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## **OLR Bill Analysis**

**HB 6588 (File 691, as amended by House "A" and Senate "A")\***

### ***AN ACT CONCERNING MENTAL HEALTH CARE AND SUBSTANCE ABUSE SERVICES.***

#### **SUMMARY**

This bill prohibits certain health insurance policies that cover outpatient prescription drugs from:

1. requiring a health care provider to prescribe a supply of outpatient psychotropic drugs greater than that which he or she deems clinically appropriate or
2. imposing a cost-sharing amount (i.e., coinsurance, copayment, deductible, or out-of-pocket expense) for a less than 90-day supply of these drugs that exceeds the 90-day, reduced pro-rata, cost-sharing amount.

These provisions apply to individual or group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) hospital or medical services, including those provided under an HMO plan; or (5) single service ancillary health coverage, including vision, dental, or prescription drug coverage. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

The bill also prohibits mental health care benefits provided under state law, with state funds, or to state employees, from requiring a health care provider to prescribe an outpatient psychotropic drug in a quantity greater than that which the provider deems clinically appropriate.

Lastly, the bill establishes a 10-member task force to study mental

health service provider networks.

\*House Amendment "A" reduces the size of both task forces from 11 to 10 members, modifies the qualification requirements for certain task force appointees, and makes other conforming changes.

\*Senate Amendment "A" eliminates provisions establishing a peer support service task force.

EFFECTIVE DATE: January 1, 2022, except the task force provision is effective upon passage.

#### **§ 4 — MENTAL HEALTH SERVICE PROVIDER NETWORK TASK FORCE**

The bill establishes a 10-member task force to study ways to encourage mental health service providers to participate in provider networks. The task force must report its findings and recommendations to the Insurance and Real Estate Committee by January 1, 2022. It terminates on the date when it submits the report or on January 1, 2022, whichever is later.

The task force consists of the insurance commissioner, or his designee, and the following members:

1. one appointed by the House speaker, who represents the Connecticut Health Insurance Exchange (i.e., "the exchange");
2. one appointed by the Senate president pro tempore;
3. one appointed by the House majority leader;
4. one appointed by the House minority leader;
5. one appointed by the Senate majority leader, who represents a carrier offering or selling a qualified health plan through the exchange;
6. one appointed by the Senate minority leader, who has experience working for a carrier offering or selling health insurance in the large group market;

7. the Office of Health Strategy's executive director or her designee; and
8. two appointed by the governor, both of whom must be licensed healthcare providers, one of whom must also have experience working within a provider network.

Under the bill, the legislatively appointed members may be members of the General Assembly. Appointing authorities must (1) make their initial appointments within 30 days after the bill's passage and (2) fill any vacancies.

The House speaker and the Senate president pro tempore pick the task force's chairpersons. The chairpersons must schedule the first meeting, which must be held within 60 days after the bill passes.

The bill requires the Insurance and Real Estate Committee's administrative staff to serve as the task force's staff.

### **COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable

Yea 18    Nay 0    (03/22/2021)