New U.S. Rules Require Insurers to Offer Equal Coverage for Mental Health

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The Obama administration issued new rules requiring group health insurance plans to offer mental health and substance abuse care that is roughly equivalent, in terms of coverage and out-of-pocket costs, to other types of medical conditions. The new rules, announced by the Substance Abuse & Mental Health Services Administration (SAMHSA), go into effect July 1.

Federal laws ensuring that mental health and substance abuse services be equivalent to other types of health care have been in place since 1996. The laws were not comprehensive, however, so congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The new rules come out of this act.

According to the new rules, mental health and substance abuse services must have the same out-of-pocket costs, benefit limits and practices—such as prior authorization and utilization review—as other medical services. For example, insurance plans covered under the plan may not charge a separate deductible for mental health or substance abuse services. They must be included in the same deductible charged for other medical services. MHPAEA applies to employers with 50 or more workers whose group health plan chooses to offer mental health or substance use disorder benefits.

“The rules we are issuing today will, for the first time, help assure that those diagnosed with these debilitating and sometimes life-threatening disorders will not suffer needless or arbitrary limits on their care,” commented Health and Human Services Secretary Kathleen Sebelius.

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