

May 15, 2025

STATEMENT OF U.S. DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,
AND THE TREASURY REGARDING ENFORCEMENT OF THE FINAL RULE ON
REQUIREMENTS RELATED TO THE MENTAL HEALTH PARITY AND ADDICTION
EQUITY ACT

On September 9, 2024, the Departments of Labor, Health and Human Services (HHS), and the Treasury (the Departments) issued a final rule titled “Requirements Related to the Mental Health Parity and Addiction Equity Act,” (2024 Final Rule).¹ The 2024 Final Rule amended the 2013 final rule² implementing the Mental Health Parity and Addiction Equity Act (MHPAEA) and added new rules implementing the nonquantitative treatment limitation (NQTL) comparative analyses requirements under MHPAEA, as amended by the Consolidated Appropriations Act, 2021 (CAA, 2021). The 2024 Final Rule, which became effective on November 22, 2024, has staggered applicability dates of plan years starting on or after January 1, 2025, and plan years (in the individual market, policy years) starting on or after January 1, 2026.

On January 17, 2025, the ERISA Industry Committee (ERIC) filed suit in the U.S. District Court for the District of Columbia challenging certain provisions of the 2024 Final Rule on multiple grounds, including on the grounds that they are arbitrary and capricious and contrary to law.

Additionally, Executive Order 14219, titled “Ensuring Lawful Governance and Implementing the President’s ‘Department of Government Efficiency’ Deregulatory Initiative,”³ directs federal agencies to review regulations to identify those that may undermine the national interest, including by imposing undue burdens on small businesses or significant costs upon private parties that are not outweighed by public benefits. In such cases, federal agencies must exercise enforcement discretion to ensure lawful governance.

The Departments have requested that the ERIC litigation be held in abeyance while the Departments reconsider the 2024 Final Rule, including whether to issue a notice of proposed rulemaking rescinding or modifying the regulation through notice and comment rulemaking.

The Departments will not enforce the 2024 Final Rule or otherwise pursue enforcement actions, based on a failure to comply that occurs prior to a final decision in the litigation, plus an additional 18 months. This enforcement relief applies only with respect to those portions of the 2024 Final Rule that are new in relation to the 2013 final rule. The Departments note that MHPAEA’s statutory obligations, as amended by the CAA, 2021, continue to have effect. HHS

¹ 89 FR 77586 (Sept. 23, 2024).

² 78 FR 68240 (Nov. 13, 2013).

³ 90 FR 10583 (Feb. 25, 2025).

encourages states that are the primary enforcers of MHPAEA with respect to issuers to adopt a similar approach to enforcement. HHS will not consider a state to be failing to substantially enforce MHPAEA, as amended, because the state adopts such an approach.

The Departments will also undertake a broader reexamination of each department's respective enforcement approach under MHPAEA, including those provisions amended by the CAA, 2021. Plans and issuers may continue to refer to the 2013 final rule (as it appeared in the Federal Register on November 13, 2013), FAQs About Mental Health and Substance Use Disorder Parity Implementation and the Consolidated Appropriations Act, 2021 Part 45, available at <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/faqs-about-mental-health-parity-implementation-and-consolidated-appropriations-act-2021-part-45.pdf>, and other subregulatory guidance issued by the Departments under MHPAEA. However, in connection with the process of reconsidering the 2024 Final Rule, the Departments may make updates to the subregulatory guidance implementing MHPAEA, including FAQs Part 45.

MHPAEA provides critical protections for workers, individuals, and their families who need treatment for mental health conditions and substance use disorders. During this period of nonenforcement as the Departments revisit the 2024 Final Rule, the Departments remain committed to ensuring that individuals receive protections under the law in a way that is not unduly burdensome for plans and issuers.