**GENERAL ASSEMBLY OF NORTH CAROLINA**

**2019**

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**SENATE DRSXXXX-XX-X (X/XX)**

S hort Title: Mental Health Parity Reporting. (Public)

Sponsors: Senators\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

Referred to:

A BILL TO BE ENTITLED

AN ACT TO REQUIRE TRANSPARENCY AND COMPLIANCE WITH MENTAL HEALTH PARITY

The General Assembly of North Carolina Enacts

**Section 1.** Article 3 of Chapter 58 is amend by adding a new section to read:

**"§ 58-3-305. Mental illness and substance-related disorder parity.**

(a) All health insurance issuers that issue, sell, renew, or offer health benefit plans, as defined in G.S. 58-3-167(a)(1), in the State in the individual or group market shall submit an annual report to the Commissioner on or before March 1st, that contains the following information:

1. A description of the process used to develop or select the medical necessity criteria for mental illness and substance-related disorder benefits and the process used to develop or select the medical necessity criteria for medical and surgical benefits.
2. Identification of all non-quantitative treatment limitations (NQTLs) that are applied to both mental illness and substance-related disorder and medical and surgical benefits within each classification of benefits; there may be no separate NQTLs that apply to mental illness and substance-related disorder benefits but do not apply to medical and surgical benefits within any classification of benefits.
3. The results of an analysis that demonstrates that for the medical necessity criteria described in paragraph (1) and for each NQTL identified in paragraph (2) as written and in operation, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each NQTL to mental illness and substance-related disorder benefits within each classification of benefits are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each NQTL to medical and surgical benefits within the corresponding classification of benefits; at a minimum, the results of the analysis shall:
   1. Identify the factors used to determine that an NQTL will apply to a benefit, including factors that were considered but rejected
   2. Identify and define the specific evidentiary standards used to define the factors and any other evidence relied upon in designing each NQTL
   3. Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to design each NQTL, as written, and the as written processes and strategies used to apply the NQTL to mental illness and substance-related disorder benefits are comparable to, and are applied no more stringently than, the processes and strategies used to design each NQTL, as written, and the as written processes and strategies used to apply the NQTL to medical and surgical benefits
   4. Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to apply each NQTL, in operation, for mental illness and substance-related disorder benefits are comparable to, and are applied no more stringently than, the processes or strategies used to apply each NQTL, in operation, for medical and surgical benefits
   5. Disclose the specific findings and conclusions reached by the health insurance issuer that the results of the analyses above indicate that the issuer is in compliance with this section and the Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, which includes 45 CFR 146.136, 45 CFR 147.160, and 45 CFR 156.115(a)(3).

**SECTION 2.** This act becomes effective July 1, 2019.