

Subject Coverage of mental health and substance use disorders

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Overview

This bill defines nonquantitative treatment limitations and requires all health plans to apply them in the same manner for mental health and substance use disorder treatment as they apply them for medical and surgical benefits. Health plans must classify mental health visits and medication maintenance visits as primary care for purposes of enrollee cost sharing. This bill also requires health plans to share certain information with the commissioner to ensure enforcement occurs, and for the commissioner to issue an annual report.

Summary

Section	Description
1	<p>Nonquantitative treatment limitations or NQTLs.</p> <p>Defines “nonquantitative treatment limitations” or “NQTLs” as processes, strategies, or evidentially standards that limit the scope or duration of benefits for treatment. NQTLs may include medical management standards, formulary design, network tiers, requirements for providers, manner of determining charges, step therapy protocols, exclusions, restrictions, reimbursement rates, and other health plan design features.</p>
2	<p>Alcoholism, mental health, and chemical dependency services.</p> <p>(d) Prohibits a health plan from imposing NQTLs for mental health and substance use disorders that are not-comparable or more stringent than those applied to medical and surgical benefits in the same classification.</p> <p>(f) Requires health plan companies to provide certain information to the commissioner of commerce to confirm that the mental health parity required by this section is being implemented by health plan companies.</p> <p>(g) Provides that mental health therapy visits and medication maintenance visits are primary care for purposes of applying patient cost-sharing requirements under a health plan. Requires the commissioner of commerce in consultation with the commissioner of health to issue a report to the legislature every year including detailed information about the commissioner’s compliance procedures, enforcement actions, corrective actions, and public information initiatives regarding mental health parity.</p>



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