**SENATE**

**STATE OF MINNESOTA**

**S.F. No. XXXX**

**NINETY-FIRST SESSION**

**(SENATE AUTHORS: \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_ and \_\_\_\_\_\_)**

**Date D-PG OFFICIAL STATUS**

A bill for an act

relating to insurance; requiring health plan transparency; requiring Department of Commerce Accountability; requiring ease of access to medications for chemical dependency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

 Section 1. Minnesota Statutes 2018, Section 62Q.47 is amended to read:

 62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY SERVICES.

(a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism, mental health, or chemical dependency services or medications, must comply with the requirements of this section.

(b) Cost-sharing requirements and benefit or service limitations for outpatient mental health and outpatient chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6660, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for outpatient medical services.

(c) Cost-sharing requirements and benefit or service limitations for inpatient hospital mental health and inpatient hospital and residential chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6660, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for inpatient hospital medical services.

 (d) All health plans must meet the requirements of the federal Mental Health Parity Act of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal guidance or regulations issued under, those acts.

 (e) The commissioner of commerce shall implement and enforce applicable provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j), and any amendments to, and federal guidance or regulations issued under, those acts, including 45 CFR Parts 146 and 147, 45 CFR 156.115(a)(3), 62Q.47, and 62Q.53, which includes:

(1) Proactively ensuring compliance by health plan companies that provide coverage for alcoholism, mental health, or chemical dependency services;

(2) Evaluating, all consumer and provider complaints regarding alcoholism, mental health, or chemical dependency for possible parity violations;

(3) Performing parity compliance market conduct examinations of health plan companies, particularly market conduct examinations that focus on nonquantitative treatment limitations such as prior authorization, concurrent review, retrospective review, step-therapy, network admission standards, reimbursement rates, and geographic restrictions, among other nonquantitative treatment limitations;

(4) Requesting that health plan companies submit comparative analyses during the form review process demonstrating how they design and apply nonquantitative treatment limitations, both as written and in operation, for alcoholism, mental health, or chemical dependency benefits as compared to how they design and apply nonquantitative treatment limitations, as written and in operation, for medical and surgical benefits; and

(5) The commissioner of commerce may adopt rules, under 14.05, as may be necessary to effectuate any provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 that relate to the business of insurance.