After consideration on the merits, the Committee recommends the following:

HB19-1269 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1. Amend printed bill, page 4, line 13, strike "(5.5)(c), (18)(b)(I), and (18)(d);" and substitute "(5.5)(b), (5.5)(c), and (18)(b)(I);".

2. Page 5, strike lines 18 and 19 and substitute "DISORDERS, THE SERVICE CONTINUES TO BE A COVERED SERVICE UNTIL".

3. Page 5, line 24, strike "QUANTITATIVE AND".

4. Page 5, line 26, strike "(c)(4)(I)," and substitute "(c)(4),".

5. Page 6, strike line 2 and substitute "TO THE LIMITATIONS AND EXAMPLES LISTED IN 45 CFR 146.136 (c)(4)(ii) AND (c)(4)(iii), OR ANY".

6. Page 6, after line 7 insert:

   "(B) COMPLY WITH THE FINANCIAL REQUIREMENTS AND QUANTITATIVE TREATMENT LIMITATIONS SPECIFIED IN 45 CFR 146.136 (c)(2) AND (c)(3), OR ANY SUCCESSOR REGULATION;".

7. Reletter succeeding sub-subparagraphs accordingly.

8. Page 6, strike lines 12 through 19.

9. Reletter succeeding sub-subparagraphs accordingly.
Page 7, line 2, strike "REIMBURSE" and substitute "IF A COVERED PERSON
OBTAINS A COVERED SERVICE FROM A NONPARTICIPATING PROVIDER
BECAUSE THE COVERED SERVICE IS NOT AVAILABLE WITHIN ESTABLISHED
TIME AND DISTANCE STANDARDS, REIMBURSE".

Page 7, after line 8 insert:

"(b) The commissioner may adopt rules as necessary to ensure that
this subsection (5.5) is implemented and administered in compliance with
federal law AND SHALL ADOPT RULES TO ESTABLISH REASONABLE TIME
PERIODS FOR VISITS WITH A PROVIDER FOR TREATMENT OF A BEHAVIORAL,
MENTAL HEALTH, OR SUBSTANCE USE DISORDER AFTER AN INITIAL VISIT
WITH A PROVIDER.".

Page 8, strike lines 17 through 27.

Page 9, strike lines 1 through 3.

Page 9, line 22, after "MHPAEA." add "THE COMMISSIONER SHALL
ADOPT RULES TO ESTABLISH THE PROCESS AND TIMELINE FOR CARRIERS TO
DEMONSTRATE COMPLIANCE WITH THE MHPAEA IN ESTABLISHING THEIR
RATES.".

Page 9, line 27, strike "ALL DENIALS OF" and substitute "UNLESS A DENIAL
IS BASED ON NONPAYMENT OF PREMIUMS, A DENIAL OF".

Page 10, line 1, strike "REQUESTS FOR".

Page 10, line 3, after "DISORDERS" insert "UNDER A HEALTH BENEFIT
PLAN".

Page 10, line 16, strike "CARRIER," and substitute "CARRIER AND FREE OF
CHARGE,".

Page 11, lines 15 and 16, strike "FOR AN ANNUAL MENTAL WELLNESS
CHECKUP THAT" and substitute "AND REIMBURSEMENT FOR BEHAVIORAL
HEALTH SCREENINGS USING A VALIDATED SCREENING TOOL FOR
BEHAVIORAL HEALTH, WHICH COVERAGE AND REIMBURSEMENT".

Page 11, line 17, after "COVERAGE" insert "AND REIMBURSEMENT":
Page 15, line 3, after "10-16-148" insert "and 10-16-149".

Page 15, line 9, strike "SHALL:" and substitute "SHALL, FOR PRESCRIPTION MEDICATIONS THAT ARE ON THE CARRIER'S FORMULARY:".

Page 15, line 14, strike "TO AUTHORIZING" and substitute "FOR".

Page 15, line 17, strike "ALL" and substitute "AT LEAST ONE" and strike "MEDICATIONS" and substitute "MEDICATION".

Page 16, after line 1 insert:

"10-16-149. Commissioner report - parity effects on premiums - repeal. (1) BY DECEMBER 1, 2022, THE COMMISSIONER SHALL SUBMIT A REPORT TO THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE AND THE HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE AND PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, REGARDING THE EFFECTS ON PREMIUMS RESULTING FROM CHANGES ENACTED BY HOUSE BILL 19-1269 IN REQUIRED HEALTH CARE COVERAGE FOR THE PREVENTION OF, SCREENING FOR, AND TREATMENT OF BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS AND NETWORK ADEQUACY REQUIREMENTS FOR PROVIDING THOSE SERVICES PURSUANT TO SECTION 10-16-104 (5.5) AND (18)(b)(I) AND PRESCRIPTION DRUG FORMULARY REQUIREMENTS PURSUANT TO SECTION 10-16-148.

(2) THIS SECTION IS REPEALED, EFFECTIVE MARCH 1, 2023."

Page 17, line 4, strike "DAYS," and substitute "DAYS".

Page 17, line 10, strike "DIAGNOSIS, AND PROHIBIT" and substitute "SERVICE; AND

(i) PROHIBIT".

Page 17, line 12, strike "DISORDER DIAGNOSIS" and substitute "DISORDER OR SUBSTANCE USE DISORDER DIAGNOSIS SOLELY".

Page 17, line 13, strike "ETIOLOGY; AND" and substitute "ETIOLOGY.".

Page 17, strike lines 14 through 17.

Page 17, line 19, before "PUBLIC." insert "AND THE STATE DEPARTMENT'S
REPORT REQUIRED BY SECTION 25.5-5-421 READILY AVAILABLE TO THE PROVIDERS; PROVIDERS WHEN NECESSARY;.

Page 18, line 27, strike "ANY" and substitute "A".

Page 19, line 1, after "BENEFITS" insert "FOR BEHAVIORAL HEALTH SERVICES THAT ARE COVERED UNDER THE MEDICAL ASSISTANCE PROGRAM".

Page 19, strike lines 9 through 27.

Re-number succeeding sections accordingly.

Page 20, after line 14 insert:

"(a) DATA THAT DEMONSTRATES PARITY COMPLIANCE FOR ADVERSE DETERMINATIONS REGARDING CLAIMS FOR BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDER SERVICES AND INCLUDES THE TOTAL NUMBER OF ADVERSE DETERMINATIONS FOR SUCH CLAIMS;".

Re-letter succeeding paragraphs accordingly.

Page 21, line 4, strike "(1)(a)" and substitute "(1)(b)".

Page 21, line 6, strike "(1)(b)" and substitute "(1)(c)".

Page 21, line 18, strike "(1)(c)" and substitute "(1)(d)".

Page 22, line 24, strike "CONVENE A COMMITTEE OF" and substitute "SEEK INPUT FROM".

Page 22, lines 24 and 25, strike "THAT INCLUDES MEMBERS WITH" and substitute "WHO MAY HAVE".

Page 22, line 27, strike the first "AND" and substitute "OR".

Page 23, strike lines 1 and 2 and substitute "THE INPUT RECEIVED IN CONDUCTING THE ANALYSES AND DEVELOPING".

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