

**Act 150 of 1998**  
**Pennsylvania's Minimum Mental Health Benefits Law**  
**Summary**

This Act requires that some, but not all, of Pennsylvania's health insurance plans provide a certain level of mental health benefits.

**What plans are covered?**

1. The Act applies to health insurance plans issued in Pennsylvania to groups of 50 or more. It does not apply to individual policies, group policies covering fewer than 50 employees, or certain other types of policies (e.g., Medicare supplemental policies, dental policies, auto policies).
2. The Act does not apply to health insurance plans which are regulated by the federal, rather than state, government, regardless of size. Generally speaking, self-insured plans, which are usually found only among large employers, are regulated by the federal government. In order to know if a particular group plan of 50 or more is required to include the Act 150 benefits, one would need to determine if the plan's sponsoring employer is self-insured. Sometimes self-insured plans are administered by a health insurer, but what counts is whether the employer is the one responsible for paying the bills.

**What are the minimum benefits required for covered plans?**

The plan requires coverage for "serious mental illnesses" that meet at least these minimum standards:

1. 30 inpatient days per year
2. 60 outpatient visits per year
3. The ability to convert inpatient days to outpatient visits at the rate of one inpatient day for two outpatient visits. The plan does not require (or prohibit) conversion of outpatient coverage to inpatient.

**Other requirements/definitions**

- "Serious mental illnesses" include schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depression, panic disorder, anorexia nervosa, schizoaffective disorder, and delusional disorder, as defined in the most recent edition of the DSM. Act 150 benefits are not required for other mental health diagnoses.
- There can be no difference in annual or lifetime dollar limits in coverage for serious mental illnesses and other illnesses.
- Cost-sharing arrangements for serious mental illnesses, including but not limited to deductibles and copayments, cannot be so great as to "prohibit access to care." This has never been defined. The law does not prohibit different cost-sharing levels for mental illnesses and other illnesses.
- Note: the law speaks only to inpatient and outpatient care (the term used in the law is "days").