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Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

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Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

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General Comment

See attachment

Attachments

EBSA-2009-0010-DRAFT-0210.1: Comment on FR Doc # E9-9629

Comments on Regulations for Parity in Insurance for Treatment of Mental Health and Substance Use Disorders

1. Requirements that managed behavioral healthcare organizations (MBHOs) meet the minimum standards of the National Committee for Quality Assurance (NCQA) for Utilization Review (UR), timeliness of utilization review, and timeliness of notification of participants of denials must be included in the regulations.
2. Regulations should assure that all participating plans and insurers cover the full continuum of care for treatment of mental health and substance use disorders in the BASIC BENEFIT; plans should not be permitted to relegate more costly, intensive treatment services SHOULD NOT to out-of-network benefits.
3. Since substance use disorders are considered a chronic illness and detoxification services are precursors for many adult patients, detoxification should be a covered benefit under parity.
4. Regulation should require that a single deductible should be applied to medical/surgical/behavioral health covered services.
5. Regulations should assure that parity benefits can apply to medical and specialty treatment services provided on the same day, e.g., for Screening and Brief Interventions (SBI) and for medication management and specialty mental health or substance abuse services.
6. Regulations should require that if there is more than one out-of-network provider for medical/surgical services in any plan (and geographic region), a plan or employer CANNOT restrict out-of-network providers to a single treatment provider for mental health and substance use disorders.
7. Given the chronicity of substance use disorders and many mental health disorders, care management should be identified in regulation as a potential covered service at parity.