



September 26, 2023

Chiquita Brooks-LaSure, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: 1210-AC11; Requirements Related to the Mental Health Parity and Addiction Equity Act

Submitted electronically via <http://www.regulations.gov>

Dear Administrator Brooks-LaSure,

Trinity Health appreciates the opportunity to comment on policies set forth in 1210-AC11. Our comments and recommendations reflect a strong interest in public policies that support better health, better care and lower costs to ensure affordable, high quality, and people-centered care for all.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 123,000 colleagues and more than 26,000 physicians and clinicians caring for diverse communities across 26 states. Nationally recognized for care and experience, the Trinity Health system includes 88 hospitals, 135 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. Trinity Health has 15 medical groups with 1,324 primary care providers and 4,193 specialty care providers. Based in Livonia, Michigan, its annual operating revenue is \$21.5 billion with \$1.4 billion returned to its communities in the form of charity care and other community benefit programs. Trinity Health is committed to serving as a critical provider in our communities and coordinating care across settings and the care continuum, with 41% of our revenue coming from Medicare and 18% from Medicaid and uninsured patients.

Trinity Health works across our health system to address the clinical and social needs of those we serve as we strive to be a transforming and healing presence in our communities. We are pursuing innovative efforts to create a health system that seamlessly cares for all an individual's needs and is focused on serving hard-to-reach populations. This includes delivering physical and behavioral health as well as linking to community-based services in an integrated manner where providers are accountable for patient outcomes while delivering people-centered care.

Commercial health insurers have not uniformly implemented the Mental Health Parity and Addiction Equity Act that was intended to level that playing field and treat coverage for mental health and substance use disorders the same as other medical needs. Trinity Health fully supports the proposed rule, which would clarify what insurers are allowed to do for prior authorization, in-network coverage, and payments. This rule would limit barriers to accessing integral behavioral health and substance use services for patients while also decreasing administrative burden experienced by providers when navigating burdensome and unnecessary insurance barriers to patient care. We urge the Departments to finalize the proposed rule.

Our country is experiencing a public health crisis with mental illness; it is critical we address the root causes rather than just the symptoms and we need public funding to do this. In addition, there is a major strain on the delivery of behavioral health services across the nation. Addressing this crisis requires breaking down barriers to care, such as workforce shortages and lack of reimbursement, ensuring that access to care across the continuum can be better supported. To this end, we recommend the Departments work with Congress to achieve policies that continue to expand access, including:

- Ensure adequate reimbursement across all payers to all providers (e.g. community health workers, social workers) and eliminate Medicare and Medicaid billing restrictions related to behavioral health services.
- Provide funding for educational loan forgiveness and repayment for health care workers across the care continuum including behavioral health.
- Reduce licensing barriers that support efforts to facilitate health care worker movement across states, including expedited licensure review and expansion of licensure compacts.
- Allow psychiatrists, psychologists, social workers, nurses, care coordinators, community health workers and peer support specialists to practice in collaborative, team-based environments according to their highest level of education, training and licensure.
- Consider policies to support care integration including support for increased behavioral health training for primary care providers, fund new and existing clinical care models that use a multi-disciplinary team, provide financial incentives and align quality incentives to facilitate integrated care, and encourage states and payers to remove restrictions on same-day billing for more than one service per day.
- Ensure HIT standards and regulations support changes in payment and delivery systems, are aligned with care delivery needs in alternative payment models and facilitate the management of population health.
- Provide reimbursement for community health worker and peer support specialist education, outreach and mentoring to address social and health needs.
- Expand access to broadband to all Americans with priority for those in medically underserved communities, including rural and tribal communities, to ensure access to telehealth.
- Establish grants for cultural and linguistic competency training in medical residency programs and in-service training for behavioral health professionals.
- Support community care teams, crisis intervention teams, and high-utilizer programs that include services for social needs such as housing, food and social isolation.
- Test new models to support community health transformation by creating linkages between health systems, providers and community-based services, and encourage care coordination to optimize access and delivery of wrap-around support services.

Conclusion

Trinity Health applauds the Departments for the policies outlined in the proposed rule and we urge further policies that increase access to behavioral health care and substance use treatment. We welcome the opportunity to serve as a resource on these issues. Please feel free to contact Jen Nading with any questions at jennifer.nading@trinity-health.org

Sincerely,

/s/

Jennifer Nading
Director, Medicare and Medicaid Policy and Regulatory Affairs
Trinity Health