

HB 2137 -- INSURANCE COVERAGE FOR MENTAL HEALTH

SPONSOR: Neely

This bill requires that any rules must prohibit a health benefit plan from imposing a nonquantitative treatment limitation with respect to mental health condition benefits unless under the terms of the plan, any factors used in applying the nonquantitative treatment limitation to mental health condition benefits are comparable to and are applied no more stringently than the factors used in applying the limitation with respect to medical or surgical benefits.

The bill requires each health carrier that offers or issues health benefit plans in this state to submit an annual report to the Director of the Department of Commerce and Insurance before February 1, 2021. The report shall contain specified information regarding the criteria used to determine the medical necessity and nonquantitative treatment limitations for any mental health condition, medical, and surgical benefits and the results of an analysis identifying the factors used to determine non quantitative treatment limitations. The Director has the authority to enforce these provisions.

Before May 1, 2021, the Director is required to issue a report and educational presentation to the General Assembly identifying:

- (1) The methodology the Director is using to check for compliance with the federal Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act of 2008 and these provisions; and
- (2) Any market conduct examination conducted or completed during the preceding 12 month period regarding compliance with parity in mental health condition benefits.

The report must be made available to the public, including, but not limited to, posting the report on the Department of Commerce and Insurance website.

This bill is similar to HB 2384 (2018).