**As Introduced**

**133rd General Assembly**

**Regular Session S.B N.O. XXX**

**2019-2020**

**Senators \_\_\_\_\_, \_\_\_\_\_\_**

**Cosponsors: Senators \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_\_**

**A BILL**

To enact sections 3923.283 of the Revised Code to provide parity transparency and accountability.

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That section 3923.283 and 3923.284 of the Revised Code be enacted to read as follows:

**Sec. 3923.283.** (A) Each insurer that issues, delivers, or renews any individual or group accident and sickness policy that provides coverage for mental or emotional disorders or alcohol and drug abuse or addiction shall submit an annual report to the superintendent of insurance on or before March 31st, that contains the following information:

(1) A description of the process used to develop or select the medical necessity criteria for mental or emotional disorder or alcohol and drug abuse or addiction benefits and the process used to develop or select the medical necessity criteria for medical and surgical benefits.

(2) Identification of all non-quantitative treatment limitations (NQTLs) that are applied to both mental or emotional disorder or alcohol and drug abuse or addiction benefits and medical and surgical benefits within each classification of benefits; there may be no separate NQTLs that apply to mental or emotional disorder or alcohol and drug abuse or addiction benefits but do not apply to medical and surgical benefits within any classification of benefits.

(3) The results of an analysis that demonstrates that for the medical necessity criteria described in item (a) and for each NQTL identified in item (b), as written and in operation, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each NQTL to mental or emotional disorder or alcohol and drug abuse or addiction benefits within each classification of benefits are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each NQTL to medical and surgical benefits within the corresponding classification of benefits; at a minimum, the results of the analysis shall:

(a) Identify the factors used to determine that an NQTL will apply to a benefit, including factors that were considered but rejected;

(b) Identify and define the specific evidentiary standards used to define the factors and any other evidence relied upon in designing each NQTL;

(c) Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to design each NQTL, as written, and the as written processes and strategies used to apply the NQTL to mental or emotional disorder or alcohol and drug abuse or addiction benefits are comparable to, and are applied no more stringently than, the processes and strategies used to design each NQTL, as written, and the as written processes and strategies used to apply the NQTL to medical and surgical benefits;

(d) Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to apply each NQTL, in operation, for mental or emotional disorder or alcohol and drug abuse or addiction benefits are comparable to, and are applied no more stringently than, the processes or strategies used to apply each NQTL, in operation, for medical and surgical benefits; and

(e) Disclose the specific findings and conclusions reached by the insurer that the results of the analyses above indicate that the insurer is in compliance with this section and the Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, which includes 45 CFR 146.136, 45 CFR 147.160, and 45 CFR 156.115(a)(3).