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BENEFITS BUZZ

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DOL Identifies Enforcement Priorities Around Mental Health Parity Rules

On Sept. 8, 2026, the U.S. Department of Labor (DOL) issued Field Assistance Bulletin No. 2026-03 to clarify its approach to enforcing the parity requirements for nonquantitative treatment limitations (NQTLs) under the Mental Health Parity and Addiction Equity Act (MHPAEA).

For reference, MHPAEA generally prohibits health plans and health insurance issuers from imposing barriers on access to mental health or substance use disorder (MH/SUD) benefits that do not apply to medical and surgical benefits. MHPAEA's parity requirements apply to financial requirements, quantitative treatment limitations and NQTLs, which generally limit the scope or duration of benefits.

The bulletin provides that the DOL will prioritize and focus on NQTL enforcement in the following three areas where there is the highest potential harm to participants and beneficiaries:

1. Separate treatment limitations for MH/SUD conditions, including blanket exclusions;
2. Medical necessity standards and review process, including prior authorization, concurrent review and retrospective review; and
3. Standards for determining network adequacy, with a focus on network admission standards and provider reimbursement methodologies.

The DOL also launched an accompanying webpage that provides a variety of resources for employers on MHPAEA compliance, including a description of warning signs that have often signaled potential compliance problems, examples of how health plans have addressed concerns during NQTL investigations, and a list of questions that health plan fiduciaries should ask service providers regarding MHPAEA compliance.

Final Rule Creates Additional Price Transparency Requirements for Health Coverage

On Oct. 6, 2026, the Departments of Labor, Health and Human Services, and the Treasury (Departments) released a final rule to improve price transparency requirements for non-grandfathered group health plans and health insurance issuers. The rule amends the 2020 Transparency in Coverage (TiC) Final Rules and implements President Donald Trump's February 2025 executive order on improving health care price transparency.

Key changes affect the internet-based price comparison tool that must be available to plan participants, beneficiaries and enrollees and the machine-readable files (MRFs) that health plans and issuers are required to post on a public website. In addition to providing price comparison guidance through a free, internet-based tool and on paper (upon request), the final rule requires health plans and issuers to provide the same cost information over the phone upon request. This change is effective for plan years beginning on or after Jan. 1, 2027.

The final rule also requires health plans and issuers to provide more MRFs and attest that their MRFs are accurate and complete. These changes apply in phases, beginning April 1, 2027. The Departments issued implementation FAQs setting the timeline for the updated MRFs, the required MRF format and the timeline for the Prescription Drug File.

In general, most employers rely on their issuers, third-party administrators and other service providers to satisfy these obligations. However, they should confirm that those arrangements are in writing and monitor compliance.

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