



## Mental Health Parity Law = Better Protections

New Federal regulations for the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 went into effect on July 1st. The new law makes sweeping reforms to the previous federal mental health parity law of 1996, and offers brand new protections to consumers in Connecticut.

As insurers and employers make the necessary changes to comply with the new law, consumers also need to have up-to-date information so that they

can preserve their rights to access medically necessary mental health care. My staff and I are committed to ensuring that consumers know about these new protections available to them.

In part, the new law requires parity between mental health or substance use disorder benefits and medical/surgical benefits with respect to financial requirements and treatment limitations.

Plans are not only prohibited from imposing different financial requirements on mental health access, like co-pays and deductibles, but plans can't arbitrarily limit the number of mental health visits a consumer can make. Also, a plan can't put greater restrictions on mental health access than on medical/surgical access, like excessive prior authorization requirements, restrictions on access to medications, and types of services – like outpatient or inpatient treatment.

Every group health plan in Connecticut should inform its consumers and provider panels of these new federal regulations. The successful implementation of these protections is vital and potentially life saving. We have posted additional information on our website: [www.ct.gov/oha](http://www.ct.gov/oha) and encourage you to call 1-866-466-4446 with questions.

*K. Lembo*  
Kevin Lembo

## Affordable Care Act

The Patient Protection and Affordable Care Act (PPACA) was signed into law by President Obama on March 23, 2010. Along with the Health Care and Education Reconciliation Act of 2010 (signed into law on March 30, 2010), the Act includes a substantial number of healthcare-related provisions to take effect over the next four years, including new consumer protections that will begin this year.

- Insurance companies will be prevented from denying coverage to children with pre-existing conditions.
- Insurance companies will be prevented from searching for an error on a customer's insurance application or other technical mistake and using this error or mistake to stop covering the person when he or she gets sick.
- Insurance companies will be prohibited from imposing lifetime dollar limits on essential benefits, like hospital stays.
- Insurance companies' use of annual dollar limits on the amount of insurance coverage a patient may receive is sharply restricted.
- The law provides consumers with an easy way to appeal to their insurance company and to an outside board if the company denies coverage or a claim.
- The law creates an easy to use website where consumers can compare health insurance coverage options and pick the plan that works for them, [healthcare.gov](http://healthcare.gov).

To read the regulations for each of these protections, go to the Federal Office of Consumer Information and Insurance Oversight.

## Small Business?

If you own a small business, either for-profit or not-for-profit, you may qualify for the Small Business Health Care Tax Credit. How can you tell if you qualify? Just follow these three simple steps:

1. Determine the total number of your employees (do not count the company's owners or family members). Add the total number of full-time employees to the full-time equivalent of your part-time employees. If you have fewer than 25 employees, then go on to step 2.
2. Take the total annual wages paid by the company to these employees and divide that number by the number of employees from Step 1. If the result is less than \$50,000, and...
3. The company pays at least half of the insurance premiums for its employees at the single (employee-only) coverage rate, then you may be eligible for the health care tax credit. Find out more at [www.irs.gov](http://www.irs.gov).

## Featured Legislator: Rep. Andy Fleischmann

Thanks to State Representative Andrew Fleischmann, more healthcare consumers in Connecticut will know they can access OHA for assistance when they are denied services or treatment from their insurers. Public Act 10-24, "An Act Requiring the Providing of Certain Information upon Certain Denials of Health Insurance Coverage," introduced by Rep. Fleischmann, requires insurers that deny services on the basis that they are not medically necessary or not covered, to notify consumers of OHA's availability to help with an appeal. "Under this law, Connecticut consumers who are denied the health care coverage they pay for will now know exactly where to turn," said Fleischmann, who proposed the measure after battling his health insurance company over coverage for cancer treatment. "This will help limit the needless anxieties that countless patients endure every year when they are denied treatment in the midst of a health challenge." OHA looks forward to the opportunity to help more Connecticut consumers enforce their healthcare rights and to educate consumers about the services OHA offers.



Andrew Fleischmann represents CT's 18th General Assembly district in West Hartford.