H.XXX

Introduced by Representatives \_\_\_\_\_\_\_ of \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_

Referred to Committee on

Date:

Subject: Health; health insurance; psychiatric Collaborative Care Model service delivery method

Statement of purpose of bill as introduced: This bill proposes to require health insurers to provide reimbursement for covered benefits that are provided through the psychiatric Collaborative Care Model service delivery method.

An Act relating to coverage of the psychiatric Collaborative Care Model.

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. § 4089b is amended to read:

§ 4089b. HEALTH INSURANCE COVERAGE, MENTAL HEALTH AND SUBSTANCE ABUSE

\* \* \*

(b) As used in this section:

\* \* \*

(3) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

~~(3)~~(4) "Rate, term, or condition" means any lifetime or annual payment limits, deductibles, copayments, coinsurance, and any other cost-sharing requirements, out-of-pocket limits, visit limits, and any other financial component of health insurance coverage that affects the insured.

(c) A health insurance plan shall provide coverage for treatment of a mental condition and shall:

(1) not establish any rate, term, or condition that places a greater burden on an insured for access to treatment for a mental condition than for access to treatment for other health conditions, including no greater co-payment for primary mental health care or services than the co-payment applicable to care or services provided by a primary care provider under an insured's policy and no greater co-payment for specialty mental health care or services than the co-payment applicable to care or services provided by a specialist provider under an insured's policy;

(2) not exclude from its network or list of authorized providers any licensed mental health or substance abuse provider located within the geographic coverage area of the health benefit plan if the provider is willing to meet the terms and conditions for participation established by the health insurer; and

(3) make any deductible or out-of-pocket limits required under a health insurance plan comprehensive for coverage of both mental and physical health conditions.

(4) provide reimbursement for benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

(A) 99492;

(B) 99493;

(C) 99494;

(D) The Commissioner shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model; and

(F) A health insurance plan may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the requirements found at section 4089a of this Title.

\* \* \*

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2019.