Key MHPAEA Provisions

Background

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires health insurance carriers to achieve coverage parity between MH/SUD and medical/surgical benefits, especially in regard to financial requirements and treatment limitations. The MHPAEA, originally applied to group health plans and group health insurance coverage, was amended by the Affordable Care Act (ACA) to also apply to individual health insurance coverage. The U.S. Department of Health and Human Services (HHS) has jurisdiction over public sector group health plans (referred to as “non-federal governmental plans”), while the Departments of Labor and the Treasury have jurisdiction over private group health plans.

Key MHPAEA provisions include:

- If a group health plan or health insurance coverage includes both medical/surgical and MH/SUD benefits, the financial requirements (e.g., deductibles and co-payments) and treatment limitations (e.g., number of visits or days of coverage) that apply to MH/SUD benefits must be no more restrictive than the predominant financial requirements or treatment limitations that apply to substantially all medical/surgical benefits.
- MH/SUD benefits may not be subject to any separate cost-sharing requirements or treatment limitations that only apply to such benefits.
- If a group health plan or health insurance coverage includes medical/surgical and MH/SUD benefits, and the plan or coverage provides for out-of-network medical/surgical benefits, it must provide the same access for out-of-network MH/SUD benefits.
- Standards for medical necessity determinations and reasons for any denial of benefits relating to MH/SUD benefits must be disclosed upon request.