

Departments of DOL, Treasury and HHS Release FAQs on Health Reform and Mental Health Parity

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The Departments of Labor, Treasury and Health and Human Services (the "Departments") jointly released the seventh set of frequently asked questions regarding the implementation of the market reform provisions under the health reform law. The FAQs provide that until final regulations are issued, group health plans and health insurance issuers are not required to comply with the proposed regulations implementing the requirement to provide a summary of benefits and coverage ("SBC") to participants. The requirement in the health reform law that group health plans distribute a SBC was originally effective March 23, 2012. Generally, the SBC is a four page document, separate from the SPD, that is intended to provide individuals with a way to compare coverage under health plans. The FAQs also indicate that the final regulations, once issued, will include an applicability date that gives group health plans and health insurance issuers sufficient time to comply. Along with the FAQs about health reform, the Departments also posted several FAQs addressing the implementation of the Mental Health Parity and Addiction Equity Act of 2008. The FAQs provide that a group health plan is not permitted to require prior authorization from its utilization reviewer for use of mental health and substance abuse disorder benefits if it does not require prior authorization for use of medical or surgical benefits. In addition, a group health plan is not permitted to impose stricter nonqualitative treatment limitations on mental health and substance abuse disorder benefits than on other medical or surgical benefits. These FAQs can be found [here](#).