network. We are also supportive of the Committee's efforts to increase transparency and understanding of the overall quality of insurance offerings by requiring issuers and employers to report summary of benefits and coverage documentation to the Department of Labor. We applaud the Committee for these efforts to make it easier for people to choose a health insurance plan that meets their needs without burdensome out-of-pocket costs.

Thank you for finding bipartisan solutions to improve our nation's health care system, particularly during the ongoing mental health crisis. If you have any questions about our organizations or about this letter, contact Jennifer Snow [jsnow@nami.org](mailto:jsnow@nami.org).

Sincerely,

ALS Association  
American Lung Association  
Arthritis Foundation  
Cancer Support Community  
Epilepsy Foundation  
Hemophilia Federation of America  
Lutheran Services in America  
National Alliance on Mental Illness (NAMI)

National Eczema Association  
National Health Council  
National Kidney Foundation  
National Multiple Sclerosis Society  
National Psoriasis Foundation  
Pulmonary Hypertension Association  
The Leukemia & Lymphoma Society