



September 28, 2021

To: Cassie Soucy, Division of Financial Regulation
Fr: Chris Bouneff, NAMI Oregon
Re: Parity reporting language comments

NAMI Oregon wishes to provide written follow-up to our oral comments at the Rules Advisory Committee meeting on Sept. 23. Our comments relate to draft language in Paragraph (3), Subparagraphs v., vi., and vii.

For RAC discussion purposes, the Division drafted the following language:

v. Providing descriptions and document on the policies, procedures, and other efforts to maintain compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110 343).

vi. Providing descriptions and documentation on the policies, procedures, and other efforts to maintain compliance with ORS 743A.168:.

Section 8 of HB 3046, effective in 2023, articulate what it means to be in compliance with the MHPAEA and Oregon parity requirements in line with the federal district court decision in *Wit v. United Behavioral Health*. Our general recommendation is that rule language reflect these new requirements and that the Division require reporting that aids in determining whether carriers are in compliance with these new requirements.

We refer to Section 8 Paragraph 5 and ensuing subparagraphs in HB 3046. We request that the Division draft rule language that, as a part of annual reporting, requires collection of policies, procedures, practices, etc., that document:

- How carriers are adopting the term of “generally accepted standards of care” as defined in the legislation.
- The specific instruments carriers are using for level of care placement decisions to determine if they are “the most recent version of the levels of care placement criteria developed by the nonprofit professional association for the relevant clinical specialty.” At this time, those instruments are generally recognized as the LOCUS, CALOCUS-CASII, and ASAM.
- For clinical review not involving level of placement, the specific criteria carriers are utilizing as well as their policies and processes for making such criteria “publicly available and made to insureds upon request...”
 - ✓ Information collected from carriers should document how plan members may request these criteria to ensure members have a clear and logical pathway to obtain this information.

We have other comments and suggestions for this section of rule, but the timing of those depend on how the Division wishes to proceed with rulemaking. Given that key parity provisions don’t take effect until Jan. 1, 2023, we foresee value in delaying those detailed discussions until the first reporting period is completed in 2022.