



General Assembly

**Amendment**

January Session, 2019

LCO No. 7860



Offered by:

REP. SCANLON, 98<sup>th</sup> Dist.

SEN. LESSER, 9<sup>th</sup> 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 March 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 April 1, 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 also applies the  
123 nonquantitative treatment limitation to medical and surgical benefits.  
124 For the purposes of this section, "nonquantitative treatment limitation"  
125 and "mental health and substance use disorder benefits" have the same  
126 meaning as provided in section 1 of this act.

127 Sec. 3. (NEW) (*Effective January 1, 2020*) No group health insurance  
128 policy providing coverage of the type specified in subdivisions (1), (2),  
129 (4), (11) and (12) of section 38a-469 of the general statutes delivered,  
130 issued for delivery, renewed, amended or continued in this state on or  
131 after January 1, 2020, shall apply a nonquantitative treatment  
132 limitation to mental health and substance use disorder benefits unless  
133 such policy also applies the nonquantitative treatment limitation to  
134 medical and surgical benefits. For the purposes of this section,  
135 "nonquantitative treatment limitation" and "mental health and  
136 substance use disorder benefits" have the same meaning as provided in  
137 section 1 of this act.

138 Sec. 4. (NEW) (*Effective January 1, 2020*) No individual health  
139 insurance policy providing coverage of the type specified in

140 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
 141 statutes that is delivered, issued for delivery, renewed, amended or  
 142 continued in this state on or after January 1, 2020, shall deny coverage  
 143 for covered substance abuse services solely because such substance  
 144 abuse services were provided pursuant to an order issued by a court of  
 145 competent jurisdiction.

146 Sec. 5. (NEW) (*Effective January 1, 2020*) No group health insurance  
 147 policy providing coverage of the type specified in subdivisions (1), (2),  
 148 (4), (11) and (12) of section 38a-469 of the general statutes that is  
 149 delivered, issued for delivery, renewed, amended or continued in this  
 150 state on or after January 1, 2020, shall deny coverage for covered  
 151 substance abuse services solely because such substance abuse services  
 152 were provided pursuant to an order issued by a court of competent  
 153 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