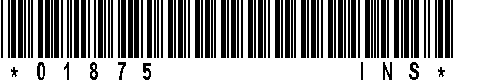


General Assembly ***Raised Bill No. XXX***

***February Session, 2019*** *LCO No****. XXXX***



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:

(INS)

***AN ACT ESTABLISHING MENTAL HEALTH AND ADDICTION PARITY IMPLEMENTATION REQUIREMENTS.***

Be it enacted by the Senate and House of Representatives in General

Assembly convened:

Section 1. (NEW) (*Effective January 1, 2020*) For the purposes of this section and section 2, of this act:

(1) "Commissioner" means the Insurance Commissioner.

(2) “Health carrier" or "carrier" means an insurer, fraternal benefit society, health care center, hospital service corporation, managed care organization, medical service corporation or other entity that delivers, issues for delivery, renews, amends or continues in this state any individual or group health insurance policy.

(3) “Mental health and substance use disorder benefits” means benefits for the treatment of any condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the International Classification of Disease or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

(4) “Nonquantitative treatment limitation” means limitations that are not expressed numerically, but otherwise limit the scope or duration of benefits for treatment.

Sec. 2. (NEW) (*Effective January 1, 2020*) (a) The Commissioner shall implement and enforce applicable provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, and any amendments to, and any federal guidance or regulations relevant to, that act, including 45 CFR 146.136, 45 CFR 147.136, 45 CFR 147.160, and 45 CFR 156.115(a)(3), which includes:

(1) Proactively ensuring compliance by health carriers;

(2) Evaluating all consumer or provider complaints regarding mental health and substance use disorder coverage for possible parity violations;

(3) Performing parity compliance market conduct examinations of health carriers, particularly market conduct examinations that focus on nonquantitative treatment limitations such as prior authorization, concurrent review, retrospective review, step-therapy, network admission standards, reimbursement rates, and geographic restrictions, among other nonquantitative treatment limitations;

(4) Requesting that health carriers submit comparative analyses during the form review process demonstrating how they design and apply nonquantitative treatment limitations, both as written and in operation, for mental health and substance use disorder benefits as compared to how they design and apply nonquantitative treatment limitations, as written and in operation, for medical and surgical benefits; and

(5) The Commissioner shall adopt regulations, in accordance with Chapter 54, as may be necessary to implement sections 2 to 4, inclusive, of this act, and any provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 that relate to the business of insurance.

(b) Not later than April first, 2020, the Commissioner shall issue a report and educational presentation to the General Assembly, which shall:

(1) Cover the methodology the Commissioner is using to check for compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and any federal regulations or guidance relating to the compliance and oversight of MHPAEA;

(2) Cover the methodology the Commissioner is using to check for compliance with sections 38a-488a and 38a-514;

(3) Identify market conduct examinations conducted or completed during the preceding 12-month period regarding compliance with parity in mental health and substance use disorder benefits under state and federal laws and summarize the results of such market conduct examinations;

(4) Detail any educational or corrective actions the Commissioner has taken to ensure health carrier compliance with MHPAEA and sections 38a-488a and 38a-514; and

(5) The report must be written in non-technical, readily understandable language and shall be made available to the public by, among such other means as the Commissioner finds appropriate, posting the report on the Internet website of the Insurance Department.

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | *January 1, 2020* | New section |
| Sec. 2 | *January 1, 2020* | New section |

# Statement of Purpose:

To require that the Insurance Commissioner implement federal and state parity provisions and submit a report to the General Assembly.

***[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]***