

## [Federal Mental Health Parity Interim Rules Published](#)

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Two weeks ago, federal agencies published the [interim final rules amending the mental health parity provisions](#), which appear in the Federal Register at Volume 75, Number 21, page 5409 (the “Rules”). The Rules are intended to implement the [Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008](#) (“MHPAEA”). A brief summary of some highlights of the Rules follows.

Among other things, the Rules prohibit large group health plans (or group insurers) from imposing a separate deductible for mental health or substance abuse disorder benefits. In other words, a group health plan cannot require a subscriber to meet one deductible for mental health/substance abuse disorder benefits and another deductible for medical/surgical benefits. Rather, a single deductible must be applied for all benefits provided by the group health plan for each coverage unit (*i.e.*, for individual plan deductibles as well as family plan deductibles).

The Rules also apply parity requirements to certain “classifications of benefits,” such as inpatient/in-network; inpatient/out-of-network; outpatient/in-network; outpatient/out-of-network; emergency care; and prescription drugs. For example, if a health plan provides inpatient/out-of-network benefits for medical/surgical services, the plan must also provide the same inpatient/out-of-network benefits for mental health/substance abuse disorders. Further, the Rules apply parity requirements to each type of financial requirement or limitation (such as co-payments, coinsurance and deductibles) and each type of treatment limitation (such as annual visit limits).

Finally, the Rules require that group health plans apply internal processes, medical management and other standards (such as pre-authorization, case management, utilization review, *etc.*) in a comparable manner for mental health/substance abuse disorders to those applied to medical/surgical benefits.

The Rules do not apply to small group health plans (50 or fewer employees), nor do the Rules require group health plans (or group insurers) to offer mental health or substance abuse benefits. Instead, the Rules only apply to large group health plans that offer, or are required to offer, such benefits.

Published by the Centers for Medicare and Medicaid Services, the Internal Revenue Service, and the Employee Benefits Security Administration, the Rules go into effect for plan years beginning on or after July 1, 2010. Comments on the Rules must be submitted to the Center for Medicare and Medicaid Services by May 3, 2010.