

## Connecticut's Mental Health Parity Law

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### Issue

This report summarizes Connecticut's mental health parity requirement, including when it was adopted and its impact on commercial health insurance policies.

### Summary

Connecticut has required mental health parity in commercial health insurance policies since January 1, 2000, under [PA 99-284](#). "Mental health parity" generally means health insurance coverage for mental health services is provided on the same basis as coverage for other medical conditions.

The legislature additionally enacted parity requirements for out-of-pocket expenses related to autism spectrum disorder diagnosis and treatment ([PA 15-5, June Special Session](#), §§ 347-353) and non-quantitative treatment limits (NQTLs) ([PA 19-159](#)). Under the NQTL requirement, utilization review, prior authorization, and other non-numerical plan provisions may only apply to mental health or substance abuse benefits if they are comparable to, and applied no more stringently than, how these limitations are applied to medical benefits.

For more information about mental health parity requirements, see this Connecticut Insurance Department frequently asked questions [website](#).

## **Connecticut Law**

### ***Mental Health Parity***

Connecticut law requires certain individual and group commercial health insurance policies delivered, issued, renewed, amended, or continued in the state to cover the diagnosis and treatment of mental or nervous conditions. Policies cannot establish any provision that places a greater financial burden on an insured for the diagnosis or treatment of mental or nervous conditions than for the diagnosis or treatment of medical, surgical, or other physical health conditions ([CGS §§ 38a-488a](#) and [38a-514](#)).

The law defines “mental or nervous conditions” as mental disorders, as that term is used in the most recent edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM). But the law specifically excludes from “mental or nervous conditions” (1) intellectual disability; (2) learning, motor, communication, and caffeine-related disorders; (3) relational problems; and (4) additional conditions not otherwise defined as mental disorders in the DSM.

The law applies to fully-insured policies that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan.

### ***Autism Spectrum Disorder***

Connecticut law also requires the same commercial health insurance policies to cover the diagnosis and treatment of autism spectrum disorder. Policies cannot impose a coinsurance, copayment, deductible, or other out-of-pocket expense for the coverage that places a greater financial burden on an insured for the diagnosis and treatment of autism spectrum disorder than for the diagnosis and treatment of any other medical, surgical, or physical health condition ([CGS §§ 38a-488b](#) and [38a-514b](#)).

### ***Non-Quantitative Treatment Limits***

Connecticut law further prohibits the policies from applying an NQTL to mental health and substance use disorder benefits unless the policy applies the limitation in a way that is comparable to, and not more stringent than, the way in which the policy applies the limitation to medical and surgical benefits ([CGS §§ 38a-488c](#) and [38a-514c](#)).

An “NQTL” is a limitation that cannot be expressed numerically but otherwise limits the scope or duration of a covered benefit (such as a prior authorization requirement).

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