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On behalf of the American Academy of Child and Adolescent Psychiatry (AACAP), we write today to provide comments on the *Proposed Updates to 2020 Mental Health Parity and Addiction Equity Act of 2008 Self-Compliance Tool*. AACAP is the professional home to 9,600 child and adolescent psychiatrists, some of whom also treat adults and transitional age youth (age 18 and above). Our mission includes promoting the healthy development of children, adolescents, and families. Preserving access to critically needed mental health services for the patients our members serve is essential, given the prevalence of mental health conditions among children and adolescents and the numerous barriers to treatment. The implementation of mental health parity is a work in progress and is desperately needed to lower these barriers to care. AACAP therefore appreciates this urgently needed guidance from the Department of Labor to provide detailed illustrative examples of compliance, warning signs, and corrective actions for health plans on what is required to comply with mental health parity laws.

Specifically, AACAP is encouraged to see an illustration relating to reimbursement for out-of-network mental health and substance use disorders (MH/SUD). When out-of-network treatments are provided for medical/surgical services, the guidance addresses the need for the same policy to apply to MH/SUD services, which we applaud. In the draft guidance the same thinking extends to equitable reimbursements for MH/SUD services, which have historically been lower than reimbursements for medical/surgical treatment.

AACAP has concerns, however, about the language pertaining to preauthorization as it relates to certain treatments for mental health conditions. The draft guidance states that when the standards for preauthorization for medical/surgical procedures rely on established medical best practices, so may procedures for MH/SUD treatments, rather than documentation or studies. AACAP believes that all treatment decisions relating to coverage of MH/SUD treatments should be based on objective documentation and studies, when available, rather than established medical best practices only, whether the treatments are for mental health conditions or for medical/surgical procedures. Established medical best practices for children and adolescents may well be different than for adults, and we believe the evidence should be consulted in determining which treatments would work best for this patient population. In other areas of the draft guidance, a data-driven decision-making process is emphasized when health plans are making coverage determinations, and we believe that such a process should be uniformly applied in the area of preauthorization.

In conclusion, AACAP appreciates the DOL efforts to provide health plans with a detailed and useful guidance document on compliance with mental health parity laws. We only wish its use was not voluntary but was required of all health plans.

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