

## Mental Health Parity Bills- Senate/House Side-by-Side

	House Bill (H.R. 1424)	Senate Bill (S. 508)
Treatment Limits	If a plan does not include a limit on frequency of treatment, number of visits or days of coverage on " <b>substantially all</b> " medical/surgical benefits in any network category then <b>no</b> treatment limit may apply to MH benefits. If there is a treatment limit on "substantially all" med/surgical benefits in any network category, the plan may not impose a limit on that category of MH benefit that is more restrictive than the "predominant" limit applicable to that category of med/surgical benefits. Categories are In/Out network for in/out patient, and emergency care.	No limits on frequency of treatment, number of visits, days of coverage or other similar limits on the scope or duration of treatment that are <b>more restrictive</b> than those imposed on surgical or medical benefits
In/Out Network Parity		Parity requirements in bill between mental health benefits and surgical/medical ones are compared to their in/out network counterparts. So out-of-network surgical/medical benefits must be treated the same as mental health with respect to above requirements, and similarly in-network to in-network parity.
Beneficiary Financial Requirements	If a plan does not require a beneficiary out-of-pocket payment, deductible, co-pay for "substantially all" medical/surgical benefits in a category there may not be one for any MH benefit in that category. If there is beneficiary financial requirement on substantially all med/surgical services in a category it shall be applied to MH the same way as to med/surgical ones. If there are individually applicable beneficiary requirements in a category for specific medical/surgical services, none can be applied on MH services in that category that is larger than the "predominant" medical/surgical one.	No deductible, co-payment, coinsurance, out of pocket expenses, and annual and lifetime limits on mental health benefits that are <b>more restrictive</b> than those applied to surgical or medical benefits
Scope of Benefits	"...shall include benefits for any mental health condition or substance-related disorder included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders."	Leaves definition of MH Benefits up to "group health plan or coverage, and when applicable as may be defined under State law when applicable to health insurance coverage offered in connection with a group plan." Group health plans do have the ability to "use utilization review, authorization or management practices, the application of medical necessity and appropriateness criteria applicable to behavioral health
Small Employer Exemption	Employers with under 50 employees exempted.	Employers with under 50 employees exempted, although state laws still apply to them
Cost Exemption	If after the first plan year of implementation costs increase by >2%, exempt from the following plan year. Also exempt if >1% any subsequent year.	If after the first plan year of implementation costs increase by >2%, exempt from the following plan year. Also exempt if >1% any subsequent year.