HOUSE BILL NO. XXXX

Mental Health and Substance Use Disorder Parity.

Sponsored by: Representative(s) \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_

A BILL

for

AN ACT relating to health insurance; mandating parity for mental health and substance use disorder under health insurance policies issued in the state; specifying insurer, nonprofit corporation, and health maintenance parity reporting requirements; specifying applicability; and providing for an effective date.

*Be it enacted by the Legislature of the State of Wyoming:*

**Section 1.** W.S. 26-20-701 is created to read:

Article 7

Parity for Mental Health and Substance Use Disorder Insurance

**26-20-701. Required mental health and substance use disorder parity in individual and group policies or contracts.**

(a) All individual or group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type health insurance contracts issued by any insurer, including any nonprofit corporation and individual and group service contracts issued by a health maintenance organization, shall meet the requirements of, and the Commissioner may enforce, the Mental Health Parity and Addiction Equity Act of 2008 found at 42 U.S.C. 300gg-26 and all related regulations as of January 1, 2018, including 45 CFR 146.136, 45 CFR 147.160, and 45 CFR 156.115(a)(3).

**26-20-702. Required parity reporting.**

(a) Each insurer, nonprofit corporation, and health maintenance organization that issue individual or group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type health insurance contracts, and individual and group service contracts that provide mental health and substance use disorder benefits shall issue an annual report to the Commissioner by March 1 that contains the following information:

(i) A description of the process used to develop or select the medical necessity criteria for mental health and substance use disorder benefits and the process used to develop or select the medical necessity criteria for medical and surgical benefits;

(ii) Identification of all non-quantitative treatment limitations (NQTLs) that are applied to both mental health and substance use disorder benefits and medical and surgical benefits within each classification of benefits; there may be no separate NQTLs that apply to mental health and substance use disorder benefits but do not apply to medical and surgical benefits within any classification of benefits;

(iii) The results of an analysis that demonstrates that for the medical necessity criteria described in item (i) and for each NQTL identified in item (ii), 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 health and substance use 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:

(A) Identify the factors used to determine that an NQTL will apply to a benefit, including factors that were considered but rejected;

(B) Identify and define the specific evidentiary standards used to define the factors and any other evidence relied upon in designing each NQTL;

(C) 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 health and substance use 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;

(D) 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 health and substance use 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; and

(E) Disclose the specific findings and conclusions reached by the insurer, nonprofit corporation, or health maintenance organization that the results of the analyses above indicate that the insurer, nonprofit corporation, or health maintenance organization 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 shall only apply to any individual or group health insurance policy or plan that is delivered, issued, renewed, modified, amended or extended on or after July 1, 2019.

**Section 3.** This shall is effective July 1, 2019.

(END)