

	Summary	Effective Date
New plan fiduciary certification	<p>For plans subject to ERISA, plan fiduciary must certify in comparative analyses of NQTLs that fiduciary engaged in prudent process to select a qualified service provider to perform and document the comparative analyses and monitored the service provider’s performance and documentation of the comparative analyses</p> <p><i>Note:</i> The final regulation steps back from the proposed rule, which would have required that a plan fiduciary certify that the comparative analyses of NQTLs complied with MHPAEA</p>	Plan years starting on or after 1/1/25
New required comparative analyses content	<p>Group health plan is required to prepare and make available comparative analyses detailing the design and application of NQTLs for MH/SUD benefits covered by the plan, including six minimum content elements; while details regarding many of these required elements were included in prior <a href="#">subregulatory guidance</a>, the required inclusion of outcomes data and plan fiduciary certification is a significant change from the current requirements:</p> <ul style="list-style-type: none"> <li>• Description of each applicable NQTL and benefits to which it applies</li> <li>• Identification and definition of the factors and evidentiary standards used to design or apply each NQTL</li> <li>• Description of how factors are used in the design and application of each NQTL</li> <li>• Demonstration that NQTL, as written, for MH/SUD benefits is comparable to and applied no more stringently than for medical/surgical benefits</li> <li>• Demonstration that NQTL, in operation, for MH/SUD benefits is comparable to and applied no more stringently than for medical/surgical benefits—including showing the required data was collected, evaluated, and “material” differences were addressed.</li> </ul> <p><i>Note:</i> There is uncertainty about how this element will apply because neither “material” differences nor reasonable steps to sufficiently address such differences are defined in the</p>	Plan years starting on or after 1/1/25; *enforcement date for content elements related to outcomes data delayed until plan years starting on or after 1/1/26

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	<p>final rule; yet, material differences will be considered a “strong” indicator of noncompliance*</p> <ul style="list-style-type: none"> <li>Findings and conclusions, identification of all individuals involved in preparing the comparative analyses, and plan fiduciary certification (summarized above)</li> </ul>	
Revised definitions of MH/SUD and medical/surgical conditions	For plan definitions of MH/SUD conditions to be considered consistent with generally recognized independent standards of current medical practice (and permitted by MHPAEA), definitions must be consistent with most current version of World Health Organization’s International Classification of Diseases (ICD) adopted by HHS and/or the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM)	Plan years starting on or after 1/1/25
New “meaningful benefits” standard	Group health plan that offers any benefits for MH/SUD condition in any classification must provide meaningful benefits for that MH/SUD condition in every classification that medical/surgical benefits are provided	Plan years starting on or after 1/1/26
Revised standards for NQTLs	<p>Group health plan cannot impose any NQTL with respect to MH/SUD benefits in any classification that is more restrictive, as written or in operation, than predominant NQTL that applies to substantially all medical/surgical benefits in the same classification; NQTL is considered more restrictive if plan fails to meet “design and application” and “data evaluation” prongs with respect to the NQTL:</p> <ul style="list-style-type: none"> <li><b>Design and application:</b> Cannot apply an NQTL to MH/SUD benefits unless the processes, strategies, evidentiary standards, or other factors used to design and apply the NQTL are comparable to and applied no more stringently than those used to design and apply the limit to medical/surgical benefits in the same classification—with a ban on relying on “discriminatory” factors and evidentiary standards</li> <li><b>Data evaluation:</b> Group health plan must collect relevant data designed to assess the</li> </ul>	Plan years starting on or after 1/1/26 (before that date, current regulatory standards for NQTLs apply)

	Summary	Effective Date
	<p>impact of the NQTL on access to MH/SUD benefits as compared to medical/surgical benefits; if data reveals material differences with respect to NQTL likely to have a negative impact on access to MH/SUD benefits, plan is required to take reasonable actions to address the differences and document those actions</p> <p><i>Note:</i> The proposed regulations would have applied the substantially all/predominant mathematical test to NQTLs, as we blogged about <a href="#">here</a>; however, this mathematical test was not included in the final rule</p>	

*This chart is intended to provide a high-level overview of the proposed mental health parity rules and does not include detailed descriptions. For future updates on all things MHPAEA, check out our blog, <https://www.erisapracticecenter.com/>, to which you can subscribe [here](#).*