February 7, 2008

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable John Boehner  
Republican Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Speaker Pelosi and Republican Leader Boehner:

I am writing on behalf of the members of the American Benefits Council regarding H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007 which the House of Representatives is expected to consider in the near future. The American Benefits Council represents major employers and other organizations that collectively sponsor and administer health and retirement benefit plans covering more than 100 million Americans.

Our members highly value and have long recognized the importance of effective health coverage for the treatment of both physical and behavioral conditions. Indeed, because of the importance our members place on these services, we have repeatedly urged that Congress either continue current federal parity standards for mental health coverage or modify them only in ways that would not add to plan costs or increase the complexity of plan administration, which could unintentionally risk a reduction in coverage for these or other benefits provided to employees and their families.

Our members remain committed to parity for mental health benefit programs. We strongly believe that changes to current law are best achieved through consensus with employers, health plans, behavioral health care providers and plan participants. As we testified during hearings held in the House of Representatives, we are very pleased and proud to have worked in just such a manner with the bipartisan sponsors of S. 558, the Mental Health Parity Act, to help craft legislation. The Senate legislation was a product
of extensive discussions and compromise, and no one had all their objectives fully addressed. But the Senate bill represents a balanced, workable approach that has broad support and, indeed, passed the Senate unanimously.

Legislation developed through such an inclusive process is most likely to result in the broadest coverage for the greatest number of people. We respectfully submit that, as currently drafted, H.R. 1424 does not meet that standard. Flexibility in plan design with respect to benefits in and out of network, protection of the ability to ensure quality care through medical management practices, and federal uniformity in plan administration and remedies are essential for employer-sponsored mental health benefits just as they are for other health care services, and should be part of any parity legislation. Certainly, legislation intended to ensure parity should not include different standards regarding design flexibility, ensuring quality care and plan administration remedies for mental health conditions than for other health conditions. Due to the importance of these voluntarily provided programs, we urge you to send to a House/Senate conference a measure that will avoid mandating the benefits covered in or out of network, ensure the ability to appropriately manage mental health care through medical management practices and the formation of networks of health care providers, and help ensure and protect national uniformity of plan administration and remedies.

We urge that the House of Representatives emulate the process followed by the bipartisan leaders in the Senate and work in an inclusive manner to enact sound public policy, supported by mental health providers, plan participants, employers and health plans.

Sincerely,

James A. Klein
President
American Benefits Council