
state standard, including with regard to the Department's proposed exceptions for independent clinical standards and fraud, waste, and abuse prevention.

More specifically, the Departments request comment on whether the requirements for submission of comparative analyses detailed in proposed 45 CFR 146.137(d) should apply when the comparative analysis is requested by a state authority. We believe the final rule should explicitly recognize states' authority to enforce the requirements of paragraph (d), including those related to timeline, insufficiency, noncompliance, required action, corrective action plans, state au6.3 (t.9 (g t-5.9 (or)-0.7 (i-0.7 (c3.1 (i)-2 (s)-3.0 Td[-6.1 (ak)8(h)-5.9 (e)-6.1 12.2 5e)-4..8 5

elements to arrive at the predominant variation of an NQTL for prior authorization or concurrent review m

limitation does or does not qualify for an exception, the decision will not be reconsidered at the federal level.

The proposal would

would strengthen MHPAEA protections for these critical services and prevent plans and issuers from excluding coverage for them, regardless of their inclusion as EHBs.

As stated already, states play a crucial role in the enforcement of the federal MHPAEA, and this is appropriate. However, ensuring compliance with these complicated rules is time-consuming and costly to states - and the Departments are, by this proposed rule, seeking to increase that burden. States request federal funds to assist states in their enforcement efforts.

Just last year, Congress authorized grants to states for enforcement of federal mental health parity laws through section 1331 of the Consolidated Appropriations Act (CAA) of 2023. However, these funds have yet to be appropriated. In fact, the Senate's Labor, Health and Human Services, and Education, and Related Agencies Appropriations report approved by the committee says: "The Committee encourages the Secretary to support State insurance departments for the implementation of mental health parity as authorized in Public Law 117-328." Given that the clear intent of Congress is that these funds be made available to states, we ask that HHS move quickly to implement the parity enforcement grants authorized by Congress last year.

Thank you for the opportunity to comment on the NPRM. States share the goals of improving coverage of and access to MH/SUD services and look forward to continued collaboration with federal officials in this area.