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The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

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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Submitter Information

Name: Vicki A Jones, LCSW

Address:

2211 Norfolk

Suite 140

Houston, TX, 77098

Email: biovicki@hotmail.com

Phone: 713-523-0628

Organization: SmarterWay.com

General Comment

I am both enthusiastic and supportive of most of the provisions of the interim final rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. These rules address many of the long-standing inequities in health insurance coverage of mental health care when compared to medical/surgical care that I have observed in the course of my 37 years in my mental health practice.

However, in my opinion, two areas must be clarified and more clearly specified in the final regulations to close loopholes that would permit widespread violation of the legislative intent of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008:

I. Parity in scope of services between mental health/substance abuse services and medical/surgical services is required in the final regulations so that the intent of the Act will be achieved. Given the language of the Act and the positions already taken by the Departments in the interim final regulations, I request that the Final Rules clarify that benefits for MH/SUD must be comparable in scope to the benefits provided in medical/surgical care both across and within each classification.

II. I strongly support the application of parity requirements to both QTLs and NQTLs as being consistent with the Act and allowing for broad application of the parity requirement with regard to treatment limitations. However, in order to implement the intent of the Act, the regulations must specify more clearly that any NQTLs

A. Applied by plans must be comparable for MH/SUD and medical surgical benefits

B. For MH/SUD must be no more restrictive than NQTLs that are predominant across the broad range of medical/surgical benefits

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