



September 17, 2025

Ms. Jane Beyer  
Senior Health Policy Advisory  
Washington Office of the Insurance Commissioner  
Submitted via email: [rulescoordinator@oic.wa.gov](mailto:rulescoordinator@oic.wa.gov)

Re: R2025-13 Notice of rulemaking on Mental Health Parity

Dear Ms. Beyer,

Thank you for the opportunity to provide comments on the Office of the Insurance Commissioner's (OIC) notice of rulemaking regarding Mental Health Parity (MHP) requirements, including the implementation of E2SHB 1432.

We would like to offer our partnership and subject matter expertise as you develop these important regulations. As a company committed to improving mental health access and ensuring appropriate MHP compliance, we share the OIC's goal of meaningful consumer access in this critical area. Our team possesses in-depth knowledge of health plan operations that we believe will be crucial to consider when creating MHP requirements that are both meaningful for consumers and operationally achievable by the industry.

### **Need for Clear and Balanced Compliance Guidance**

Our experience indicates that the industry lacks sufficient regulatory guidance to demonstrate MHP compliance in a manner that fully satisfies regulator expectations. In response to the Mental Health Parity and Addiction Equity Act (MHPAEA) Final Rule, employer health plan sponsors and health insurance carriers have noted that no regulator has provided an example of compliance with the MHPAEA nonquantitative treatment limitations (NQTLs) comparative analysis. Without clear examples and standards, the industry struggles to understand compliance expectations and to our knowledge, no carrier has successfully shown compliance. The results of the OIC's prior Market Scans and Market Conduct Continuum Actions, as evidenced by published OIC Enforcement Actions, illustrate this difficulty through considerable inconsistency in how MHPAEA and Washington State's behavioral health statutes have been interpreted and implemented across carriers. This is particularly significant given that the Department of Labor estimates (very conservatively) that the cost of the comparative analysis process to plans and issuers under the 2024 Parity Rules will be over **\$656 million** in the first year alone. This does not include the costs of responding to market conduct reviews or other audits that may last for years without satisfactory closure due to inconclusive findings.



Therefore, we ask your office to use this rulemaking opportunity to provide necessary guidance ensuring all carriers understand compliance measures going forward. We believe this will ensure consistent market-wide implementation.

We respectfully request that the rules provide clear examples of acceptable compliance demonstrations for NQTLs, specific guidance on acceptable rationales when in-operations data shows discrepancies between medical/surgical and mental health/substance use disorder (MH/SUD) services, and acknowledgment that federal requirements do not mandate equal outcomes data between medical/surgical and MH/SUD services.

### **Specific Provisions Requiring Clarification**

#### *Meaningful Benefits (E2SHB 1432 Section 2(8))*

We respectfully urge that the meaningful benefits requirement does not expand beyond the definition within the federal MHPAEA Final Rule and not be interpreted as a benefit mandate that would require carriers to cover specific services not currently covered in the market. We recommend that the rules provide clear guidance on how "meaningful benefits" will be evaluated and defined while preserving carrier flexibility in benefit design and maintaining consistency with federal MHPAEA requirements.

We also note that the "meaningful benefit" requirement is being challenged in federal court on a number of legal grounds, creating the potential for incompatibility between state and federal law.

#### *Prior Authorization Limitations (E2SHB 1432 Section 3(2))*

The bill prohibits utilization management or a review of any kind for the initial evaluation and management (E&M) visits and up to six consecutive treatment visits for outpatient MH and SUD office visits. Given the exclusion of "procedures performed on an outpatient basis," we request clarification on the scope of services that would be considered within this prohibition. We suggest that the rules define "office visits" with sufficient specificity to provide operational clarity, potentially by limiting the requirement to evaluation and management (E&M) codes for the initial visit, as referenced in the bill's provision.

### **Request for Ongoing Collaboration**

Given the complexity of these MHP requirements and their significant operational implications, we respectfully suggest that the OIC consider hosting a stakeholder meeting once draft rules are available for review. This approach has proven valuable in previous complex rulemakings, allowing for meaningful dialogue between regulators and industry stakeholders to identify potential implementation challenges and refine regulatory language before finalization. Such a meeting would provide an opportunity for detailed discussion of technical provisions and ensure that the final rules achieve their intended consumer protection goals while remaining operationally feasible.



Thank you for your consideration of these comments. We look forward to continuing our partnership with the OIC on this important topic.

Sincerely,

A handwritten signature in black ink that reads "Jane Douthit". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jane Douthit  
Cambia Health Solutions  
Sr. Public & Regulatory Affairs Specialist