State of Arkansas *As Engrossed: xx/xx/xx*

92nd General Assembly A Bill

Regular Session, 2019 SENATE BILL XXX

By: Senators \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

By: Representatives \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

**For An Act To Be Entitled**

AN ACT TO PROVIDE PARITY REPORTING AND IMPLEMENTAITON REQUIREMENTS; AND FOR OTHER PURPOSES

**Subtitle**

TO PROVIDE PARITY REPORTING AND IMPLEMENTATION REQURIEMENTS

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

 Section 1. Arkansas Code Title 23, Chapter 99, Subchapter 5 is amended to add an additional section to read as follows:

 23-99-514. Commissioner implementation requirements.

 (a) The Commissioner shall implement and enforce applicable provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, and any amendments to, and any federal guidance or regulations relevant to, that act, including 45 CFR 146.136, 45 CFR 147.136, 45 CFR 147.160, and 45 CFR 156.115(a)(3), includes:

 (1) Proactively ensuring compliance by insurers that issue or deliver health benefit plans that provide benefits for the treatment of mental illnesses and substance use disorders;

 (2) Evaluating all consumer or provider complaints regarding mental illness and substance use disorder coverage for possible parity violations;

 (3) Performing parity compliance market conduct examinations of insurers that issue or deliver health benefit plans that provide benefits for the treatment of mental illnesses and substance use disorders, particularly market conduct examinations that focus on nonquantitative treatment limitations such as prior authorization, concurrent review, retrospective review, step-therapy, network admission standards, reimbursement rates, and geographic restrictions, among other nonquantitative treatment limitations;

 (4) Requesting that insurers submit comparative analyses during the form review process demonstrating how they design and apply nonquantitative treatment limitations, both as written and in operation, for mental illness and substance use disorder benefits as compared to how they design and apply nonquantitative treatment limitations, as written and in operation, for medical and surgical benefits; and

 (5) The Commissioner may adopt rules, under section 510 of this subchapter, as may be necessary to effectuate any provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 that relate to the business of insurance.

 (b) Not later than March 1, 2020, the Commissioner shall issue a report and educational presentation to the General Assembly, which shall:

 (1) Cover the methodology the Commissioner is using to check for compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and any federal regulations or guidance relating to the compliance and oversight of MHPAEA;

 (2) Cover the methodology the Commissioner is using to check for compliance with this subchapter;

 (3) Identify market conduct examinations conducted or completed during the preceding 12-month period regarding compliance with parity in mental illness and substance use disorder benefits under state and federal laws and summarize the results of such market conduct examinations;

 (4) Detail any educational or corrective actions the Commissioner has taken to ensure insurer compliance with MHPAEA and this subchapter; and

 (5) The report must be written in non-technical, readily understandable language and shall be made available to the public by, among such other means as the Commissioner finds appropriate, posting the report on the Internet website of the Insurance Department.

Section 2. Effective date

This act takes effect October 1, 2019.