

## Baum, Beth - EBSA

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**From:** Brian Logue [brianl@highland-associates.com]

**Sent:** Friday, April 16, 2010 6:16 PM

**To:** EBSA, E-OHPSCA - EBSA

**Subject:** MHSA Parity

April 14, 2010

Office of Health Plan Standards and Compliance Assistance

Employee Benefits Security Administration, Room N-5653

U.S. Department of Labor

Attn: RIN 1210-AB30

200 Constitution Avenue, NW

Washington, D.C. 20210

To Whom It May Concern:

As a purveyor of employee health care coverage, we ask that methods to determine parity under the Mental Health Parity and Addiction Equity Act (MHPAEA) interim final rules be reevaluated to ensure that employer-sponsored coverage does not suffer from additional and excessive cost increases. While we recognize and appreciate the intent of the law, the formulas utilized to determine parity under the MHPAEA interim final rules are confusing and restrictive.

The parity calculations are fashioned in a manner that limits our ability to encourage primary and preventive care by reducing or waiving cost-sharing. According to interim final rules, doing so could prohibit reasonable and appropriate cost-sharing mechanisms on behavioral health services. It was our interpretation that MHPAEA was intended to prohibit excessive differences in medical and behavioral benefit design – not to increase the cost-sharing subject to primary and preventive care.

As a result of MHPAEA, many health plans will be offering unlimited behavioral health benefits for the first time. Despite the fact that this creates an almost unquantifiable cost variable, the parity requirements prevent utilization review and medical necessity tools unless used similarly in medical and surgical benefits. Utilization review and medical necessity tools are imperative in behavioral health to ensure appropriate and effective care. It is very critical to use the aforementioned tools, especially initially, because these services differ significantly from medical benefits and involve highly subjective diagnoses and treatments.

By this point, we are confident that the comment period has produced a great deal of correspondence that is reflective of the above concerns with significantly more detail. We would encourage you to strongly consider these concerns to ensure that MHPAEA minimizes or eliminates any adverse or unintended consequences.

Sincerely,

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