

1.1 moves to amend H.F. No. 1340 as follows:

1.2 Page 1, delete sections 1 and 2

1.3 Page 3, delete section 4 and insert:

1.4 "Sec. 2. Minnesota Statutes 2018, section 62Q.47, is amended to read:

1.5 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
1.6 **SERVICES.**

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

1.10 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
1.11 health and outpatient chemical dependency and alcoholism services, except for persons
1.12 placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to
1.13 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more
1.14 restrictive than those requirements and limitations for outpatient medical services.

1.15 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
1.16 mental health and inpatient hospital and residential chemical dependency and alcoholism
1.17 services, except for persons placed in chemical dependency services under Minnesota Rules,
1.18 parts 9530.6600 to 9530.6655, must not place a greater financial burden on the insured or
1.19 enrollee, or be more restrictive than those requirements and limitations for inpatient hospital
1.20 medical services.

1.21 (d) A health plan must not impose an NQTL with respect to mental health and substance
1.22 use disorders in any classification of benefits unless, under the terms of the plan as written
1.23 and in operation, any processes, strategies, evidentiary standards, or other factors used in
1.24 applying the NQTL to mental health and substance use disorders in the classification are

2.1 comparable to, and are applied no more stringently than, the processes, strategies, evidentiary
2.2 standards, or other factors used in applying the NQTL with respect to medical and surgical
2.3 benefits in the same classification.

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

2.8 (f) The commissioner, in consultation with advocates, providers and health plans, may
2.9 require information from health plans to confirm that mental health parity is being
2.10 implemented. Information required may include comparisons between mental health and
2.11 substance use disorder treatment against other health care conditions for other issues,
2.12 including wait times, prior authorizations, provider credentialing and reimbursement, drug
2.13 formularies, use of out-of-network providers, out-of-pocket costs, medical necessity, network
2.14 adequacy, claim denials, adoption of coverage for new treatments, in-home services,
2.15 rehabilitation services, and other information the commissioner deems appropriate.

2.16 (g) Regardless of the care provider's professional license, if the care is consistent with
2.17 the provider's scope of practice and the health plan's credentialing and contracting provisions,
2.18 mental health therapy visits and medication maintenance visits are considered primary care
2.19 visits for the purposes of applying any patient cost-sharing requirements imposed by the
2.20 health plan. Beginning June 1, 2021, and each year thereafter, the commissioner of commerce,
2.21 in consultation with the commissioner of health, must issue an updated report to the
2.22 legislature. The report must:

2.23 (1) describe how the commissioners review health plan compliance with United States
2.24 Code, title 42, section 18031(j), and any federal regulations or guidance relating to
2.25 compliance and oversight;

2.26 (2) describe how the commissioners review compliance with this section and section
2.27 62Q.53;

2.28 (3) identify enforcement actions taken during the preceding 12-month period regarding
2.29 compliance with parity for mental health and substance use disorders benefits under state
2.30 and federal law and summarize the results of such market conduct examinations. The
2.31 summary must include:

2.32 (i) the number of formal enforcement actions taken;

2.33 (ii) the benefit classifications examined in each enforcement action;

- 3.1 (iii) the subject matter of each enforcement action, including quantitative and
3.2 nonquantitative treatment limitations; and
- 3.3 (iv) a description of how individually identifiable information will be excluded from
3.4 the reports, consistent with state and federal privacy protections;
- 3.5 (4) detail any corrective actions the commissioners have taken to ensure health plan
3.6 compliance with this section and section 62Q.53, and United States Code, title 42, section
3.7 18031(j);
- 3.8 (5) detail the approach taken by the commissioners relating to informing the public about
3.9 alcoholism, mental health, or chemical dependency parity protections under state and federal
3.10 law; and
- 3.11 (6) be written in nontechnical, readily understandable language and must be made
3.12 available to the public by, among other means as the commissioners find appropriate, posting
3.13 the report on department websites."
- 3.14 Renumber the sections in sequence and correct internal references
- 3.15 Page 1, line 3, delete everything after the first semicolon
- 3.16 Page 1, line 4, delete everything before "requiring"
- 3.17 Correct the title numbers accordingly