

March 13, 2025

The Honorable Lori Chavez-DeRemer
Secretary
U.S. Department of Labor
500 C Street, NW
Washington, DC 20001

The Honorable Scott Bessent
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

The Honorable Robert F. Kennedy, Jr.
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: American Medical Association strong support for mental health and substance use disorder parity

Dear Secretary Chavez-DeRemer, Secretary Kennedy, and Secretary Bessent:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge the Administration to vigorously defend the amendments to the Mental Health Parity and Addiction Equity Act (MHPAEA) that President Donald Trump signed into law in 2020. The AMA is specifically urging the Trump Administration to defend the [final rule](#) that the U.S. Department of Labor (DOL), U.S. Department of Health and Human Services, and the U.S. Department of the Treasury, issued in 2024 against a lawsuit filed January 17, 2025, by the ERISA Industry Committee (ERIC). This final rule implemented important provisions of the law that President Trump signed and further advance his efforts to bring an end to the nation's epidemic of drug-related overdoses and deaths. For example, President Trump was the first to declare the opioid [Public Health Emergency](#) in 2017, and in 2018 he [signed the SUPPORT Act](#) into law to strengthen the fight against the nation's overdose and death epidemic. These actions have helped improve access to evidence-based mental health and substance use disorder (MH/SUD) care for tens of thousands of Americans. ERIC's misguided lawsuit and disingenuous allegations threaten to undo considerable positive progress made by the Trump Administration—and the nation cannot afford to slide backwards.

Since its initial enactment in 2008, MHPAEA has helped ensure timely, affordable care for tens of thousands of Americans who need MH/SUD treatment. Amendments passed during the first Trump Administration strengthened enforcement by directing the Departments of Labor, Health and Human Services, and Treasury to hold insurers accountable for unlawfully delaying or denying care. Now, these vital protections are under attack. The ERIC lawsuit seeks to dismantle key MHPAEA regulations, putting the health and well-being of patients at risk.

While the lawsuit brought by ERIC attacking MHPAEA and its implementing regulations contains flaws too numerous to detail in this letter, the AMA notes three compelling reasons that a strong defense of MHPAEA regulations aligns with President Trump's efforts to protect patients with a MH/SUD condition:

1. Enforcement of MHPAEA will help reduce deaths from untreated SUD and mental illness.

Despite the high prevalence of illegally made fentanyl that continues to kill tens of thousands of Americans each year, deaths related to illegally made fentanyl and prescription opioids have decreased. This is due to multiple factors including efforts to increase public education and awareness of the dangers of using illegally made fentanyl, to stop illicit fentanyl products from entering the United States, and most important—to the widespread recognition of the benefits of treatment with medications for opioid use disorder (MOUD), including buprenorphine and methadone. Access to MOUD has been bolstered in many cases by federal leadership and flexibilities put in place as part of the opioid Public Health Emergency, which President Trump first declared in 2017 and continues to the present.

MHPAEA and its implementing regulations help ensure that MOUD remains a core treatment and meaningful benefit for patients. ERIC's lawsuit would allow health insurance companies to indiscriminately delay and deny access to MOUD by unilaterally declaring, without any basis, that MOUD is not a core treatment or meaningful benefit. Medical evidence and clinical experience across several decades show that MOUD helps keep patients with OUD in treatment longer than patients who do not take MOUD; it helps prevent relapse; it helps keep families together; and most importantly, it helps to keep people alive. The AMA strongly urges the Administration to oppose ERIC's lawsuit, protect access to MOUD as a core treatment and meaningful benefit, and preserve patients' access to these life-saving medications.

2. Health insurance companies must be held accountable for compliance obligations that have long been mandated by law.

The Consolidated Appropriations Act and MHPAEA already require health insurance companies to conduct comparative analyses of the plans they offer to enrollees. These comparative analyses are straightforward tools that require health insurers to compare, for example, whether the MH/SUD benefits offered to enrollees are no more restrictive to access or expensive to patients as compared to medical/surgical benefits.

[Multiple reports to Congress, investigations](#) by the U.S. Government Accountability Office, state departments of insurance and state attorneys general have consistently found widespread failure of health insurance companies to comply with parity requirements. Health insurers either fail to conduct the statutorily required analyses described above; or, when the analyses are performed by regulators, the health insurance companies routinely fail to provide sufficient information, as required by law. Meaningful enforcement of these important legal requirements is overdue. The AMA emphasizes that each compliance failure is an example of how health insurance companies make it more difficult for individuals with a MH/SUD condition to access or continue care—resulting in patient harm, suffering and death. For over 15 years, the health insurance companies represented by ERIC have failed MHPAEA's most basic requirements which are well within their means, including the obligation to compare MH/SUD benefits with medical surgical benefits. ERIC falsely claims that MHPAEA and its implementing regulations require new elements under the final rule, but comparative analyses have been required by law since the 2021 CAA. ERIC's lawsuit tries to paper over the fact that health insurance companies will not comply with MHPAEA unless the law has necessary teeth. The 2024 final rule flows directly from statute, including provisions signed into law during President Trump's first term in office. The AMA urges the Administration to reject ERIC's attempt to escape accountability for 15-plus years of failures and for the Administration to strongly defend MHPAEA and the 2024 final rule.

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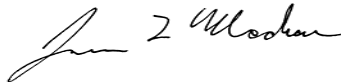
3. Defending MHPAEA increases transparency and reduces administrative waste.

The third reason the AMA urges the Administration to support MHPAEA against ERIC's lawsuit is that MHPAEA and the final rule increases transparency and reduces administrative waste in government—and for physicians. As the multiple reports to Congress and other research have found, health insurance companies have for years engaged in widespread obfuscation and denial and delay tactics to try and escape accountability for fulfilling their obligations to individuals with a MH/SUD condition. The industry's tactics result in state and federal regulators spending thousands of hours trying to uncover the facts and obtain details to determine parity compliance. MHPAEA provides the DOL and other agencies with important tools to counteract the industry's tactics. This includes statutory authority to evaluate "material differences" between MH/SUD benefits and medical surgical benefits. ERIC attempts to claim that using evidence-based medical standards is unfair, but just as performing comparative analyses are the statutory "how" to evaluate parity compliance, the material differences standard is a critical element of the statutory "what" to evaluate.

MHPAEA and its implementing regulations appropriately focus on ensuring regulators have the specific authority provided by the statute to obtain the right information to evaluate whether patients are receiving the MH/SUD benefits they have paid to receive. Keeping the core benefit and material differences standards in the final rule streamlines regulators' work and puts the onus on health insurance companies to demonstrate that they are complying with the law. This will greatly reduce the administrative burden on regulators, including the time required to perform their statutory oversight obligations. It will have the additional benefit of reducing administrative burdens on physicians, who know too well how health insurance companies give them the prior authorization runaround, which costs physician practices tens of thousands of dollars and harms patients forced to suffer prior authorization delays and denials of care. ERIC's lawsuit is an attempt to hamstring the Trump Administration's ability to stop practices that increase administrative waste and harm patients. Supporting MHPAEA and defeating ERIC's lawsuit, on the other hand, will help regulators appropriately enforce the law and enhance patients' access to timely, affordable MH/SUD care.

Thank you for your consideration. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org.

Sincerely,



James L. Madara, MD