**First Regular Session**

**Seventy-second General Assembly**

**STATE OF COLORADO**

INTRODUCED

LLS NO. 19-XXXX.01 \_\_\_\_\_\_\_\_\_\_\_ xXXXX HOUSE BILL 19-XXXX

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**A BILL FOR AN ACT**

**CONCERNING COVERAGE OF BEHAVIORAL HEALTH BENEFITS DELIVERED THROUGH THE PSYCHIATRIC COLLABORATIVE CARE MODEL SERVICE DELIVERY METHOD.**

Bill Summary

### (Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

**Section 1** of the bill provides coverage specifications for benefits delivered through the psychiatric Collaborative Care Model.

***Capital letters or bold & italic numbers indicate new material to be added to existing statute.***

***Dashes through the words indicate deletions from existing statute.***

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

**SECTION 1.** In Colorado Revised Statutes, 10-16-104, amend (5.5)(a)(I) as follows:

**10-16-104. Mandatory coverage provisions - definitions - rules.**

(5.5) **Behavioral, mental health, and substance use disorders - rules.**

(a)(I) Every health benefit plan subject to part 2, 3, or 4 of this article 16, except those described in section 10-16-102 (32)(b), must provide coverage for the treatment of both biologically based mental health disorders and behavioral, mental health, or substance use disorders that is no less extensive than the coverage provided for a physical illness~~.~~ AND SHALL REIMBURSE FOR SUCH COVERAGE THAT IS PROVIDED 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.

(F) EVERY HEALTH BENEFIT 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 UTILIZATION REVIEW REQUIREMENTS FOUND AT SECTION 10-16-112 AND ANY REGULATIONS PROMULGATED IN CONNECTION WITH SUCH SECTION.

(II) (Deleted by amendment, L. 2013.)

(III) (A) Except as provided in subsection (5.5)(a)(III)(B) of this section, any preauthorization or utilization review mechanism used in the determination to provide the coverage required by this subsection (5.5)(a) must be the same as, or no more restrictive than, that used in the determination to provide coverage for a physical illness. The commissioner shall adopt rules as necessary to implement and administer this subsection (5.5).

(B) A health benefit plan subject to this subsection (5.5) must provide coverage without prior authorization for a five-day supply of at least one of the federal food and drug administration-approved drugs for the treatment of opioid dependence; except that this requirement is limited to a first request within a twelve-month period.

(IV) As used in this subsection (5.5):

(A) "Behavioral, mental health, or substance use disorder" means post-traumatic stress disorder, substance use disorders, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, anorexia nervosa, bulimia nervosa, general anxiety disorder, and autism spectrum disorders, as defined in subsection (1.4)(a)(III) of this section.

(B) "Biologically based mental health disorder" means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.

(C) “THE PSYCHIATRIC COLLABORATIVE CARE MODEL” MEANS THE EVIDENCE-BASED, INTEGRATED BEHAVIORAL HEALTH SERVICE DELIVERY METHOD DESCRIBED AT 81 FR 80230.

(b) The commissioner may adopt rules as necessary to ensure that this subsection (5.5) is implemented and administered in compliance with federal law.

(c) A health care service plan issued by an entity subject to part 4 of this article may provide that the benefits required by this subsection (5.5) are covered benefits only if the services are rendered by a provider who is designated by and affiliated with the health maintenance organization.