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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **1974**

03/02/2017 Authored by Albright, Hoppe, Slocum, Halverson, Bly and others

The bill was read for the first time and referred to the Committee on Commerce and Regulatory Reform

03/21/2018 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy

1.1 A bill for an act
1.2 relating to insurance; establishing a mental health and substance use disorder work
1.3 group; requiring a report.

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

1.5 Section 1. **MENTAL HEALTH AND SUBSTANCE USE DISORDER WORK**
1.6 **GROUP.**

1.7 **Subdivision 1. Work group created.** (a) The commissioners of health and commerce
1.8 shall convene a 13-member work group to make recommendations and report on the most
1.9 effective approach to determine and demonstrate mental health and substance use disorder
1.10 parity, in accordance with state and federal law for individual and group health plans offered
1.11 in Minnesota. The work group shall include the following:

1.12 (1) two members representing health plan companies that offer health plans in the
1.13 individual market;

1.14 (2) two members representing health plan companies that offer health plans in the group
1.15 markets;

1.16 (3) the commissioner of health;

1.17 (4) the commissioner of commerce;

1.18 (5) the commissioner of management and budget;

1.19 (6) two members representing employers;

1.20 (7) two members who are providers representing the mental health and substance use
1.21 disorder community; and

2.1 (8) two members who are advocates representing the mental health and substance use
2.2 disorder community.

2.3 (b) Members of the work group must have expertise in standards for evidence-based
2.4 care, benefit design, or development or knowledge relating to the analysis of the mental
2.5 health and substance use disorder parity under federal and state law, including nonquantitative
2.6 treatment limitations. The final report must include recommendations for the most effective
2.7 approach to both demonstrate parity for regulatory purposes and communicate parity
2.8 determinations publicly in a manner that is meaningful to consumers.

2.9 (c) The final report must be written in nontechnical, readily understandable language
2.10 and be made available to the public by, among such other means as the work group finds
2.11 appropriate, posting the report on the Department of Health and Department of Commerce
2.12 Web sites.

2.13 (d) In developing its report and recommendations, the work group may consult with the
2.14 Substance Abuse and Mental Health Services Agency and the National Association of
2.15 Insurance Commissioners for the latest developments on evaluation of mental health and
2.16 substance use disorder parity.

2.17 (e) The report must include the following:

2.18 (1) a summary of completed state enforcement actions relating to individual and group
2.19 health plans offered in Minnesota during the preceding 12-month period regarding
2.20 compliance with parity in mental health and substance use disorders benefits in accordance
2.21 with state and federal law, and a summary of the results of completed state enforcement
2.22 actions. Data that is protected under state or federal law as nonpublic, private, or confidential
2.23 shall remain nonpublic, private, or confidential. This summary must include:

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

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

2.26 (iii) the subject matter of each enforcement action, including quantitative and
2.27 nonquantitative treatment limitations;

2.28 (2) detailed information about any regulatory actions the commissioners of health or
2.29 commerce have taken as a result of a completed state enforcement action pertaining to health
2.30 plan compliance with sections 62Q.47 and 62Q.53 and United States Code, title 42, section
2.31 18031(j); and

3.1 (3) a description of the work group's recommendations on educating the public about
3.2 alcoholism, mental health, or chemical dependency parity protections under state and federal
3.3 law.

3.4 Subd. 2. **Report.** By February 15, 2019, the commissioners of health and commerce
3.5 shall jointly report the recommendations of the work group to the chairs and ranking minority
3.6 members of the legislative committees with jurisdiction over health care policy and finance.

3.7 Subd. 3. **First meeting.** The commissioner of commerce shall convene the first meeting
3.8 of the work group on or before August 1, 2018.