

Major Federal and Washington State Laws related to Access to Behavioral Health Services

Federal and State Laws	Brief Description	Link To Where the Law Can Be Found
MHPAEA	<p>The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. MHPAEA originally applied to group health plans and group health insurance coverage and was amended by the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the “Affordable Care Act”) to also apply to individual health insurance coverage.</p> <p>Although the law requires a general equivalence in the way MH/SUD and medical/surgical benefits are treated with respect to annual and lifetime dollar limits, financial requirements and treatment limitations, MHPAEA does NOT require large group health plans or health insurance issuers to cover MH/SUD benefits. The law's requirements apply only to large group health plans and health insurance issuers that choose to include MH/SUD benefits in their benefit packages. However, the Affordable Care Act builds on MHPAEA and requires coverage of mental health and substance use disorder services as one of ten EHB categories in non-grandfathered individual and small group plans.</p>	<p>http://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf</p>

<p>Federal ACA Essential Health Benefits</p>	<p>A set of 10 categories of services individual and small group health insurance plans must cover under the Affordable Care Act. Every health plan must cover the following services:</p> <ul style="list-style-type: none"> •Ambulatory patient services (outpatient care you get without being admitted to a hospital) •Emergency services •Hospitalization (like surgery and overnight stays) •Pregnancy, maternity, and newborn care (both before and after birth) •Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy) •Prescription drugs •Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills) •Laboratory services •Preventive and wellness services and chronic disease management •Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits) <p>Additional benefits</p> <p>Plans must also include the following benefits:</p> <ul style="list-style-type: none"> •Birth control coverage •Breastfeeding coverage <p>Essential health benefits are minimum requirements for all individual and small group market plans. Specific services</p>	<p>42 U.S. Code § 18022 https://www.law.cornell.edu/uscode/text/42/18022</p>
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	<p>covered in each broad benefit category can vary based on each state’s requirements.</p> <p>Plans must offer dental coverage for children. Dental benefits for adults are optional.</p>	
Washington ACA Essential Health Benefits	<p>In addition to the essential health benefits covered under the Affordable Care Act, certain individual/family and group health plans must also offer additional benefits under Washington state law. The list to these benefits can be found here: https://www.insurance.wa.gov/benefits-health-plans-must-cover-under-washington-state-law</p>	<p>WAC 284-43-5600 to WAC 284-43-5900 with specific citations listed below:</p> <p>WAC 284-43-5602 http://app.leg.wa.gov/WAC/default.aspx?cite=284-43-5602 WAC 284-43-5622 http://app.leg.wa.gov/WAC/default.aspx?cite=284-43-5622 WAC 284-43-5642 http://app.leg.wa.gov/WAC/default.aspx?cite=284-43-5642 http://app.leg.wa.gov/WAC/default.aspx?cite=284-43-5820 WAC 284-43-5820 http://app.leg.wa.gov/WAC/default.aspx?cite=284-43-5820</p>
Washington Mental Health Parity Act	<p>Health plans that include medical and surgical services must cover medically necessary mental health services. For example:</p> <ul style="list-style-type: none"> • A health plan’s deductible, copayments, coinsurance and out-of-pocket maximum must apply to all covered services, including mental health. • Prescription drug benefits must cover medications used to treat mental health conditions just the same as other covered prescription drugs. • Health plans may not contain a blanket (also called “categorical”) exclusion for mental health services that are medically necessary. 	<p>RCW 48.20.580 http://apps.leg.wa.gov/RCW/default.aspx?cite=48.20.580</p>

	<ul style="list-style-type: none"> Health plans can't deny or limit benefits for mental health services based on age, condition or because treatment was interrupted or not completed. 	
Washington State Substance Use Disorder Treatment Mandated Coverage	Each group health plan for health care services that is delivered or issued for delivery or renewed on or after January 1, 1988, must contain provisions providing benefits for the treatment of chemical dependency rendered to covered persons by a provider which is an approved substance use disorder treatment program under RCW <u>70.96A.020(2)</u> .	<p>RCW 48.46.350 (HMO's) http://app.leg.wa.gov/RCW/default.aspx?cite=48.46.350</p> <p>RCW 48.44.240 (HCSC) RCW 48.44.240: Chemical dependency benefits—Provisions of group contracts delivered or renewed after January 1, 1988.</p> <p>RCW 48.21.180 (Disability insurers) RCW 48.21.180: Chemical dependency benefits—Contracts issued or renewed after January 1, 1988.</p>
Washington Parity WACs	These rules consolidate existing state mental health and chemical dependency regulation with federal mental health and substance use disorder parity requirements into state regulation. They also provide health plans and issuers with the method of demonstrating compliance with these requirements.	<p>WAC 284-43-700 to WAC 284-43-7120 http://apps.leg.wa.gov/WAC/default.aspx?cite=284-43-7000</p>
Washington Network Access Requirements	The purpose of this chapter is to establish uniform regulatory standards for health carriers and to create minimum standards for health plans that ensure consumer access to the health care services promised in these health plans.	<p>WAC 284-170-110-WAC 284-170-390; Particularly: WAC 284-170-200 http://apps.leg.wa.gov/WAC/default.aspx?cite=284-170-200 WAC 284-170-220 http://apps.leg.wa.gov/WAC/default.aspx?cite=284-170-230</p>