

Legislative Brief

The Mental Health Parity and Addiction Equity Act of 2008



The *Mental Health Parity and Addiction Equity Act of 2008* (the MHPAEA) was signed into law on October 3, 2008, as part of the Emergency Economic Stabilization Act of 2008. The MHPAEA requires group health plans to apply the same treatment limits on mental health or substance-related disorder benefits as they do for medical and surgical benefits. The MHPAEA also extends this parity requirement to inpatient and outpatient services, whether in-network or out-of-network, and to emergency care services.

Notably, the MHPAEA revised the definition of “mental health benefits” to include substance use disorder benefits. The MHPAEA also requires group health plans to apply the same beneficiary financial requirements to mental health or substance use disorder benefits as they apply for medical and surgical benefits, including limits on deductibles, copayments and out-of-pocket expenses. Further, if plans have limits on hospital inpatient days and/or outpatient visits for mental health treatments, but not for other treatments, they are likewise required to change their plan design to comply with the parity requirements of the MHPAEA. Plan administrators are also required to make the criteria for “medical necessity” determinations with respect to mental health and substance use disorder benefits available to plan participants, beneficiaries or providers upon request.

The MHPAEA applied to plan years beginning after October 3, 2009, (for calendar year plans, that was **January 1, 2010**) and to group health plans under a collective bargaining agreement the later of (1) plan years starting on or after Jan. 1, 2010, or (2) the termination date of the last collective bargaining agreement relating to the plan.

The Departments of Health and Human Services, Labor and the Treasury (Departments) issued interim final rules to implement the MHPAEA and to demonstrate how the MHPAEA applies to group health plans and health insurance issuers. The rules are effective on April 5, 2010, and generally apply to group health plans and group health insurance issuers for plan years beginning **on or after July 1, 2010**. The Departments have stated that for purposes of enforcement, they will take into account good-faith efforts to comply with a reasonable interpretation of the statutory MHPAEA requirements with respect to a violation that occurs before the applicability date of the regulations.

For a copy of the MHPAEA, see: www.govtrack.us/congress/bill.xpd?bill=h110-1424
For a copy of the interim final rules, see: edocket.access.gpo.gov/2010/pdf/2010-2167.pdf

If you have questions regarding this important legislation, contact your Willis representative.

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