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General Comment

May 21, 2009

My thanks to the Departments of The Treasury, Labor and HHS for the opportunity to comment on the Paul Wellstone and Pete
Domenici Mental Health Parity and Addiction Equity Act of 2008. I am a healthcare executive and consultant, licensed psychologist
and certified coach. My experience includes development of behavioral health care networks for most states in our nation and
leadership for mental health parity preparation and administration with two health plans.

One comment I would make is that the development of an audit program to promote compliance with this legislation presents the
opportunity to promote the health care improvement aims of the Institute of Medicine (health care should be Safe, Effective, Patient-
centered, Timely, Efficient, Equitable) through inclusion of audit items and provision of compliance education that simultaneously

facilitates regulatory compliance and the aims described in the IOM's Crossing the Quality Chasm report (2001) and its related 2005
report, Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series.

One observation I would offer is that resources that are available and covered under a medical/surgical benefit are too often unavailable
through the behavioral health benefit. For example, skilled nursing facilities and home health care, adept at managing the
medical/surgical patient, are less available for behavioral health patients and their families. Other times, if the facility or agency offers
services for behavioral health patients and families, the staff often lack training in evidence-based care for patients with chronic
behavioral health conditions. Many of these patients have co-morbid psychiatric, substance abuse and medical conditions that could
benefit from evidence-based care. These circumstances create gaps in the continuum of care, increase hospitalizations, morbidity and
mortality, and decrease consumer and family autonomy. This problem may be found in both urban and rural areas, but is more common
in rural communities.

One recommendation I would make is that compliance audits of health plans aggregate data regarding gaps in the care continuum by
region and nationally. It would be beneficial to provide state and federal resources to develop new or improved programs to address
these gaps in care. Addressing these gaps will empower patients, preserve families, decrease care costs, and provide new
opportunities for employment for citizens staffing these programs.

Please contact me at maureenhennessey@mac.com if additional information is desired.

Respectfully submitted,

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