



General Assembly

Amendment

January Session, 2019

LCO No. 8773



Offered by:

REP. SCANLON, 98th Dist.

SEN. LESSER, 9th Dist.

To: Subst. House Bill No. 7125

File No. 343

Cal. No. 221

**"AN ACT CONCERNING MENTAL HEALTH AND SUBSTANCE
USE DISORDER BENEFITS."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective October 1, 2019*) (a) For the purposes of
4 this section:

5 (1) "Health carrier" has the same meaning as provided in section
6 38a-1080 of the general statutes;

7 (2) "Mental health and substance use disorder benefits" means all
8 benefits for the treatment of a mental health condition or a substance
9 use disorder that (A) falls under one or more of the diagnostic
10 categories listed in the chapter concerning mental disorders in the
11 most recent edition of the International Classification of Diseases, or
12 (B) is a mental disorder, as that term is defined in the most recent
13 edition of the American Psychiatric Association's "Diagnostic and

14 Statistical Manual of Mental Disorders"; and

15 (3) "Nonquantitative treatment limitation" means a limitation that
16 cannot be expressed numerically but otherwise limits the scope or
17 duration of a covered benefit.

18 (b) Not later than March 1, 2021, and annually thereafter, each
19 health carrier shall submit a report to the Insurance Commissioner, in a
20 form and manner prescribed by the commissioner, containing the
21 following information for the calendar year immediately preceding:

22 (1) A description of the processes that such health carrier used to
23 develop and select criteria to assess the medical necessity of (A) mental
24 health and substance use disorder benefits, and (B) medical and
25 surgical benefits;

26 (2) A description of all nonquantitative treatment limitations that
27 such health carrier applied to (A) mental health and substance use
28 disorder benefits, and (B) medical and surgical benefits; and

29 (3) The results of an analysis concerning the processes, strategies,
30 evidentiary standards and other factors that such health carrier used in
31 developing and applying the criteria described in subdivision (1) of
32 this subsection and each nonquantitative treatment limitation
33 described in subdivision (2) of this subsection, provided the
34 commissioner shall not disclose such results in a manner that is likely
35 to compromise the financial, competitive or proprietary nature of such
36 results. The results of such analysis shall, at a minimum:

37 (A) Disclose each factor that such health carrier considered,
38 regardless of whether such health carrier rejected such factor, in (i)
39 designing each nonquantitative treatment limitation described in
40 subdivision (2) of this subsection, and (ii) determining whether to
41 apply such nonquantitative treatment limitation;

42 (B) Disclose any and all evidentiary standards, which standards
43 may be qualitative or quantitative in nature, applied under a factor

44 described in subparagraph (A) of this subdivision, and, if no
45 evidentiary standard is applied under such a factor, a clear description
46 of such factor;

47 (C) Provide the comparative analyses, including the results of such
48 analyses, performed to determine that the processes and strategies
49 used to design each nonquantitative treatment limitation, as written,
50 and the processes and strategies used to apply such nonquantitative
51 treatment limitation, as written, to mental health and substance use
52 disorder benefits are comparable to, and applied no more stringently
53 than, the processes and strategies used to design each nonquantitative
54 treatment limitation, as written, and the processes and strategies used
55 to apply such nonquantitative treatment limitation, as written, to
56 medical and surgical benefits;

57 (D) Provide the comparative analyses, including the results of such
58 analyses, performed to determine that the processes and strategies
59 used to apply each nonquantitative treatment limitation, in operation,
60 to mental health and substance use disorder benefits are comparable
61 to, and applied no more stringently than, the processes and strategies
62 used to apply each nonquantitative treatment limitation, in operation,
63 to medical and surgical benefits; and

64 (E) Disclose information that, in the opinion of the Insurance
65 Commissioner, is sufficient to demonstrate that such health carrier,
66 consistent with the Paul Wellstone and Pete Domenici Mental Health
67 Parity and Addiction Equity Act of 2008, P.L. 110-343, as amended
68 from time to time, and regulations adopted thereunder, (i) applied
69 each nonquantitative treatment limitation described in subdivision (2)
70 of this subsection comparably, and not more stringently, to (I) mental
71 health and substance use disorder benefits, and (II) medical and
72 surgical benefits, and (ii) complied with (I) sections 2 and 3 of this act,
73 (II) sections 38a-488a and 38a-514 of the general statutes, (III) sections
74 38a-510 and 38a-544 of the general statutes, and (IV) the Paul
75 Wellstone and Pete Domenici Mental Health Parity and Addiction
76 Equity Act of 2008, P.L. 110-343, as amended from time to time, and

77 regulations adopted thereunder.

78 (c) (1) Not later than April 15, 2021, and annually thereafter, the
79 Insurance Commissioner shall submit each report that the
80 commissioner received pursuant to subsection (b) of this section for the
81 calendar year immediately preceding to:

82 (A) The joint standing committee of the General Assembly having
83 cognizance of matters relating to insurance, in accordance with section
84 11-4a of the general statutes; and

85 (B) The Attorney General, Healthcare Advocate and executive
86 director of the Office of Health Strategy.

87 (2) Notwithstanding subdivision (1) of this subsection, the
88 commissioner shall not submit the name or identity of any health
89 carrier or entity that has contracted with such health carrier, and such
90 name or identity shall be given confidential treatment and not be made
91 public by the commissioner.

92 (d) Not later than May 15, 2021, and annually thereafter, the joint
93 standing committee of the General Assembly having cognizance of
94 matters relating to insurance may hold a public hearing concerning the
95 reports that such committee received pursuant to subsection (c) of this
96 section for the calendar year immediately preceding. The Insurance
97 Commissioner, or the commissioner's designee, shall attend the public
98 hearing and inform the committee whether, in the commissioner's
99 opinion, each health carrier, for the calendar year immediately
100 preceding, (1) submitted a report pursuant to subsection (b) of this
101 section that satisfies the requirements established in said subsection,
102 and (2) complied with (A) sections 2 and 3 of this act, (B) sections 38a-
103 488a and 38a-514 of the general statutes, (C) sections 38a-510 and 38a-
104 544 of the general statutes, and (D) the Paul Wellstone and Pete
105 Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L.
106 110-343, as amended from time to time, and regulations adopted
107 thereunder.

108 (e) Nothing in this section shall be construed to require any
109 disclosure in violation of (1) 42 USC 290dd-2, as amended from time to
110 time, (2) 42 USC 1320d et seq., as amended from time to time, (3) 42
111 CFR 2, as amended from time to time, and (4) 45 CFR 160.101 to
112 164.534, inclusive, as amended from time to time.

113 (f) The Insurance Commissioner may adopt regulations, in
114 accordance with chapter 54 of the general statutes, to implement the
115 provisions of this section.

116 Sec. 2. (NEW) (*Effective January 1, 2020*) No individual health
117 insurance policy providing coverage of the type specified in
118 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
119 statutes delivered, issued for delivery, renewed, amended or
120 continued in this state on or after January 1, 2020, shall apply a
121 nonquantitative treatment limitation to mental health and substance
122 use disorder benefits unless such policy applies such limitation to such
123 benefits in a manner that is comparable to, and not more stringent
124 than, the manner in which such policy applies such limitation to
125 medical and surgical benefits. For the purposes of this section,
126 "nonquantitative treatment limitation" and "mental health and
127 substance use disorder benefits" have the same meaning as provided in
128 section 1 of this act.

129 Sec. 3. (NEW) (*Effective January 1, 2020*) No group health insurance
130 policy providing coverage of the type specified in subdivisions (1), (2),
131 (4), (11) and (12) of section 38a-469 of the general statutes delivered,
132 issued for delivery, renewed, amended or continued in this state on or
133 after January 1, 2020, shall apply a nonquantitative treatment
134 limitation to mental health and substance use disorder benefits unless
135 such policy applies such limitation to such benefits in a manner that is
136 comparable to, and not more stringent than, the manner in which such
137 policy applies such limitation to medical and surgical benefits. For the
138 purposes of this section, "nonquantitative treatment limitation" and
139 "mental health and substance use disorder benefits" have the same
140 meaning as provided in section 1 of this act.

141 Sec. 4. (NEW) (*Effective January 1, 2020*) No individual health
 142 insurance policy providing coverage of the type specified in
 143 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
 144 statutes that is delivered, issued for delivery, renewed, amended or
 145 continued in this state on or after January 1, 2020, shall deny coverage
 146 for covered substance abuse services solely because such substance
 147 abuse services were provided pursuant to an order issued by a court of
 148 competent jurisdiction.

149 Sec. 5. (NEW) (*Effective January 1, 2020*) No group health insurance
 150 policy providing coverage of the type specified in subdivisions (1), (2),
 151 (4), (11) and (12) of section 38a-469 of the general statutes that is
 152 delivered, issued for delivery, renewed, amended or continued in this
 153 state on or after January 1, 2020, shall deny coverage for covered
 154 substance abuse services solely because such substance abuse services
 155 were provided pursuant to an order issued by a court of competent
 156 jurisdiction."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	New section
Sec. 2	<i>January 1, 2020</i>	New section
Sec. 3	<i>January 1, 2020</i>	New section
Sec. 4	<i>January 1, 2020</i>	New section
Sec. 5	<i>January 1, 2020</i>	New section