**HOUSE BILL No. XXXX**

DIGEST OF INTRODUCED BILL

**Citations Affected**:

**Synopsis:** Parity reporting and implementation requirements. Establishes parity reporting requirements for insurers.

**Effective:** July 1, 2019.

**\_\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_**

January 15, 2019, read for the first time and referred to the Committee on Insurance

 Introduced

First Regular Session of the 121st General Assembly (2019)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~. Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution. Conflict reconciliation: Text in a statute in *this style type* or *~~this style type~~* reconciles conflicts between statutes enacted by the 2018 Regular Session of the General Assembly.

**HOUSE BILL No. XXXX**

A BILL FOR AN ACT to amend the Indiana Code concerning insurance

*Be it enacted by the General Assembly of the State of Indiana:*

 SECTION 1. IC 27-8-5-15.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 15.8. (a) All insurers that issue policies of individual or group accident and sickness insurance that provide coverage of mental illness or substance abuse benefits shall submit an annual report to the department on or before December 31, 2019 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 abuse 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 abuse 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.**

**(3) The results of an analysis that demonstrates that for the medical necessity criteria described in item (1) and for each NQTL identified in item (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 abuse 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 illness and substance abuse 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 illness and substance abuse benefits are comparable to, and 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 that the results of the analyses above indicate that the insurer 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).**