**SENATE**

**STATE OF MINNESOTA**

**S.F. No. XXXX**

**NINETY-FIRST SESSION**

**(SENATE AUTHORS: \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_ and \_\_\_\_\_\_)**

**Date D-PG OFFICIAL STATUS**

A bill for an act

relating to insurance; requiring health plan transparency; requiring Department of Commerce Accountability; requiring ease of access to medications for chemical dependency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2018, Section 62Q.47 is amended to read:

62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY SERVICES.

(a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism, mental health, or chemical dependency services or medications, must comply with the requirements of this section.

(b) Cost-sharing requirements and benefit or service limitations for outpatient mental health and outpatient chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6660, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for outpatient medical services.

(c) Cost-sharing requirements and benefit or service limitations for inpatient hospital mental health and inpatient hospital and residential chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6660, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for inpatient hospital medical services.

(d) All health plans must meet the requirements of the federal Mental Health Parity Act of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal guidance or regulations issued under, those acts.

(e) All health plan companies that provide coverage of prescription medications for the treatment of chemical dependency shall comply with the following:

(1) Each health plan company shall not impose any prior authorization requirements on any prescription medication approved by the federal Food and Drug Administration (FDA) for the treatment of chemical dependency;

(2) Each health plan company shall not impose any step therapy requirements before the health plan company will authorize coverage for a prescription medication approved by the FDA for the treatment of chemical dependency;

(3) Each health plan company shall place all prescription medications approved by the FDA for the treatment of chemical dependency on the lowest tier of the drug formulary developed and maintained by the health plan company; and

(4) Each health plan company shall not exclude coverage for any prescription medication approved by the FDA for the treatment of chemical dependency and any associated counseling or wraparound services on the grounds that such medications and services were court ordered.