

SAMPLE LETTER THAT YOU CAN USE TO WRITE TO THE ADMINISTRATOR FOR YOUR REGIONAL OFFICE OF THE DEPARTMENT OF LABOR

(Month)(Day)(Year)

Mr./Mrs./Ms. (First name) (Last name)

Street address

City, State, Zip Code

RE: Prevent deaths from drug overdoses and suicides by enforcing the Federal Parity Law

Dear Mr./Mrs/Ms. (First name) (Last name),

My name is (your first and last name) and I am a (consumer of behavioral health services/family member of someone with a behavioral health condition/behavioral health care advocate/behavioral health provider) who resides in the area covered by your office.

Every day 246 people die from drug overdoses and suicides in this country. Despite this shocking public health crisis, over half of individuals with a mental illness and substance use disorders do not receive appropriate treatment services, often because they are denied coverage of lifesaving treatment by their insurance plans.

I urge you to do everything within your power to bring health plans under your jurisdiction into compliance with the Mental Health Parity and Addiction Equity Act (The Federal Parity Law), which was signed into law by President George W. Bush nearly a decade ago. Unfortunately, the protections within this law remain unrealized as health plans are not fully in compliance.

I'm not an expert on regulatory practices or behavioral health, but I did read the SAMHSA report that included advice from regulators around the country who have decided to prioritize parity implementation (<http://store.samhsa.gov/shin/content/SMA16-4983/SMA16-4983.pdf>). Those regulators emphasized that the two most important things a regulator can do are:

1. *Analyze all behavioral health complaints for potential parity violations:* Often consumers will not mention the word “parity” so a review of all behavioral health complaints is critical to identifying violations
2. *Perform audits to check for non compliance:* Random and targeted audits to investigate plans for possible non compliance

I look forward to your response demonstrating how you plan to increase enforcement.

Sincerely,

SIGN YOUR NAME

Print your name

Street address

City, State, Zip Code