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Comment On: EBSA-2009-0010-0409

Interim Final Rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

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General Comment

1111 Constitution Avenue, NW
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Attention: REG-120692-09

Re: Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; Final Rule

To Whom It May Concern:

I appreciate the opportunity to comment on the Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), published in the February 2, 2010 Federal Register.

The following comments on specific provisions in the regulations will help strengthen consumer protections and ensure that the implementing regulations reflect Congress' intent to prohibit discriminatory limits on mental health and substance use conditions by employer-sponsored and other group health plans.

Non Quantitative Treatment Limitations

In enacting the MHPAEA, Congress made clear that the goal of this new law was to remedy the long history of employers and insurers not providing comparable coverage for mental health and substance use conditions relative to the medical and surgical benefits they provide.

Higher co-payments, deductibles, and other cost-sharing requirements, as well as restrictions on the number of outpatient visits and inpatient days covered are only the most obvious examples of discriminatory treatment of mental health and substance use care. The provisions in the interim final rules describing non quantitative treatment limits respond to the evidence indicating mental health and substance use benefits have historically been much more strictly managed than medical and surgical benefits in ways that, were they to continue, would circumvent congressional intent and objectives explicitly delineated in the new law.

As the interim final rules explain, the examples of the types of treatment limitations and financial requirements included in the statutory provisions are illustrative and should not be interpreted as the only treatment limitations and financial require