

January 10, 2025

Ms. Linda McMahon  
Co-Chair, Trump-Vance Transition

Mr. Howard Lutnick  
Co-Chair, Trump-Vance Transition

Dear Co-Chairs Lutnick and McMahon,

The Association for Behavioral Health and Wellness (ABHW) congratulates President Donald J. Trump on his election and looks forward to working with your Administration. We appreciated the efforts of the President during his first term to address the growing need for mental health (MH) and substance use disorders (SUD) care and treatment, notably signing into law the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)* and the *National Suicide Hotline Designation Act of 2020*. We look forward to collaborating with him and building on those successes.

ABHW is the national voice for payers managing behavioral health (BH) insurance benefits. Our member companies provide coverage to approximately 200 million people in the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness.

Access to comprehensive, evidence-based MH and SUD services is critical to enhancing patients' health and overall well-being, whether covered by a commercial plan, Medicare, Medicaid, or another health benefit program. We look forward to working with President Trump and Congress to ensure access to quality MH and SUD care. As you set priorities for your upcoming Administration, we urge you to focus on key policies enhancing access to quality behavioral health care. We outline the issues below for your consideration:

- Address Mental Health and Substance Use Disorder Parity Final Rule
- Expand the Use of Telehealth for Behavioral Health Services
- Ensure Access to Substance Use Disorder Treatment
- Strengthen and Expand the Behavioral Health Workforce
- Eliminate the Medicaid Institutions for Mental Diseases (IMD) Exclusion
- Preserve Enhanced Premium Tax Credits
- Advance Integrated Care
- Ensure Optimal Behavioral Health for Children and Youth
- Ensure Health Coverage for Individuals Released from Jails and Prisons

## Address Mental Health and Substance Use Disorder Parity Final Rule

Since its inception, ABHW has been at the forefront of and an advocate for MH and SUD parity. ABHW was instrumental in drafting the legislative language of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and our members have worked tirelessly over the past 16 years to implement parity for behavioral health services.

The U.S. Department of Labor (DOL), U.S. Department of Health and Human Services (HHS), and U.S. Department of Treasury (collectively, "the Tri-Departments") published the Final Rule "Requirements Related to the Mental Health Parity and Addiction Equity Act, (MHPAEA or Final Rule)" on September 23, 2024 (89 Fed. Reg. 77586). **We urge the Trump Administration to delay enforcement implementation of the Final Rule for one year to reexamine** the provisions and ensure that the application and enforcement are practical, effective, and efficient. This means compliance is not overly burdensome, and the cost to implement the law and subsequent regulations does not make premiums prohibitive for patients. ABHW is committed to working with regulators and your Administration to ensure that MHPAEA implementation is feasible.

The Final Rule significantly complicates and expands the regulatory burden and expense to both the private sector and government due to increased documentation and compliance requirements that do not achieve the goals of MHPAEA. These additional documentation requirements are burdensome and will go against the goal of simplifying and improving MH and SUD parity compliance processes. In addition, the Final Rule changed definitions and other requirements that required updating numerous plan processes in less than four months. Such a requirement was unrealistic. While we requested of the Biden Administration a delay in enforcement if health plans were demonstrating good faith compliance efforts, we have yet to receive a response as of this writing. Additionally, the Tri-Departments have violated the Supreme Court's recent decision in *Loper Bright Enterprises v. Raimondo* by exceeding statutory authority and adding complexity and confusion to already opaque and subjective parity requirements.

The Tri-Departments have failed to substantiate how these changes would enhance MH and SUD parity or help achieve compliance. Instead, they assert that the Final Rule would cure problems beyond those that sought to be addressed under the MHPAEA law, such as the lack of available providers.

We are committed to working with your Administration to ensure that MHPAEA implementation is feasible. ABHW fully supports the concept of MH and SUD parity, and our members are committed to promoting access to comprehensive behavioral health benefits. However, the lack of comprehensive guidance has plagued health plans for over a decade, particularly for non-quantitative treatment limitations (NQTLs).

## Expand the Use of Telehealth for Behavioral Health Services

The telehealth guidance and service flexibilities offered over the past few years have been critical for people with MH and SUDs to access care. These changes have allowed payers and providers to ensure

that people can access needed MH and SUD services. As the need for behavioral health services continues to grow, we urge Congress and the Trump Administration to consider the following:

*Repeal the Medicare 6-month in-person requirement.* We support making the Medicare telehealth flexibilities permanent and repealing the in-person requirement for tele-mental health services in Medicare. Requiring that individuals must have an in-person visit with a provider within six months before receiving a tele-mental health service creates an unnecessary and stigmatizing burden to care. The *Telemental Health Care Access Act (H.R. 3432/S. 3651)* and the *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2023 (H.R. 4189/S. 2016)* are two bills that would ensure continued access to needed MH and SUD services. We urge the Trump Administration to work with Congress to support **repealing the six-month in-person telehealth requirement and make the Medicare telehealth flexibilities permanent**. Repealing this provision would allow patients, providers, and payers to ensure continued access to critical MH services.

*Expanding Tele-mental Health Services.* The expanded tele-mental health flexibilities for Health Savings Account-eligible plans with the passage of the Coronavirus Aid, Relief and Economic Security (CARES) Act and subsequent extensions to the end of 2024 have helped millions of Americans access the care they need. Without congressional action, employers will be required to charge employees more to access telehealth services, creating a barrier to care, including tele-mental health treatment. The nation's growing mental health crisis demonstrates that Americans need more access to affordable mental and behavioral health services, not less. The bipartisan, bicameral *Telehealth Expansion Act of 2023 (H.R. 1843/S. 1001)* helps to expand tele-mental health services by exempting high-deductible health plans from the requirement of a deductible for telehealth and other remote care services. We urge you to encourage Congress **to enact legislation to ensure this vital flexibility to exempt high-deductible health plans from a deductible requirement for telehealth and other remote care services**.

*Expand cross-state licensure.* During the pandemic, all 50 states used emergency authority to waive some aspect(s) of state licensure laws providing widespread access to care. We encourage continued efforts for states to foster cross-state licensure reciprocity to support increased access to services. However, many states have rolled back these flexibilities. Not only would cross-state licensure deliver more efficient care, but it would also reduce patient burdens. Especially in the field of behavioral health, there are often shortages of providers, and patients are more comfortable meeting with providers remotely. **ABHW proposes convening a national task force of federal and state leaders to examine interstate licensure and outline recommendations to increase access to behavioral health services**.

#### Ensure Access to Substance Use Disorder Treatment

*Reauthorize the SUPPORT Act.* ABHW also urges Congress to reauthorize the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act*, which expired September 30, 2023. The SUPPORT Act is critical to effectively addressing SUDs and co-occurring MH conditions. The policies and provisions in the SUPPORT Act will continue to embrace prevention, treatment, and a pathway to recovery. This legislation first passed and was

implemented by the Trump 45 Administration, played an important role in the reduction of opioid deaths. **We ask that President Trump continue to show his leadership on mental health and substance use disorder treatment and urge Congress to collaborate and pass this important legislation to advance our collaborative efforts to prevent and treat SUDs.**

*ABHW supports enhancing access to medication-assisted treatment (MAT).* Research has shown that MAT is the most effective intervention to treat opioid use disorders (OUDs) as it significantly reduces illicit opioid use compared to non-drug approaches. Increased access to MAT shows a reduction in overdose fatalities. We urge the Trump Administration to consider the following: We recommend **waiving the in-person requirement for tele-prescribing for OUD patients.** We also encourage you to **support responsibly expanding access to methadone treatment.**

*Expanding the Telehealth Response for OUD Treatment.* Enhancing access to medication-assisted treatment (MAT) is more critical than ever as we continue to make progress in reducing the number of overdose deaths. Medications like buprenorphine are the best way to treat opioid use disorder (OUD) and curb overdose deaths. Still, these medications are often unavailable to those who need them. Fewer than 1 in 5 people with an OUD receive medication. The *Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act (H.R. 5163/S. 3193)* is **bipartisan, bicameral legislation that would waive the in-person requirement and instead allow the use of audio-only or audio-visual telehealth services for people with opioid use disorder.** Accessing buprenorphine via telehealth can help close the treatment gap by removing obstacles to care. Transportation challenges, childcare responsibilities, taking time off work, and stigma can make it hard for people to make appointments to receive OUD treatment in person. Workforce shortages and long wait times for new patients also impact access to in-person treatment. We urge the Trump administration to work with Congress to enact this legislation so that individuals have increased access to treatment.

*Expanding Access to Methadone Treatment.* The *Modernizing Opioid Treatment Access Act (MOTAA) (H.R. 1359/S. 644)* is bipartisan, bicameral legislation that would responsibly expand access to methadone treatment for OUD. MOTAA **will permit physicians who are board-certified in addiction medicine or addiction psychiatry to prescribe methadone for OUD, subject to appropriate federal and state oversight.** We believe that passing this legislation will help to continue the progress we've made in turning the tide on the overdose crisis facing our nation, saving lives while promoting treatment and recovery. We ask that the Trump Administration **work with Congress to pass MOTAA.**

### Strengthen and Expand the Behavioral Health Workforce

It is imperative to seek solutions to expand access to care and address ongoing workforce shortages across the country to help ensure people who need MH and/or SUD treatment get the care they need. We ask that the Administration and Congress work to increase funding to behavioral health providers so that we have an adequate workforce to meet the increasing need for MH and SUD services. **We ask the Trump Administration to urge Congress to expand eligible Medicare providers to include certified peer support specialists.**

*Medicare coverage of peer support services.* Certified peer support specialists can be vital in providing support to people living with MH conditions and SUDs. These paraprofessionals are individuals with lived experience of recovery from an MH disorder or SUD. This evidence-based practice helps individuals navigate the often-confusing health care system, get the most out of treatment, identify community resources, and develop resilience. The *Promoting Effective and Empowering Recovery Services in Medicare (PEERS) Act of 2023 (H.R. 6748 /S. 3498)* is an important step in recognizing the unique role of peer support specialists in helping individuals better engage in services, manage physical and MH conditions, build support systems, and, ultimately, live self-directed lives in their communities.

*Expand Certified Community Behavioral Health Clinics (CCBHCs).* CCBHCs dramatically improve access to a comprehensive range of MH and SUD services to individuals in vulnerable situations; such services include, for example, 24/7 crisis services as a part of the 988-crisis system, hiring hundreds of new substance use-focused clinicians, expanding MAT, and reducing patient wait times. CCBHCs are a successful, integrated, and modern way of delivering 21st-century MH and SUD care to individuals and families.

The *Ensuring Excellence in Mental Health Act (H.R. 8543/S. 2993)* would help to bolster the workforce and strengthen access to timely and quality care for Americans in need. Today, around 500 CCBHCs across 48 states and territories (covering 40% of all U.S. counties) serve an estimated 3 million people nationwide. CCBHCs are making a difference. **We respectfully ask for your leadership to ensure that Congress passes the Ensuring Excellence in Mental Health Act.**

#### Eliminate the Medicaid Institutions for Mental Diseases (IMD) exclusion

We urge Congress to remove policy barriers that limit beneficiary access to needed and appropriate MH and SUD care. This includes ending the IMD exclusion, which prohibits Medicaid reimbursement for adults under the age of 65 in residential behavioral health facilities with more than 16 beds. Although the IMD exclusion cannot be fully overcome without Congressional action, the Administration could increase access and improve appropriate care through expanded use of waivers under section 1115 to enable states to cover IMD services more broadly. **Waiving the IMD exclusion to Medicaid funding** for inpatient behavioral health treatment would free up beds in local hospitals, allowing them to manage capacity in inpatient and emergency departments.

#### Preserve Enhanced Premium Tax Credits

At a time when Americans are concerned with rising costs, including health care costs, the enhanced premium tax credits available on the individual health care marketplace have made it possible for more than 21 million Americans to purchase coverage on their own. These tax credits have also been critical for rural Americans, who have many barriers to care and live in areas where health care costs are often higher. We look forward to working with the Trump Administration and Congress to **preserve the enhanced tax credits to ensure millions of Americans who previously struggled to afford health insurance now have comprehensive coverage at lower costs.** Extending these credits will help families avoid financial hardship while ensuring they receive essential medical care. The

impact of uninsured Americans has broader economic indications with lower productivity and potentially higher costs for uninsured individuals.

### Advance Integrated Care

ABHW strongly believes that coordinating medical and behavioral health care improves health outcomes and is more cost-effective. Additionally, ongoing workforce shortages and lack of care coordination continue to impede access to needed behavioral health services. The *Connecting Our Medical Providers with Links to Expand Tailored and Effective (COMPLETE) Care Act (H.R. 5819/S. 1378)* is legislation that would increase the use of integrated care models. The COMPLETE Care Act would help clinicians and practices adopt these innovative, integrated delivery models. By facilitating coordinated care among health professionals in the primary care setting, these team-based models can increase access, reduce wait times for treatments, improve patient outcomes, and reduce overall treatment costs. The COMPLETE Care Act **would also temporarily increase the Medicare payment for existing integrated care codes and provide technical assistance to practices.** It is a logical and much-needed step toward ensuring integrated behavioral health care is more widely implemented so patients can get the care they require to lead healthy, fulfilling lives.

### Ensure Optimal Behavioral Health for Children and Youth

ABHW members are committed to ensuring access to quality, affordable, and evidence-based behavioral health care for children and adolescents. Members are working on various initiatives to help children and young people get the care they need.

ABHW members utilize available data to help better identify and address the needs of the individuals they insure. Data analytics are emerging as a transformative tool, reshaping how mental illness is diagnosed, treated, and prevented. By leveraging patient data, behavioral health professionals can enhance diagnostic accuracy, tailor treatment plans, and improve preventative strategies. Some ABHW members have created predictive models that identify children and youth who are at risk of a suicide attempt. These models allow health plans to initiate proactive outreach to families, children, and youth and have resulted in a reduction in suicides.

Raising awareness and helping solve the children's and youth's mental health crisis is a priority for ABHW members. We welcome opportunities to engage with the Trump administration to advance sound policies addressing workforce shortages, supporting school-based mental health services, examining social media impacts, and ensuring comprehensive MH and SUD services in communities for children and their families. You can read about ABHW member efforts and policy opportunities in our report: [\*The State of Children and Youth Behavioral Health: Solutions by Congress, the Administration, and Health Plans.\*](#)

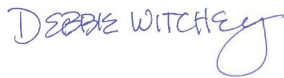
### Ensure Health Coverage for Individuals Released from Jails and Prisons

According to the Bureau of Justice Statistics (BJS), more than half of those in the criminal justice system have a mental illness. Of those with serious mental illness, approximately 75 percent also have

a co-occurring SUD. The *Reentry Act (H.R. 2400/S. 1165)* and the *Due Process Continuity of Care Act (H.R. 3074/S. 971)* address this growing concern. Both bills will help integrate SUD treatment into carceral settings, reduce recidivism, and prevent overdose deaths. **The Reentry Act would allow Medicaid coverage to start 30 days before release, and the Due Process Continuity of Care Act would allow Medicaid coverage while an individual is awaiting trial.** During a deadly overdose crisis, these bills are commonsense solutions to increase the availability of SUD treatment for incarcerated individuals, decrease overdose deaths, and better protect public health and safety. Equipping individuals with timely access to SUD, MH, and other health-related services before release will facilitate the transition to community-based care upon release that is necessary to help break the cycle of recidivism. We ask that the President support the passage of the *Reentry Act* and the *Due Process Continuity of Care Act*.

Thank you for the opportunity to provide suggestions to address important behavioral health policies. We look forward to working with you during this transition period. If you have any questions or want to discuss ABHW's policy priorities, please contact me at [witchey@abhw.org](mailto:witchey@abhw.org) or 703-405-8616.

Sincerely,

A handwritten signature in blue ink that reads "DEBBIE WITCHHEY". The signature is written in a cursive, slightly slanted style.

Debbie Witchey  
President and CEO