

From: Fameree, Jo
To: [e-ohpsca-faq39 - EBSA](#)
Subject: RE: Comment Regarding Q5 for Proposed FAQ39
Date: Wednesday, May 16, 2018 9:42:37 AM

*It would be **extremely** helpful to provide an explanation and an example of how excluding a widely accepted mental health condition from coverage would not fall under the plans definition of a mental health condition under the provisions of 45 CFR 146.136(a). Wouldn't excluding a condition in essence be part of the plans definition of what is and is not a mental health condition under their plan?*

Thanks for your consideration of this information.

DIFFICULT ROADS OFTEN LEAD TO **BEAUTIFUL DESTINATIONS!!!**

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From: Fameree, Jo
Sent: Tuesday, May 15, 2018 5:34 PM
To: 'E-OHPSCA-FAQ39@dol.gov' <E-OHPSCA-FAQ39@dol.gov>
Subject: Comment Regarding Q5 for Proposed FAQ39

Can you please explain how a general exclusion for items and services to treat bipolar disorders including prescription drugs would be compliant with the requirements of 45 CFR 146.136(a), which states in part:

Mental health benefits means benefits with respect to items or services for mental health conditions, as defined under the terms of the plan or health insurance coverage and in accordance with applicable Federal and State law. ***Any condition defined by the plan or coverage as being or as not being a mental health condition must be defined to be consistent with generally recognized independent standards of current medical practice*** (for example, the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the most current version of the ICD, or State guidelines).

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