

Feds Expand Mental Health Coverage

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November 11, 2013

Health insurers must cover mental health services at the same level as physical ailments under new federal rules.

The Obama administration released final [regulations](#) late last week requiring that most insurance plans offer an equivalent level of coverage for mental health as they do for medical and surgical needs.

Traditionally, individuals in need of mental health services have incurred higher out-of-pocket costs and often faced limits on the number of doctor visits or days spent at an in-patient facility.

Under the new rules, however, co-payments, deductibles and limits on the number of visits to mental health providers cannot differ significantly from those imposed for more traditional medical treatments.

“This final rule breaks down barriers that stand in the way of treatment and recovery services for millions of Americans,” said U.S. Secretary of Health and Human Services Kathleen Sebelius who indicated that the changes will make treatment “more affordable and accessible.”

The rules were long-awaited by mental health advocates, coming five years after Congress passed a law to ensure mental health parity. The new regulations detail how the law will be administered.

The changes imposed under the 2008 law apply to large group health insurance plans. While such plans are not required to cover mental health, the law mandates that any coverage that is included be provided at the same level offered for other types of treatments.

Separately, the Affordable Care Act requires that individual and small group plans include mental health coverage. Such plans must also meet the parity standards, officials said.

The Obama administration said it reviewed more than 5,400 public comments before finalizing the regulations which are expected to be published in the Federal Register on Wednesday.

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