

PUBLIC SUBMISSION

As of: April 30, 2010
Received: April 30, 2010
Status: Pending_Post
Tracking No. 80ae42c0
Comments Due: May 03, 2010
Submission Type: Web

Docket: EBSA-2009-0010

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

Document: EBSA-2009-0010-DRAFT-0644

Comment on FR Doc # 2010-2167

Submitter Information

Name: Gisela Schloss-Birkholz

Address:

102 Cedar St.

Mountain Park, GA, 30075-1139

Email: blct84@bellsouth.net

Phone: 770-993-7001

General Comment

April __, 2010

Submitted via Federal eRulemaking Portal: <http://www.regulations.gov>

Office of Health Plan Standards and Compliance Assistance

Employee Benefits Security Administration

Department of Labor

200 Constitution Avenue, NW

Washington, DC 20210

Attention: RIN 1210-AB30

Centers for Medicare and Medicaid Services

Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

Attention: CMS--4140—IFC

Internal Revenue Service

Department of the Treasury

1111 Constitution Avenue, NW

Washington, DC 20224

Attention: REG-120692-09

Re: Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; Final Rule

To Whom It May Concern:

I appreciate the opportunity to comment on the Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), published in the February 2, 2010 Federal Register.

The following comments on specific provisions in the regulations will help strengthen consumer protections and ensure that the implementing regulations reflect Congress' intent to prohibit discriminatory limits on mental health and substance use conditions by employer-sponsored and other group health plans.

Non Quantitative Treatment Limitations

In enacting the MHPAEA, Congress made clear that the goal of this new law was to remedy the long history of employers and insurers not providing comparable coverage for mental health and substance use conditions relative to the medical and surgical benefits they provide.

Higher co-payments, deductibles, and other cost-sharing requirements, as well as restrictions on the number of outpatient visits and inpatient days covered are only the most obvious examples of discriminatory treatment of mental health and substance use care. The provisions in the interim final rules describing non quantitative treatment limits respond to the evidence indicating