



**UnitedHealth Group's Comment Letter on the  
Final Rule on the Mental Health Parity and Addiction Equity Act  
May 3, 2010**

On February 2, the Departments of Health and Human Services, Labor, and Treasury (IRS) jointly published Interim Final Rules ("IFR") regarding the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Since that time, UnitedHealth Group has worked with the Agencies to attempt to gain clarity around certain provisions and share our concerns based on our unique, real-world experience providing behavioral health services to one in six insured Americans and nearly half of the *Fortune* 100 companies. As supporters of MHPAEA, our goal is to encourage the development of a Final Rule that preserves MHPAEA's intent of increased consumer access to appropriate, quality and cost-effective behavioral health services.

We support MHPAEA's goal of helping to eliminate practices that inappropriately restrict access to, and limit coverage of, treatment with respect to mental health and substance use disorders. However, we are among many who believe that the IFR goes beyond the intent of the 2008 parity law, and, in doing so, creates complexities that will have unintended, negative consequences and will disrupt access to appropriate behavioral health care. Families and employers across the country may face higher costs, less assurance of receiving the most appropriate care, and – in some cases – loss of behavioral health coverage altogether. We are committed to advocating vigorously on behalf of the nearly 43 million consumers we serve to help prevent these consequences.

Accordingly, our Comment Letter recommends that the Final Rule for MHPAEA:

- Postpone the applicability date from the current date of July 1, 2010 to July 1, 2011 to allow proper transitioning and implementation of the new requirements from the current date of July 1, 2010 to July 1, 2011.
- Allow group health plans (or health insurance coverage offered in connection with a group health plan) to continue to treat deductibles for mental health or substance use disorder benefits separately from those established for medical/surgical benefits, provided that such deductibles or other cumulative treatment limitations are no more restrictive than any established for medical/surgical benefits in the same classification.
- Remove the requirement that before a given type of financial requirement or quantitative limitation may be applied to mental health or substance use disorder benefits, that requirement or limitation be present in "substantially all" of the comparable class of medical benefits.
- Remove the elements requiring parity for non-quantitative treatment limitations.

On May 3, UnitedHealth Group submitted a letter to the Agencies highlighting ways to ensure that consumers receive the most effective, affordable, and high-quality behavioral health services. The Agencies now have the opportunity to make sure the goals of MHPAEA are met, minimizing unnecessary increases to out-of-pocket costs and potentially negative unintended consequences that ultimately will harm consumers' ability to obtain quality, effective mental health and substance use disorder treatment without the need for significantly greater out-of-pocket costs. Enclosed is a copy of the letter UnitedHealth Group submitted.