

PUBLIC SUBMISSION

As of: May 04, 2010 Received: May 03, 2010 Status: DoNotPost Tracking No. 80ae5f0e 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-0741

Comment on FR Doc # 2010-2167

Submitter Information

Name: Dr. Robert D Prall

Address:

Houston, TX, 77098

Organization: Consulting Psychological Services

General Comment

I am supportive of most of the provisions of the interim final rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. These rules address many of the long-standing inequities in health insurance coverage of mental health care when compared to medical/surgical care that I have observed in the course of my 55 years in my mental health practice. As a WWII veteran, I am particularly aware of previous inequities.

So, it appears that two areas must be clarified and more clearly specified in the final regulations to close loopholes that would permit widespread violation of the legislative intent of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008:

I. Parity in scope of services between mental health/substance abuse services and medical/surgical services is required in the final regulations so that the intent of the Act will be achieved. Given the language of the Act and the positions already taken by the Departments in the interim final regulations, I request that the Final Rules clarify that benefits for MH/SUD must be comparable in scope to the benefits provided in medical/surgical care both across and within each classification.

II. I strongly support the application of parity requirements to both QTLs and NQTLs as being consistent with the Act and allowing for broad application of the parity requirement with regard to treatment limitations. However, in order to implement the intent of the Act, the regulations must specify more clearly that any NQTLs

1. Applied by plans must be comparable for MH/SUD and medical surgical benefits
2. For MH/SUD must be no more restrictive than NQTLs that are predominant across the broad range of medical/surgical benefits

Thank you.

