

Sections of the Bill HB19-1269	Content	Amendments	Explanation
Section 2 (Page 4)	<ul style="list-style-type: none"> Adds definition of MHPAEA 	Line 13, strike (5.5)(c), (18)(b)(1), and (18)(d) and substitute (5.5)c) and (18)(b)(1).	Correcting wrong citations
Section 4 (Page 9)	<ul style="list-style-type: none"> Adds prevention and screenings to behavioral health and substance use disorders treatment 		
Section 5 (Page 9)	<ul style="list-style-type: none"> Commissioner shall disapprove the requested rate increase of a carrier if the carrier fails to demonstrate compliance with MHPAEA 	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".	Compromise with carriers
Section 6 (Page 9-10)	<ul style="list-style-type: none"> Denials of request for reimbursement of services must include a statement explaining the covered person are protected under MHPAEA, information about contacting the office of the ombudsman for behavioral health care and a statement that covered persons are entitled upon request to a copy of the medical necessity criteria for any behavioral health benefit 	<p>Page 9, line 27 strike "all denials of" and substitute "unless a denial is based on nonpayment of premiums, a denial of a request".</p> <p>Page 10, line 1, strike "requests". Page 10, line 3, , after "disorders" insert "under a health benefit plan".</p> <p>Page 10. Line 16, strike "carrier" and substitute "carrier and free of charge".</p>	<p>Clarifies that carriers do not Have to send this information If a denial was due to non-Payment of premiums.</p> <p>Technical change requested By DOI</p> <p>Ensures consumers are not Charged.</p>
Section 7 (Page 10-11)	<ul style="list-style-type: none"> Removes request for prior authorization for medication assisted treatment¹ for 		Conforming language for later in bill

	substance use disorders		
Section 8 (Page 11)	<ul style="list-style-type: none"> For plans that offer an annual physical exam as a preventative health care service, mental health screenings must be offered (not mandatory for people to receive a screening!) that are no less extensive than the physical exam 	<p>Page 11, lines 15,16, 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”</p> <p>Page 11, line 17, after “coverage” insert “ and reimbursement”.</p>	This creates more clarification about what is expected to be covered by the plan.
Section 9 (Page 11-14) (Taken from federal rule 2013)	<ul style="list-style-type: none"> Each June 1st, the commissioner of insurance shall submit a written report to the health care committees for both the house and the senate Carriers must submit to the commissioner and make available to the public by March 1st, 2020 and each year thereafter data that demonstrates: <ol style="list-style-type: none"> Parity compliance for claims denied Medical necessity used in 		

	<p>determining behavioral health benefits</p> <p>3. Medical necessity used to determine medical and surgical benefits</p> <p>4. Identification of all NQTL's applied to behavioral health benefits</p> <p>5. Results of an analysis showing that factors used in applying medical necessity criteria is no more stringent than used for the physical determinations</p> <p>6. Provided comparative analysis performed to determine that strategies used for each NQTL is the same for behavioral health and physical health</p> <p>7. Commissioner shall adopt rules as necessary to implement reporting requirements</p> <ul style="list-style-type: none"> • If the commissioner should receive a complaint from the ombudsman office, the commissioner shall examine the complaint 		
Section 10 (Page 15)	<ul style="list-style-type: none"> • A carrier that provides prescription benefits for the treatment of substance use disorders shall not impose prior authorization requirements on any prescription approved by the FDA 	Page 15, line 9, strike "shall" and substitute "shall, for prescription medications that are on the carrier's formulary".	<p>Changes language from Medications approved by FDA To medications on carriers' Formulary.</p> <p>Requested by carriers.</p>

	<ul style="list-style-type: none"> Carrier may not impose any step therapy requirements as a prerequisite to authorize coverage for a medication approved by the FDA Carrier must place all covered prescription medications approved by FDA for SUD on the lowest tier of their formulary Not exclude coverage for any medications for SUD and any associated counseling or wrap around services solely on the grounds that the medications and services were court ordered 	<p>Page 15, line 14, strike “ to authorizing “ and substitute “for”.</p> <p>Page 15, line 17 – strike “all” and substitute “at least one” and strike “medications” and substitute “Medication.”</p>	<p>Change requested by stakeholders</p> <p>Requested by carriers.</p>
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Medicaid Section

Sections of Bill	Content	Amendments	
Section 11 (Page 16)	<ul style="list-style-type: none"> The state department shall insure that benefits for behavioral health are no less 		

	<p>extensive than benefits for physical illness and are in compliance with MHPAEA</p>		
Section 12 (Page 1-18)	<ul style="list-style-type: none"> HCPF shall require each managed care entity to offer non urgent care visits not to exceed 7 calendar days Requires that individuals with IDD, neurological disorder or TBI shall receive behavioral health services regardless of primary or secondary diagnosis Prohibits a managed care entity from denying payment for medically necessary SUD treatment on the basis that the diagnosis is not primary The state department shall make each managed care entity annual network adequacy plan public 	<p>Page 17. Line 4, strike “days”, and substitute “days.”</p> <p>Page 17, line 10, strike “diagnosis, and prohibit,” and substitute “diagnosis; and (i) prohibit”.</p> <p>Page 17. Line 12, after “disorder” insert “ or substance use disorder”.</p> <p>Page 17, line 13, strike “etiology: and” and substitute “etiology”.</p> <p>Page 17, strike lines 14 – 17.</p> <p>Page 17, line 19, before “public” insert “and the state department’s report required by section 25.5-5-421 readily available to the “.</p>	<p>Clarification that 7 days only apply when it meets medical necessity</p> <p>Clarifies that these are two different pieces of the bill. Combines SU paragraph with the previous paragraph</p> <p>Ensures this report and plan is easily accessible for the public.</p>

	<ul style="list-style-type: none"> HCPF shall examine all complaints from the office of ombudsman for behavioral health access to care that relate to potential violations of MHPAEA 		
Section 13 (Page 18)	<ul style="list-style-type: none"> Adds MHPAEA definition 		
Section 14 (Page 18-19)	<ul style="list-style-type: none"> Managed care entities must include in the enrollee handbook on the state departments website and on the MCE's enrollment website <ol style="list-style-type: none"> A statement that the MCE is subject to MHPAEA and any denial to benefits could be a violation to the act Information for the enrollee to contact the ombudsman if the enrollee wants further assistance pursuing action 		
Section 15 (Page 19)	<ul style="list-style-type: none"> Adds consumer information on utilization of Medicaid services including housing instability, English proficiency, Latino, lesbian, gay, African American and Native American 	Page 19, strike lines 9 - 27	Requested by HCPF. Sensitive Information; consumers may Not want to reveal.

	<ul style="list-style-type: none"> • Managed care organizations must submit denial rates for behavioral health services requiring prior authorization • Managed care organizations must provide behavioral health provider directories including individual directories 		
Section 16 (Page 20-21)	<ul style="list-style-type: none"> • The state department shall require each managed care entity to submit a report to house and senate committees. The report must contain: • Description of the process used to develop medical necessity criteria for behavioral health and SUD benefits • Identification of all NQTL that are applied to behavioral health and to medical surgical benefits • The results of analyses demonstrating that for medical necessity evidentiary standards or other factors used in applying medical necessity criteria are applied no more stringently than the medical surgical side • A report on the results of the 	Page 20, after line 14 insert: "(a) Data that demonstrates parity compliance for adverse determinations regarding claims for behavioral, menta health or substance use disorder services and includes the total number of adverse determinations for such claims:"	Replicates the language used for the private carriers. Was accidentally left out of the bill.

	<p>analyses must</p> <ol style="list-style-type: none"> 1. Identify the factors used the determine NQTL 2. Identify and define the specific evidentiary standards used to define the standards 3. Provide a comparative analysis performed to determine that the strategies used to design each non NQTL for behavioral health is comparable to and applied no more stringently than the process used for medical surgical <ul style="list-style-type: none"> • Disclose the specific findings and conclusions that indicate that the state is incompliance with this section and with MHPAEA • By October 1st, 2019 the state department shall convene a committee of stakeholders that includes: <ol style="list-style-type: none"> 1. Members with competency in benefit and delivery systems 2. Utilization management 3. Managed care contracting 4. Data and reporting 5. Compliance and audits • Beginning January 1st, 2020 each managed care entity 		
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	<p>that provides prescription drug benefits for the treatment of SUD shall:</p> <ol style="list-style-type: none"><li data-bbox="502 302 885 467">1. Not impose any prior authorization requirements on any prescription medication approved FDA for SUD<li data-bbox="502 480 902 646">2. Not impose any step therapy requirements as a prerequisite to authorize coverage for a medication approved by the FDA for SUD<li data-bbox="502 659 906 967">3. Not exclude coverage for any medications approved by the FDA for treatment of SUD and any associated counseling or wrap around services solely on the grounds that the medications and services were court ordered		
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