



# SUPPLEMENTAL RESEARCH GUIDE ON MENTAL HEALTH INSURANCE PARITY

## Mental Health Insurance Parity Academic Review and Programmatic Scan

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## **Introduction**

The physical, social, and financial effects of mental health and substance use disorders are similar to those of other health issues, yet American health insurance providers and state programs have historically privileged coverage for medical and surgical benefits over mental healthcare. Federal efforts to address the insurance discrepancy between mental and physical health coverage have produced substantial legislative change, and various states have enacted additional parity laws that go beyond federal requirements.

This report provides the general background context of policy that affects mental health insurance parity, then reviews the academic literature on mental health insurance parity, and finally summarizes existing state and federal parity reviews. The background directly below provides a general picture and timeline for understanding policy efforts to increase parity between mental health insurance and physical health insurance. In the following section, the academic review provides an annotated bibliography that covers major areas of scholarly work, with summaries of these areas followed by citations with crucial quotes included for reference. The academic review covers many topic areas: it first defines insurance parity laws before summarizing three important justifications behind parity laws: financial protection, access to treatment, and health insurance oversight. Mental health treatment availability and coverage is reviewed for several mental health disorders and treatment areas, then this report examines the correlates and effects of mental health for children, those of low socio-economic status, and race/ethnic minorities. The academic review concludes by delving into existing federal parity laws, Medicare, and Medicaid. The following section provides a programmatic and legislative scan that expands on the academic review by summarizing federal legislation as well as state laws, statutes, regulations, and promising practices. Finally, the table at the end of this report summarizes the programmatic and legislative scan by grouping legislation into action categories.

## **Background on Mental Health Insurance Parity**

The increasing prevalence of mental health and substance abuse disorders underscores the importance of mental healthcare access. As recognized in the [final report](#) of the President's New Freedom Commission on Mental Health, mental health disorders are "shockingly common" and affect nearly every American family. [1 in 5](#) (20.6%) US adults experienced mental illness in 2019 and [18.4%](#) of these individuals have a co-occurring substance use disorder. Despite these numbers, [55.2%](#) of Americans experiencing mental illness did not receive treatment in 2019. Most alarmingly, the average delay between onset of symptoms and treatment for mental illness is [11 years](#). Millions of Americans suffer from untreated mental health and substance abuse disorders and would likely benefit from increased access to mental healthcare coverage.

Leaving these mental health conditions untreated will seriously burden individuals and communities. People with serious mental illness are nearly [twice as likely](#) to develop cardiovascular and metabolic diseases than the general population. Suicide is the [2nd](#) leading cause of death among people aged 10-34 and the [10th](#) leading cause of death overall. Americans with mental health disorders are [twice as likely](#) to drop out of high school and

experience higher [unemployment rates](#), [homelessness](#),<sup>1</sup> and [adult incarceration](#).<sup>2</sup> Studies suggest that serious mental illness costs the US economy [\\$193.2 billion](#) in lost earnings each year and over [\\$1 trillion](#) in lost productivity across the global economy each year.

Despite their prevalence and burdensome effects, state programs and private health insurance providers largely privileged coverage for medical and surgical benefits over mental healthcare. This led the federal government and states to pass mental health **insurance parity laws**, or laws designed to make insurance coverage for mental healthcare, and later substance use disorders treatment, on par with insurance coverage for other medical conditions ([Geissler et al., 2020](#)). Parity applies to health insurance benefits as well as to the management of health insurance benefits. In other words, parity laws are applied to both what is covered as well as to when and if it is covered. ([Bartlett et al., 2016](#)).

Federal legislative action on mental health insurance parity began in the 1990s and peaked in the late 2000s. **The Mental Health Parity Act of 1996** ([MHPA](#)) required that annual or lifetime dollar limits on mental health benefits be no lower than such dollar limits for medical and surgical benefits. However, MHPA did not apply to Medicare, Medicaid, small employer health plans,<sup>3</sup> or plans not offering mental health coverage. Moreover, the General Accounting Office ([GAO](#)) reported that employers circumvented the law through new restrictions and limitations on mental health benefits.

Federal legislators began addressing MHPA's deficiencies with the passage of three sweeping pieces of legislation. First, the **Medicare Improvements for Patients and Providers Act of 2008** ([MIPPA](#)) extended parity requirements to Medicare by eliminating Medicare's discriminatory copayments for mental and physical health. Second, the **Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act** ([MHPAEA](#)) (a) extended insurance parity requirements to the treatment of substance use disorders, (b) corrected discriminatory health care practices against those with mental health or substance use disorders, and (c) curbed both the financial and non-financial (or "non-quantitative") ways that private health insurance plans limited access to addiction and mental health care. MHPAEA corrected most of MHPA's deficiencies, but still did not extend parity requirements to small businesses and Medicaid recipients. Finally, the 2009 **Patient Protection and Affordable Care Act** ([ACA](#)) expanded the MHPAEA's parity requirements to small businesses and newly eligible Medicaid recipients. No federal laws on insurance parity have been enacted since 2009, though various states have passed parity laws that go beyond federal requirements.<sup>4</sup>

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<sup>1</sup> [20.5%](#) of people experiencing homelessness in the U.S. have a serious mental health condition

<sup>2</sup> [37%](#) of adults incarcerated in the state and federal prison system have a diagnosed mental illness.

<sup>3</sup> MHPA only applied to employer health plans that cover more than 50 employees.

<sup>4</sup> See 'Mental Health Insurance Parity Programmatic and Legislation Scan' section.

## **Definitions**

- Parity laws are designed to make insurance coverage for mental health in general, and substance use disorder (SUD) treatment in particular, equivalent to insurance coverage for other medical conditions. For example, the federal Mental Health Parity and Addiction Equity Act (MHPAEA) was passed in 2008 and took effect in 2010. (Geissler et al., 2020) (Barry et al., 2016)
- Parity applies to health insurance benefits and how they are managed – i.e. what is covered under what circumstances. (Bartlett et al., 2016)
- “However, parity is a relative concept and does not necessarily provide access to the full set of recovery-oriented benefits, such as supported housing and employment, required by many of the SMI population for their full recovery.” (Bartlett et al., 2016)

## **Sources**

- Barry, Colleen L., Howard H. Goldman, and Haiden A. Huskamp. "[Federal Parity in the Evolving Mental Health and Addiction Care Landscape](#)." *Health Affairs*, vol. 35, no. 6, 2016, pp. 1009-1016.  
*We summarize the evolution of legislative and regulatory actions to bring about federal insurance parity. We also summarize available evidence on how the Wellstone-Domenici law has contributed to addressing insurance discrimination; rectifying market inefficiencies due to adverse selection; and altering utilization, spending, and health outcomes for people with mental health and substance usedisorders. In addition, we highlight important gaps in knowledge about how parityhas been implemented, describe the groups still lacking parity-level coverage, and make recommendations on steps to improve the likelihood that the Wellstone-Domenici law will fulfill the aims of its architects.*
- Bartlett, John, and Ron Manderscheid. "[What Does Mental Health Parity Really Mean for the Care of People with Serious Mental Illness?](#)" *The Psychiatric Clinics of North America*, vol. 39, no. 2, Elsevier Inc, 2016, pp. 331–42.  
*This article presents an analysis of how accessible parity has become for adultswith SMI at both the system and personal levels several years after these legislative changes have been implemented.*
- Geissler, Kimberley H., and Elizabeth A. Evans. "[Changes in Medicaid Acceptance by Substance Abuse Treatment Facilities After Implementation of Federal Parity](#)." *Medical Care*, vol. 58, no. 2, Copyright Wolters Kluwer Health, Inc. All rights reserved, 2020, pp. 101–07.  
*Implementation of MHPAEA was associated with a 4.6 percentage point increasein the probability of an SUD treatment facility accepting Medicaid (P<0.001), independent of facility and state characteristics, time trends, and key characteristics of state Medicaid programs. After parity, more SUD treatment facilities accepted Medicaid payments, which may ultimately increase access to care for individuals with SUD. The findings underscore how parity laws are critical policy tools for creating contexts that enable*

*historically vulnerable and underserved populations with SUD to access needed health care.*

- Lawrence, Matthew B. "[Parity Is Not Enough! Mental Health, Managed Care, and Medicaid.](#)" *The Journal of Law, Medicine & Ethics*, vol. 48, no. 3, SAGE Publications, 2020, pp. 480–84.

*This commentary describes limitations of mental health parity requirements in ensuring access to insurance coverage for mental health treatment and surveys regulatory options employed by states in Medicaid managed care programs as supplements to parity that can further reduce the risk of inappropriate denials of coverage.*

## **Importance of Mental Health Parity**

- Financial protection  
*We examined whether the legislation was associated with increased use of and spending on mental health care and functional services for children with autism spectrum disorder compared to the period prior to implementation of the law. For such children, implementation was associated with increased use of both mental health and non-mental health services. These increases in use were not associated with higher out-of-pocket spending, which suggests that the law improved financial protection for families. (Stuart, 2017)*
- Access to treatment  
*Achievement of parity, equality for both what is covered and also how and when it is covered, for mental health and substance abuse benefits is a major step forward in providing more comprehensive care for individuals living with SMI and psychosis. (Bartlett et al., 2016)*  
  
*Despite concerns expressed by the health insurance industry when federal parity was enacted, out-of-network mental health spending did not substantially increase after parity implementation. In addition, use of out-of-network mental health services appears to have contracted rather than expanded, suggesting insurers may have implemented other policies to curb out-of-network use, such as increasing access to in-network providers. (Busch et al., 2017)*
- Insurance Oversight  
*Despite a series of federal laws aimed at ensuring parity in insurance coverage of treatment for mental health and general health conditions, patients with mental disorders continue to face discrimination by insurers. This inequity is often due to overly restrictive utilization review criteria that fail to conform to accepted professional standards. A recent class action challenge to the practices of the largest U.S. health insurer may represent an important step forward in judicial enforcement of parity laws. Rejecting the insurer's guidelines for coverage determinations as inconsistent with usual practices, the court enunciated eight principles that defined accepted standards of care. (Mulvaney-Day et al., 2019)*

## **Sources**

- Bartlett, John, and Ron Manderscheid. "[What Does Mental Health Parity Really Mean for the Care of People with Serious Mental Illness?](#)" *The Psychiatric Clinics of North America*, vol. 39, no. 2, Elsevier Inc, 2016, pp. 331–42.  
*This article presents an analysis of how accessible parity has become for adults with SMI at both the system and personal levels several years after these legislative changes have been implemented.*

- Busch, Susan H., et al. "[Was Federal Parity Associated with Changes in Out-of-Network Mental Health Care Use and Spending?](#)" *BMC Health Services Research*, vol. 17, no. 1, BIOMED CENTRAL LTD, 2017, pp. 315–315.

*Insurers were concerned this provision would lead to unsustainable increases in out-of-network related expenditures. We examined whether federal parity implementation was associated with significant increases in out-of-network mental health care use and spending. We examined changes in the probability of using out-of-network mental health services and, conditional on out-of-network mental health service use, changes in the number of outpatient out-of-network mental health visits and total out-of-network mental health spending associated with the implementation of federal parity in 2010. Despite concerns expressed by the health insurance industry when federal parity was enacted, out-of-network mental health spending did not substantially increase after parity implementation. In addition, use of out-of-network mental health services appears to have contracted rather than expanded, suggesting insurers may have implemented other policies to curb out-of-network use, such as increasing access to in-network providers.*
- Lavarreda, Shana Alex. "[Underinsurance in the United States: An Interaction of Costs to Consumers, Benefit Design, and Access to Care.](#)" *Annual Review of Public Health*, 2011, vol. 32, pp. 471-482.
- Mulia, Nina, et al. "[U.S. Alcohol Treatment Admissions after the Mental Health Parity and Addiction Equity Act: Do State Parity Laws and Race/ethnicity Make a Difference?](#)" *Journal of Substance Abuse Treatment*, vol. 106, Elsevier Inc, 2019, pp. 113–21.

*The U.S. Mental Health Parity and Addiction Equity Act (MHPAEA) was a landmark federal policy aimed at increasing access to substance use treatment, yet studies have found relatively weak impacts on treatment utilization. The present study considers whether there may be moderating effects of pre-existing state parity laws and differential changes in treatment rates across racial/ethnic groups. While we found no significant main effects of federal parity on alcohol treatment rates, there was a significantly greater increase in treatment rates in states requiring health plans to cover alcohol treatment and having some pre-existing parity. This was seen overall and in all three racial/ethnic groups (increasing by 25% in whites, 26% in blacks, and 42% in Hispanics above the expected treatment rate for these groups). Post-MHPAEA, the alcohol treatment admissions rate in these states rose to the level of states with the strongest pre-existing parity laws. The MHPAEA was associated with increased alcohol treatment rates for diverse racial/ethnic groups in states with both alcohol treatment coverage mandates and some prior parity protections.*
- Mulvaney-Day, Norah, et al. "[Mental Health Parity and Addiction Equity Act and the Use of Outpatient Behavioral Health Services in the United States, 2005-2016.](#)" *American Journal of Public Health (1971)*, vol. 109, no. 3, pp. S190–S196.

*We analyzed data From the IBM MarketScan Commercial Database From January 2005 through September 2015 by using population-level interrupted timeseries regressions to determine whether parity implementation was associated with utilization and spending outcomes. MHPAEA is positively associated with utilization of outpatient mental and substance use disorder services for Americans covered by large group employer sponsored insurance. These trends continued over the 5-year post-MHPAEA period, underscoring We long-term relationship between this policy change and utilization of behavioral health services.*

- Stuart, Elizabeth A., et al. "[Increased Service Use Among Children with Autism Spectrum Disorder Associated with Mental Health Parity Law.](#)" *Health Affairs*, vol. 36, no. 2, Project Hope, 2017, pp. 337–345.

*We examined whether the legislation was associated with increased use of and spending on mental health care and functional services for children with autism spectrum disorder compared to the period prior to implementation of the law. For such children, implementation was associated with increased use of both mental health and non-mental health services. These increases in use were not associated with higher out-of-pocket spending, which suggests that the law improved financial protection for families.*

## **Mental Health Treatment Availability and Coverage - Evidence by treatment area/diagnosis**

- **Autism Spectrum Disorder**

*The law does not require that specific conditions be covered; rather, it specifies that services are covered for mental health and substance use disorders as defined "under the terms of a health plan." It is left to the discretion of the insurer to decide to which diagnoses the parity law applies.<sup>3</sup> An important unanswered question is whether the federal parity law was associated with changes in services provided under private insurance for children with autism spectrum disorder (ASD). (Stuart et al., 2017)*
- **Depression**

*Pertinent to the main objective, after the 2010 MHPAEA enactment, patients with depression visiting their primary care physician were more likely to be provided treatment. It implies that the implementation of the national policy that required insurers to provide equitable coverage for mental health and substance-use treatment services may have removed financial barriers to depression treatment for those who are insured. However, although physicians identified patients as being currently depressed, 20.5% of the study sample still did not receive treatment. (Goldberg et al., 2017)*
- **Behavioral Health**

*In this study, we found a positive association between implementation of MHPAEA and utilization of outpatient behavioral health services. For SUD outpatient visits, the association was particularly strong, which is not surprising given that it was the first federal law to apply parity to SUD treatment... Before the law was implemented, most individuals used mental health services below the pre-parity quantitative treatment limits. Hence, our expectations were that any reductions in treatment limits attributable to MHPAEA were not likely to affect average use. Yet we still observed a modest relationship between the law's implementation and the frequency of outpatient mental health services at the mean. (Mulvaney-Day et al., 2019)*
- **High users**

*[F]ound that federal mental health parity legislation was associated with statistically significant but small decreases in mean out-of-pocket spending per mental health outpatient visit and increases in the number of such visits for adults with mental health diagnoses. (Haffajee et al., 2019)*
- **Substance Use Disorders**

*MHPAEA also was positively associated with insurer and enrollee average spending per service user, especially for SUD services. However, consistent with earlier studies on the short-term impact of the law on SUD services,<sup>26</sup> we found no association with provider reimbursement amount paid per visit or enrollee out-of-pocket amount paid per visit. (Friedman et al., 2017)*

## Sources

- Carlo, Andrew D., et al. "[Behavioral Health Parity Efforts in the US.](#)" *JAMA : the Journal of the American Medical Association*, vol. 324, no. 5, American Medical Association, 2020, pp. 447–48.  
*The state of efforts to provide equal access to mental health and substance abuse treatment services in the United States is discussed. Laws such as the Mental Health Parity and Addiction Equity Act are an important first step towards equal access.*
- Friedman, Sarah, et al. "[The Mental Health Parity and Addiction Equity Act Evaluation Study: Impact on Specialty Behavioral Healthcare Utilization and Spending Among Enrollees with Substance Use Disorders.](#)" *Journal of Substance Abuse Treatment*, vol. 80, Elsevier Inc, 2017, pp. 67–78.  
*This study determines whether MHPAEA was associated with increased BH expenditures and utilization among a population with substance use disorder (SUD) diagnoses. Claims and eligibility data from 5,987,776 enrollees, 2008– 2013, were obtained from a national, commercial, managed behavioral health organization. MHPAEA was associated with modest increases in total, plan, and patient out-of-pocket spending and outpatient and inpatient utilization. These increases, while modest in magnitude, are larger in magnitude than increases detected among a sample of all enrollees (i.e. not only those with SUD diagnoses). MHPAEA is associated with increased spending and use for commercially-insured SUD patients.*
- Goldberg, Daniel M., and Hsien-Chang Lin. "[Effects of the Mental Health Parity and Addictions Equality Act on Depression Treatment Choice in Primary Care Facilities.](#)" *International Journal of Psychiatry in Medicine*, vol. 52, no. 1, SAGE Publications, 2017, pp. 34–47.  
*As primary care facilities are often the first step in identifying mental health concerns, it is essential to examine the association of this policy with primary care physicians' choice on depression treatment. Treatment was significantly more likely to be provided after the MHPAEA. Psychotherapy was used for treatment for 10.0% of the sample while medication was used for 75.0% of the sample. Patient race/ethnicity, practice setting, physician specialty, and primary source of payment were associated with diverging likelihood of being prescribed depression treatment. Non-Hispanic White patients were more likely to be provided treatment than non-Hispanic Black patients. Patients were less likely to be prescribed only medication than only psychotherapy after the MHPAEA enactment.*
- Haffajee, Rebecca L., et al. "[Association of Federal Mental Health Parity Legislation With Health Care Use and Spending Among High Utilizers of Services.](#)" *Medical Care*, vol. 57, no. 4, Copyright Wolters Kluwer Health, Inc. All rights reserved, 2019, pp. 245–55.

*To determine the association between federal parity and changes in mental health care utilization and spending, particularly among high utilizers. In 24 states, commercially insured high utilizers of mental health services experienced modest increases in outpatient mental health visits 2 years post-parity.*

- Harwood, Jessica M., et al. "[The Mental Health Parity and Addiction Equity Act Evaluation Study: Impact on Specialty Behavioral Health Care Utilization and Spending Among Carve-In Enrollees.](#)" *Medical Care*, vol. 55, no. 2, Copyright Wolters Kluwer Health, Inc. All rights reserved, 2017, pp. 164–72.

*Our objective was to evaluate MHPAEA's impact on BH expenditures and utilization among "carve-in" enrollees. MHPAEA was associated with modest increases in total and plan spending and outpatient utilization; for example, in July 2012 predicted per-enrollee plan spending was \$4.92 without MHPAEA and \$6.14 with MHPAEA. Efforts should focus on understanding how other barriers to BH care unaddressed by MHPAEA may affect access/utilization.*

- Mulvaney-Day, Norah, et al. "[Mental Health Parity and Addiction Equity Act and the Use of Outpatient Behavioral Health Services in the United States, 2005-2016.](#)" *American Journal of Public Health* (1971), vol. 109, no. 3, pp. S190–S196.

*We analyzed data From the IBM MarketScan Commercial Database From January 2005 through September 2015 by using population-level interrupted timeseries regressions to determine whether parity implementation was associated with utilization and spending outcomes. MHPAEA is positively associated with utilization of outpatient mental and substance use disorder services for Americans covered by large group employer sponsored insurance. These trends continued over the 5-year post-MHPAEA period, underscoring We long-term relationship between this policy change and utilization of behavioral health services.*

- Stuart, Elizabeth A., et al. "[Increased Service Use Among Children with Autism Spectrum Disorder Associated with Mental Health Parity Law.](#)" *Health Affairs*, vol. 36, no. 2, Project Hope, 2017, pp. 337–345.

*We examined whether the legislation was associated with increased use of and spending on mental health care and functional services for children with autism spectrum disorder compared to the period prior to implementation of the law. For such children, implementation was associated with increased use of both mental health and non-mental health services. These increases in use were not associated with higher out-of-pocket spending, which suggests that the law improved financial protection for families.*

## **Correlates and Effects of Mental Health by Population**

- Children  
*[D]ramatic differences exist in health status and risk-taking behaviors across gender, race/ethnicity, geographic, and socioeconomic subgroups of adolescents, given the structures of opportunities available as young people grow up (1, 31, 51). Research finds that low-income youth are more likely to engage in unhealthy behaviors, regardless of ethnic/racial origin (5). Factors related to disparities also include inequities in access to health care, healthy foods, and safe community settings (5, 15). (Brindis et al., 2014)*
- Low SES  
*Introducing parity-consistent coverage within Medicaid was associated with increased utilization of Medicaid-reimbursed MHSUD services: outpatient, prescription medication, ED, and inpatient. Increased MHSUD outpatient visits were driven by increased visits to non-psychiatrists. Parity's effects on MHSUD service use have been studied in the context of private insurance, but its impact among Medicaid beneficiaries has not. Our findings suggest that parity implementation in Medicaid could increase access to effective MHSUD services in a high-need population. (Burns et al., 2020)*
- Racial/Ethnic Minorities  
*By 2044, the majority of Americans will be people of color. As has already been documented in some states such as California, the majority of youth are people of color (95; <http://nationalequityatlas.org/>). The implications are profound and require a multisector focus on health that plans for and addresses the needs of all groups and members of the population; failure to do so could impact health outcomes and threaten the nation's economic vitality and health. The American experience calls for continued efforts to make progress because a nation can prosper only when it lives up to shared aspirations and makes good on the promise of guaranteeing civil rights to all. Laws and policies will remain integral to achieving this goal. (McGowan, 2016)*  
  
*While we found no significant main effects of federal parity on alcohol treatment rates, there was a significantly greater increase in treatment rates in states requiring health plans to cover alcohol treatment and having some pre-existing parity. This was seen overall and in all three racial/ethnic groups (increasing by 25% in whites, 26% in blacks, and 42% in Hispanics above the expected treatment rate for these groups). Post- MHPAEA, the alcohol treatment admissions rate in these states rose to the level of states with the strongest pre-existing parity laws. (Mulia et al., 2019)*

## **Sources**

- Block, Eryn Piper, et al. "[The Mental Health Parity and Addiction Equity Act Evaluation Study: Child and Adolescent Behavioral Health Service Expenditures and Utilization.](#)" *Health Economics*, vol. 29, no. 12, Wiley Subscription Services, Inc, 2020, pp. 1533–48. *This study explores possible associations of the Mental Health Parity and Addiction Equity Act (MHPAEA) with child access to behavioral health (BH) services (pre-*

implementation = 2008–2009, transition = 2010, and post = 2011–2013). There were significant increases in total and plan expenditures post-parity. To illustrate, in July 2012, mean per-member-per-month total expenditures were predicted to be \$5.65 without parity but \$8.72 with parity. Patient OOP costs did not change significantly.

Significant overall increases were seen for utilization of most outpatient services but not intermediate or inpatient services. Our findings suggest that the introduction of MHPAEA was associated with an increase in specialty BH service access for children without a commensurate increase in financial burden for families.

- Brindis, Claire D., and Kristin Moore. "[Improving Adolescent Health Policy: Incorporating a Framework for Assessing State-Level Policies.](#)" *Annual Review of Public Health*, vol. 35, pp. 343-361.
- Burns, Marguerite E., et al. "[Implementing Parity for Mental Health and Substance Use Treatment in Medicaid.](#)" *Health Services Research*, vol. 55, no. 4, Health Research and Educational Trust, 2020, pp. 604–14.

*To estimate the association between the implementation of parity in coverage for mental health and substance use disorder (MHSUD) services within the Medicaid program and MHSUD service use. Introducing parity-consistent coverage within Medicaid was associated with increased utilization of Medicaid-reimbursed MHSUD services: outpatient, prescription medication, ED, and inpatient. Increased MHSUD outpatient visits were driven by increased visits to non-psychiatrists. Parity's effects on MHSUD service use have been studied in the context of private insurance, but its impact among Medicaid beneficiaries has not. Our findings suggest that parity implementation in Medicaid could increase access to effective MHSUD services in a high-need population.*
- Li, Xiaoxue, and Jie Ma. "[Does Mental Health Parity Encourage Mental Health Utilization Among Children and Adolescents? Evidence from the 2008 Mental Health Parity and Addiction Equity Act \(MHPAEA\).](#)" *The Journal of Behavioral Health Services & Research*, vol. 47, no. 1, Springer Nature B.V, 2019, pp. 38–53.

*The analyses show that after the enactment of the MHPAEA, children and adolescents with family income between 150 and 400% of the federal poverty level in states without prior parity laws experience a 2.80 percentage point relative increase ( $p < 0.01$ ) in mental health care utilization. These children and adolescents also experience an increase in the diagnoses of anxiety, which may suggest that better access to healthcare increases screening for previously under-diagnosed disorders.*
- McGowan, Angela K. "[Civil Rights Laws as Tools to Advance Health in the Twenty-First Century.](#)" *Annual Review of Public Health*, vol. 37, pp. 185-204.
- Mulia, Nina, et al. "[U.S. Alcohol Treatment Admissions after the Mental Health Parity and Addiction Equity Act: Do State Parity Laws and Race/ethnicity Make a Difference?](#)" *Journal of Substance Abuse Treatment*, vol. 106, Elsevier Inc, 2019, pp. 113–21.

*“The U.S. Mental Health Parity and Addiction Equity Act (MHPAEA) was a landmark federal policy aimed at increasing access to substance use treatment, yet studies have found relatively weak impacts on treatment utilization. The present study considers whether there may be moderating effects of pre-existing state parity laws and differential changes in treatment rates across racial/ethnic groups. While we found no significant main effects of federal parity on alcohol treatment rates, there was a significantly greater increase in treatment rates in states requiring health plans to cover alcohol treatment and having some pre-existing parity. This was seen overall and in all three racial/ethnic groups (increasing by 25% in whites, 26% in blacks, and 42% in Hispanics above the expected treatment rate for these groups). Post-MHPAEA, the alcohol treatment admissions rate in these states rose to the level of states with the strongest pre-existing parity laws. The MHPAEA was associated with increased alcohol treatment rates for diverse racial/ethnic groups in states with both alcohol treatment coverage mandates and some prior parity protections.*”

### **MHPAEA Info and ACA Expansion**

- Changes following implementation of both laws (Peterson et al., 2018)
- Changes in treatment accessibility and insurance coverage (Mulia, 2019)

### **Sources**

- Mulia, Nina, et al. "[U.S. Alcohol Treatment Admissions after the Mental Health Parity and Addiction Equity Act: Do State Parity Laws and Race/ethnicity Make a Difference?](#)" *Journal of Substance Abuse Treatment*, vol. 106, Elsevier Inc, 2019, pp. 113–21.  
*"The U.S. Mental Health Parity and Addiction Equity Act (MHPAEA) was a landmark federal policy aimed at increasing access to substance use treatment, yet studies have found relatively weak impacts on treatment utilization. The present study considers whether there may be moderating effects of pre-existing state parity laws and differential changes in treatment rates across racial/ethnic groups. While we found no significant main effects of federal parity on alcohol treatment rates, there was a significantly greater increase in treatment rates in states requiring health plans to cover alcohol treatment and having some pre-existing parity. This was seen overall and in all three racial/ethnic groups (increasing by 25% in whites, 26% in blacks, and 42% in Hispanics above the expected treatment rate for these groups). Post-MHPAEA, the alcohol treatment admissions rate in these states rose to the level of states with the strongest pre-existing parity laws. The MHPAEA was associated with increased alcohol treatment rates for diverse racial/ethnic groups in states with both alcohol treatment coverage mandates and some prior parity protections.*
- Peterson, Emma, and Susan Busch. "[Achieving Mental Health and Substance Use Disorder Treatment Parity: A Quarter Century of Policy Making and Research.](#)" *Annual Review of Public Health*, vol. 39, pp. 421-435.

## **Mental Health Parity through Medicare and Medicaid**

- Enrollment and coverage  
*Implementation of MHPAEA was associated with a 4.6 percentage point increase in the probability of an SUD treatment facility accepting Medicaid ( $P < 0.001$ ), independent of facility and state characteristics, time trends, and key characteristics of state Medicaid programs. (Geissler et al., 2020)*
- Treatment rates/cost analysis pre- and post-implementation  
*Introducing parity-consistent coverage within Medicaid was associated with increased utilization of Medicaid-reimbursed MHSUD services: outpatient, prescription medication, ED, and inpatient. Increased MHSUD outpatient visits were driven by increased visits to non-psychiatrists. (Burns et al., 2020)*

## **Sources**

- Burns, Marguerite E., et al. "[Implementing Parity for Mental Health and Substance Use Treatment in Medicaid.](#)" *Health Services Research*, vol. 55, no. 4, Health Research and Educational Trust, 2020, pp. 604–14.  
*To estimate the association between the implementation of parity in coverage for mental health and substance use disorder (MHSUD) services within the Medicaid program and MHSUD service use. Introducing parity-consistent coverage within Medicaid was associated with increased utilization of Medicaid-reimbursed MHSUD services: outpatient, prescription medication, ED, and inpatient. Increased MHSUD outpatient visits were driven by increased visits to non-psychiatrists. Parity's effects on MHSUD service use have been studied in the context of private insurance, but its impact among Medicaid beneficiaries has not. Our findings suggest that parity implementation in Medicaid could increase access to effective MHSUD services in a high-need population.*
- Geissler, Kimberley H., and Elizabeth A. Evans. "[Changes in Medicaid Acceptance by Substance Abuse Treatment Facilities After Implementation of Federal Parity.](#)" *Medical Care*, vol. 58, no. 2, Copyright Wolters Kluwer Health, Inc. All rights reserved, 2020, pp. 101–07.  
*Implementation of MHPAEA was associated with a 4.6 percentage point increase in the probability of an SUD treatment facility accepting Medicaid ( $P < 0.001$ ), independent of facility and state characteristics, time trends, and key characteristics of state Medicaid programs. After parity, more SUD treatment facilities accepted Medicaid payments, which may ultimately increase access to care for individuals with SUD. The findings underscore how parity laws are critical policy tools for creating contexts that enable historically vulnerable and underserved populations with SUD to access needed health care.*

## **Mental Health Insurance Parity Programmatic and Legislation Scan**

### **Federal/National**

- **S 1962 Parity Implementation Assistance Act** [INTRODUCED]
  - **SUMMARY:** provides grant funding to states that require a review of private health insurance coverage to ensure parity between mental health and substance use disorders and other healthcare.
  - **STATUS:** introduced 6/7/2021.
  - **URL:** <https://www.congress.gov/bill/117th-congress/senate-bill/1962>
  - **NOTES:** reporting requirements, U.S. Senate, federal, mental health disorders, substance use disorders, private health insurance
  
- **HR 6 Abuse Deterrent Access Act of 2018** [ENACTED]
  - **SUMMARY:** Children's Health Insurance Program (CHIP) plans must cover mental health and substance-use disorder services. Financial requirements and treatment limitations applicable to such services shall not differ from those applicable to other medical services under CHIP.
  - **STATUS:** signed into law 10/24/2018.
  - **URL:** <https://www.congress.gov/bill/115th-congress/house-resolution/949>
  - **NOTES:** substance use disorders, mental health disorders
  
- **HR 3590 Patient Protection and Affordable Care Act** [ENACTED]
  - **SUMMARY:** among other things, this bill expanded the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 to apply to health insurance plans offered to small businesses and individuals and to newly eligible Medicaid recipients.
  - **STATUS:** enacted 3/23/2010
  - **URL:** <https://www.congress.gov/bill/111th-congress/house-bill/3590>
  - **NOTES:** Medicaid, federal law, private health insurance
  
- **HR 6983 Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008** [ENACTED]
  - **SUMMARY:** corrects discriminatory health care practices against those both with a mental illness and/or addiction. Significantly, the law aims to curb both the financial and non-financial or "non-quantitative" ways that plans limit access to addiction and mental health care. Notably, the law applies to self-insured and large employer group plans, but not to individual or small group plans. It also did not mandate plans to provide mental health or addiction coverage, but when they are provided, they must be provided "on par" with medical benefits covered under the plan.
  - **STATUS:** signed into law 10/3/2008
  - **URL:** <https://www.congress.gov/bill/110th-congress/house-bill/6983/text>
  - **NOTES:** federal law, mental health disorders, substance use disorders, private health insurance
  
- **HR 6331 Medicare Improvements for Patients & Providers Act of 2008** [ENACTED]

- **SUMMARY:** eliminates Medicare's discriminatory copayments for mental and physical health.
  - **STATUS:** enacted 7/15/2008.
  - **URL:** <https://www.congress.gov/bill/110th-congress/house-bill/6331>
  - **NOTES:** federal law, Medicare
- **HR 3666 Mental Health Parity Act** [ENACTED]
    - **SUMMARY:** when it comes to private health insurance, the Mental Health Parity Act requires annual or lifetime dollar limits on mental health benefits to be no lower than any such dollar limits for medical and surgical benefits.
    - **STATUS:** signed into law 9/26/1996
    - **URL:** <https://www.govtrack.us/congress/votes/104-1996/s278>
    - **NOTES:** federal law, private health insurance

## **Alabama.**

- **Alabama Code Title 27. Insurance § 27-54-4.**
  - **SUMMARY:** this section (27-54-4) of the Alabama code requires the following:
    - Private insurance plans must “use the same criteria” for medical necessity for mental health treatment as they use for other medical treatment.
    - Large employer fully-insured plans must offer optional mental health coverage that large employers can accept or reject. Small employer plans and individual plans do not have to comply with this section of the insurance law.
    - **NOTE:** this section (27-54-4) includes all mental health conditions listed in the mental disorders section of International Classification of Diseases. However, it **explicitly states that substance use disorders are excluded.**
    - Each plan affected by this section (27-54-6) of the law is required to file an annual cost report with the Commissioner of Insurance that includes “certification of parity in mental health benefits.”
  - **URL:** <https://codes.findlaw.com/al/title-27-insurance/al-code-sect-27-54-4.html>
  - **NOTES:** mental health disorders, private health insurance, small business exceptions, reporting requirements.
- **Regulatory Action: Bulletin on Federal Parity Compliance.**
  - **SUMMARY:** The Alabama Department of Insurance (DOI) issued a bulletin informing insurance plans that they have to comply with the Federal Parity Law or the plan will not be approved for issuance in the state of Alabama.
  - **REGULATION DATE:** 9/1/2009
  - **URL:** [Bulletin](#)
  - **NOTES:** federal compliance, private health insurance.

## **Alaska.**

- **SB 105 Marital/Family Therapy: Health Care Prices** [ENACTED]
  - **SUMMARY:** allows marital and family therapists to be eligible for optional Medicaid coverage. Additionally, the law requires the Department of Health and Social Services

- prepare a report that describes the effectiveness and cost effectiveness of the coverage of marital and family therapy.
  - **STATUS:** enacted 1/1/2019.
  - **URL:** <http://www.akleg.gov/basis/Bill/Detail/30?Root=SB105>
  - **NOTES:** Medicaid, reporting requirements.
- **SB 169: Medicaid Behavioral Health Coverage** [ENACTED]
  - **SUMMARY:** allows for the requirement that behavioral health clinic services be provided under Medicaid be done by or under the direct supervision of a qualified physician either in person or by a communication device. Additionally, the law defines “direct supervision” for purposes of such services.
  - **STATUS:** Effective 11/27/2018
  - **URL:** [AS 47.07.030](#) & [SB 169](#)
  - **NOTES:** Medicaid.
- **HB 292 2014 Revisor's Bill** [ENACTED]
  - **SUMMARY:** Among many other things, this bill changed the state insurance law so that plans now have to “comply with the mental health or substance use disorder benefit requirements established” by the Federal Parity Law.
  - **STATUS:** signed into law 4/22/2014
  - **URL:** <http://www.akleg.gov/basis/Bill/Detail/28?Root=HB%20292%202014>
  - **NOTES:** federal compliance, mental health disorders, substance use disorders, private health insurance.

## **Arizona.**

- **SB 1523 Mental Health Omnibus** [ENACTED]
  - **SUMMARY:** Directs health care insurers to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) and outlines related requirements. Grants the Department of Insurance and Financial Institutions (DIFI) compliance enforcement authority. Establishes the Suicide Mortality Review Team (Team) and the Mental Health Parity Advisory Committee (Advisory Committee).
  - **Enforcement:** Outlines subpoena powers for state regulators.
  - **Parity Compliance and Reporting Requirements:** Mandates that after January 1, 2020 covered insurers submit a report on each fully insured product network type to the Department of Insurance once every 3 years.
  - **STATUS:** signed into law 3/3/2020.
  - **URL:** <https://apps.azleg.gov/BillStatus/BillOverview/73859?SessionId=122>
  - **NOTES:** private health insurance, suicide, reporting requirements, federal compliance, create govt. organization
- **ARIZ. REV. STAT. ANN. § 20-1376.05 Telemedicine Coverage** [ENACTED]
  - **SUMMARY:** requires disability insurance policies to cover health care services that are provided through telemedicine if those health care services would be covered had they been provided through in-person consultation... Disability insurers may impose deductibles, copays or coinsurance requirements as long as they do not exceed the

deductible, copayment or coinsurance applicable to an in-person mental health consultation.

- **STATUS:** effective 1/1/2018
- **URL:** [ARIZ. REV. STAT. ANN. § 20-1376.05](#)
- **NOTES:** telehealth, private health insurance

- **Regulatory Action: Coverage Requirements for Children's Insurance** [ENACTED]

- **SUMMARY:** child health plans in Arizona are subject to the mental health parity requirements in section 2103(c)(6) of the Social Security Act and section 2705(a) of the Public Health Service Act. Parity laws provide that financial requirements applied to behavioral health benefits in state child health plans should be no more restrictive than those applied to other medical benefits.
- **AGENCY:** Center for Medicare and Medicaid Services (CMS)
- **URL:** [State Plan Amendment # AZ-17-0010](#)
- **NOTES:** Medicaid, children's health, coverage requirements

## **Arkansas.**

- **Regulatory Action: Federal Compliance Directive.**

- **SUMMARY:** The Arkansas Insurance Department issued a directive that shows how a selected plan did not meet the requirements of the Federal Parity Law and therefore must be supplemented with the behavioral health coverage from a different plan in order to be the state's benchmark plan.
- **STATUS:** 9/21/2012
- **URL:** [Directive](#)
- **NOTES:** federal compliance, private health insurance

- **HB 2195 To Amend the Arkansas Mental Health Parity Act** [ENACTED]

- **SUMMARY:** A health benefit plan that provides benefits for the diagnosis and treatment of mental illnesses shall provide the benefits under the same terms and conditions as provided for covered benefits offered under the health benefit plan for the treatment of other medical illnesses and conditions, including with regards to the duration or frequency of coverage, the dollar amount of coverage, or the financial requirements.
- **STATUS:** Effective 10/3/2009
- **URL:** [HB 2195](#)
- **NOTES:** mental health disorders

- **Regulatory Action: Federal Compliance Bulletin.**

- **SUMMARY:** The Arkansas Insurance Department issued a bulletin to insurers that explained what was required of them by the parity section of the Arkansas insurance law and the Federal Parity Law.
- **STATUS:** 8/1/2009
- **URL:** [Bulletin](#)
- **NOTES:** federal compliance

## California.

- **SB 855 Health coverage: mental health or substance use disorders** [ENACTED]
  - **SUMMARY:** requires health insurance providers to cover medically necessary treatment of mental health and substance use disorders. This bill also prohibits health insurance providers from limiting coverage for mental health and substance use disorders to short-term or acute treatments.
  - **STATUS:** signed into law 9/25/2020
  - **URL:** [SB 855](#)
  - **NOTES:** mental health disorders, private health insurance, substance use disorders, coverage requirements
  
- **Promising Practice: In-Depth Prospective Compliance Review**
  - **SUMMARY:** requires insurers to submit information to determine if they complied with the Federal Parity Law.
    - The DMHC designed worksheets for plans to show 1) that they cover all behavioral health benefits required under state law and 2) that they calculate financial requirements in compliance with the parity final rules.
    - Insurers were also required to submit their policies and procedures for utilization management and other non-quantitative treatment limitations. These requirements allowed DMHC to compare the policies governing behavioral health services with those governing medical services to identify potential parity violations. DMHC is working with the plans to revise their policies so that the plans can come into compliance.
  - **AGENCY:** California's Department of Managed Health Care (DMHC)
  - **URL:** [Behavioral Health Care Compliance](#).
  - **NOTES:** federal compliance, reporting requirements, promising practice

## Colorado.

- **HB 21-2068 Insurance Coverage Mental Health Wellness Exam** [PASSED LEGISLATURE]
  - **SUMMARY:** The bill adds a requirement, as part of mandatory health insurance coverage of preventive health care services, that health plans cover an annual mental health wellness examination of up to 60 minutes that is performed by a qualified mental health care provider. The coverage must:
    - Be comparable to the coverage of a physical examination;
    - Comply with the requirements of federal mental health parity laws; and
    - Not require any deductibles, copayments, or coinsurance for the mental health wellness examination.
  - **STATUS:** passed Senate 5/27/2021.
  - **URL:** <http://leg.colorado.gov/bills/hb21-1068>
  - **NOTES:** coverage requirements, private health insurance, mental health wellness exam
  
- **HB 19-1269 Mental Health Parity Insurance Medicaid** [ENACTED]
  - **SUMMARY:** requires private health insurance providers and state Medicaid program to do the following: (1) comply with federal parity laws, (2) continue treatment coverage

while a claim for these treatments is under review, (3) not apply treatment limitations on mental health and substance use treatments that are not applied to medical/surgical treatments, (4) authorize treatment by out-of-network providers when no in-network providers are available. This bill also sets up reporting requirements to ensure compliance.

- **STATUS:** signed into law 5/16/2019.
- **URL:** <http://leg.colorado.gov/bills/hb19-1269>
- **NOTES:** Medicaid, private health insurance, substance use disorders, mental health disorders, reporting requirements, federal compliance

- **HB 18-1357 Behavioral Health Care Ombudsperson Parity Reports** [ENACTED]

- **SUMMARY:** Sections 1 and 2 of the act establish the office of the ombudsman for behavioral health access to care as an independent office within the office of the executive director of the department of human services to assist Coloradans in accessing behavioral health care. Section 3 requires the commissioner of insurance to report on issues related to mental health parity requirements.
- **STATUS:** signed into law 5/24/2018.
- **URL:** <http://leg.colorado.gov/bills/hb18-1357>
- **NOTES:** creates government organization, reporting requirements

### **Connecticut.**

- **SB 217 An Act Concerning Mental and Behavioral Health Parity** [INTRODUCED]

- **SUMMARY:** four components of the bill:
  - Require health insurance coverage for certain screenings for mental or nervous conditions.
  - (2) Expand reporting requirements concerning the all-payer claims database and mental and behavioral health.
  - (3) Modify the Consumer Report Card on Health Insurance Carriers in Connecticut.
  - (4) Require health carriers to comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343.
- **STATUS:** introduced 1/22/2021.
- **URL:** [SB 217](#)
- **NOTES:** private health insurance, reporting requirements, health insurance coverage, mental health disorders

- **HB 7125 Mental Health & Substance Use Disorder Benefits** [ENACTED]

- **SUMMARY:** this bill does the following:
  - Requires each health carrier to submit an annual report concerning parity for mental health and substance use disorder benefits.
  - Requires the joint standing committee of the General Assembly having cognizance of matters relating to insurance to conduct an annual public hearing concerning such report.
  - Requires nonquantitative treatment limitations to be applied equally to mental health and substance use disorder benefits and medical and surgical benefits under certain health insurance policies.

- Requires health insurance coverage for (A) prescription drugs prescribed for the treatment of substance use disorders if a policy includes coverage for prescription drugs, and (B) substance abuse services regardless of whether such services were provided pursuant to a court order
- Prohibits mandatory step therapy and prior authorization for prescription drugs prescribed for the treatment of substance use disorders.
- **STATUS:** signed into law 6/25/2019.
- **URL:** [HB 7125](#)
- **NOTES:** reporting requirements, private health insurance, mental health disorders, substance use disorders, coverage requirements

### Delaware.

- **HB 220 Amending Substance Use Disorder Insurance Coverage** [ENACTED]
  - **SUMMARY:** adds coverage for Medication Assisted Treatment ("MAT") for drug and alcohol dependencies to the mental health parity laws for health insurance. This Act requires health insurance carriers to provide coverage for prescription medications approved by the U.S. Food and Drug Administration for MAT at no greater financial burden than for prescription medication for other illness or disease, without step therapy requirements, and at the lowest tier of the drug formulary.
  - **STATUS:** signed into law 8/13/2019
  - **URL:** <https://legis.delaware.gov/BillDetail?LegislationId=47693>
  - **NOTES:** substance use disorders, private health insurance, prescription medication
- **SB 230 Act Amending Insurance Coverage** [ENACTED]
  - **SUMMARY:** among other things, this bill amends Chapter 35, Title 18 of the Delaware Code by adding a new § 3571T to set annual reporting requirements for insurance carriers providing mental illness and drug and alcohol dependencies benefits, and the carriers' compliance with the federal Mental Health Parity and Addiction Equity Act of 2008.
  - **STATUS:** signed into law 8/29/2018.
  - **URL:** <https://legis.delaware.gov/BillDetail?LegislationId=26758>
  - **NOTES:** federal compliance, private health insurance, mental health disorders, substance use disorders

### Georgia.

- **HB 49 Mental Health Parity Act** [INTRODUCED].
  - **SUMMARY:** requires that (1) private insurance claims and (2) Medicaid claims for mental and substance use disorders are treated in parity with other health insurance claims.
    - Private insurance parity: mental and substance abuse disorders.
    - Medicaid insurance parity: mental and substance use disorders.
  - **STATUS:** Introduced 12/16/2020.
  - **URL:** <https://www.legis.ga.gov/legislation/58841>
  - **NOTES:** Private insurance, Medicaid, low-income, substance use disorders, mental health disorders

## Hawaii.

- **Hi. SB 2820 An Act Relating to Insurance** [ENACTED]
  - **SUMMARY:** two components:
    - Coverage for Mental Health and Substance Use: “[all private health insurance] shall include within their hospital and medical coverage the benefits of alcohol use disorder, substance use disorder, and mental health treatment services, including services for alcohol dependence and drug dependence”
    - Insurance Parity: “[the aforementioned] policies and contracts...shall not impose any financial requirements or treatment limitations on mental health or substance use disorder benefits that are more restrictive than the predominant financial requirements and treatment limitations...imposed on medical and surgical benefits.”
  - **STATUS:** Effective 7/1/2014.
  - **URL:** [https://www.capitol.hawaii.gov/session2014/bills/SB2820\\_CD1\\_.htm](https://www.capitol.hawaii.gov/session2014/bills/SB2820_CD1_.htm)
  - **NOTES:** private health insurance, substance use disorders, mental health disorders, coverage requirements

## Idaho.

- **Title 67 Chapter 57 Section 61A Mental Health Parity in State Group Insurance.**
  - **SUMMARY:** this law requires parity for certain behavioral health conditions for only state government employees, their spouses, and their children. In other words, this law does not apply to the great majority of Idahoans. The conditions covered by this parity law include (1) Schizophrenia, (2) Paranoia and other psychotic disorders, (3) Bipolar disorder, (4) Major depressive disorders, (5) Schizoaffective disorder, (6) Panic disorder, & (7) Obsessive compulsive disorders.
  - **STATUS:** enacted, though date enacted is unknown.
  - **URL:** [Title 67 Chapter 57 Section 61A](#)
  - **NOTES:** state health insurance, mental health disorders
- **Regulatory Action: Bulletin on Federal Compliance with the Affordable Care Act.**
  - **SUMMARY:** Outlines the provisions that will be required for new health products to comply with Idaho Code, Title 41, Chapter 52. The “state-based health benefit plans” or “state-based plans” will not be subject to the federal restrictions applied to “grandfathered” or “transitional” plans. The plans must be in accordance with mental health and substance use disorder parity rules.
  - **AGENCY:** Idaho Department of Insurance
  - **DATE:** 1/24/2018.
  - **URL:** [Bulletin Number 18-01](#)
  - **NOTES:** regulation, federal compliance
- **Regulatory Action: Bulletin on Federal Compliance.**
  - **SUMMARY:** The Idaho Department of Insurance issued a bulletin to insurance plans throughout the state. The bulletin was very short and simply reminded insurance plans that they had to comply with the Federal Parity Law.
  - **AGENCY:** Idaho Department of Insurance.

- **DATE:** 9/2009
- **URL:** [Bulletin](#)
- **NOTES:** regulation, federal compliance

## **Illinois.**

- **SB 1449 Mental Health Parity** [ENACTED]
  - **SUMMARY:** Amends the Illinois Insurance Code. Provides that every insurer that amends, delivers, issues, or renews a group or individual policy or certificate of disability insurance or disability income insurance shall ensure parity for the payment of mental, emotional, nervous, or substance use disorders or conditions. Changes the definition of "treatment limitation" to include benefit payments under disability insurance or disability income insurance.
  - **STATUS:** signed into law 8/9/2019.
  - **URL:** [SB 1449](#)
  - **NOTES:** mental health disorders, substance use disorders
- **SB 1707** [ENACTED]
  - **SUMMARY:** this law has several components:
    - require school district health plans to comply with the Federal Parity law.
    - Additionally, the bill: Removes barriers to substance use disorder medications by prohibiting prior authorization and step therapy for medication-assisted treatment medications and requires such medication to be placed on the lowest tier.
    - Creates reporting requirements, including requiring: overseeing regulators to actively enforce provisions of the Federal Parity law and submit to the General Assembly and make public a report detailing all enforcement, oversight, correctional, and educational efforts and actions taken to ensure compliance with MHPAEA and state statutes, including completing and reporting on market conduct examinations and parity compliance audits and health plans to submit detailed parity compliance analyses completed using specified guidelines and processes
  - **STATUS:** Effective 1/1/2019.
  - **URL:** <https://www.ilga.gov/legislation/publicacts/100/PDF/100-1024.pdf>
  - **NOTES:** reporting requirements, coverage requirements, federal compliance, mental health disorders, substance use disorders, prescription medication, private health insurance
- **SB 3049 An Act Concerning Public Aid** [ENACTED]
  - **SUMMARY:** allows clinical psychologists, clinical social workers, advanced practice registered nurses, and mental health professionals and clinicians acting within their scope of practice to be reimbursed through Medicaid for service offers via telehealth. Additionally, any Medicaid certified eligible facility or provider organization that acts as the location of the patient at the time a telehealth service may be reimbursed through Medicaid.
  - **STATUS:** effective 1/1/2018.
  - **URL:** <https://www.ilga.gov/legislation/publicacts/100/PDF/100-1019.pdf>
  - **NOTES:** Medicaid, private health insurance, telehealth

- **HB 1332 An Act Concerning Regulation** [ENACTED]
  - **SUMMARY:** among other things, this act requires insurers that provide coverage for hospital and medical expenses under accident and health insurance or health care plan, for both individual and group policies, to provide coverage under the policy for treatment of serious mental illness and substance use disorders consistent with the parity requirements
  - **STATUS:** effective 8/24/2021.
  - **URL:** [HB 1332](#)
  - **NOTES:** private health insurance, mental health disorders, substance use disorders, coverage requirements
  
- **HB 0001 An Act Concerning Health** [ENACTED]
  - **SUMMARY:** Every insurer providing accident and health insurance or a qualified health plan...providing coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions shall ensure that the financial requirements and treatment limitations...are no more restrictive than those applied to substantially all hospital and medical benefits covered by the policy. It also discusses compliance with the federal Mental Health Parity Act.
  - **STATUS:** effective 9/5/2015.
  - **URL:** [HB 0001](#)
  - **NOTES:** federal compliance, substance use disorders, mental health disorders, private health insurance, coverage requirements
  
- **HB 1530 An Act Concerning Insurance** [ENACTED]
  - **SUMMARY:** Every insurer providing group or individual accident and health policies providing coverage for hospital or medical treatment or services for illness on an expense-incurred basis shall offer coverage for mental, emotional or nervous disorders or conditions, other than serious mental illnesses.
  - **STATUS:** effective 8/18/2011.
  - **URL:** [HB 1530](#)
  - **NOTES:** private health insurance, coverage requirements, mental health disorders.

## **Indiana.**

- **HB 1092 Medicaid Amendments and Report on Parity** [ENACTED]
  - **SUMMARY:** this bill has two components:
    - **Medicaid Amendments:** amend the state Medicaid plan to include certain reimbursements and implementation of supervision by specified providers of patient's plan of treatment for outpatient mental health or substance abuse treatment services.
    - **Report on Parity:** requires private health insurance providers that provide coverage for mental illness or substance abuse treatment submit a report demonstrating its compliance with federal parity laws.
  - **STATUS:** signed into law 3/18/2020.
  - **URL:** <http://iga.in.gov/legislative/2020/bills/house/1092>

- **NOTES:** mental health disorders, substance use disorders, reporting requirements, Medicaid, coverage requirements
- **H. 1347 Act to Amend the Indiana Code Concerning Human Services** [ENACTED]
  - **SUMMARY:** require the Medicaid office to reimburse eligible Medicaid claims for services provided by an advanced practice nurse employed by a community mental health center if the services are part of the advance practice nurse's scope of practice, including mental health services, behavioral health services, substance use treatment and evaluation and management services for inpatient or outpatient psychiatric treatment.
  - **STATUS:** effective 7/1/2016.
  - **URL:** <http://iga.in.gov/legislative/2016/bills/house/1347#document-a264192f>
  - **NOTES:** mental health disorders, substance use disorders, Medicaid coverage requirements
- **SB 297 Act to Amend the Indiana Code Concerning Human Services** [ENACTED]
  - **SUMMARY:** among other things, this act requires Medicaid coverage for inpatient detoxification for the treatment of opioid or alcohol dependence. Adds requirements for an opioid treatment program to meet in order to operate in Indiana.
  - **STATUS:** signed into law 03/21/2016
  - **URL:** [SB 297](#)
  - **NOTES:** Medicaid, substance use disorders, coverage requirements
- **SB 165 Health Indiana Plan** [ENACTED]
  - **SUMMARY:** [amends](#) the state Medicaid law about the Healthy Indiana Plan (HIP). The bill requires that HIP cover mental health and substance use disorder services. It also states that the plan cannot use treatment limitations or financial requirements for mental health or substance use disorders if there are no similar limitations or requirements for medical or surgical conditions.
  - **STATUS:** signed by the governor 3/21/2016.
  - **URL:** [SB 165](#)
  - **NOTES:** Medicaid, substance use disorders, mental health disorders, coverage requirements
- **SB 464 Act to Amend the Indiana Code Concerning Human Services** [ENACTED]
  - **SUMMARY:** [allows](#) for substance abuse treatment to include addiction counseling, inpatient detoxification and medication assisted treatment, including federal FDA approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence. Section 12-15-5-13 was also added to the Indiana Code to require the Medicaid office to provide for treatment of opioid or alcohol dependence that includes counseling services that address the psychological and behavioral aspects of addiction; when medically indicated, drug treatment involving agents proved by the federal FDA for the treatment of opioid or alcohol dependence or prevention of relapse to opioids or alcohol after detoxification.
  - **STATUS:** effective 7/1/2015.

- URL: <http://iga.in.gov/legislative/2015/bills/senate/464#document-401ae1c8>
- NOTES: substance use disorders, Medicaid

## Iowa.

- **SF 2418 Appropriations for Health and Human Services...** [ENACTED]
  - SUMMARY: [Any policy or contract](#) providing for third-party payment of health or medical expenses shall include a provision to pay for necessary behavioral health services provided by a licensed master social worker, a licensed mental health counselor, and a licensed marital and family therapist. Practice or supervisory restrictions for such professionals cannot be inconsistent with or more restrictive than the authority already granted by law.
  - STATUS: effective 7/1/2018.
  - URL: <https://www.legis.iowa.gov/legislation/BillBook?ga=87&ba=SF%202418>
  - NOTES: coverage requirements
- **SF 2305 Act Relating to...Prohibited Health Service Provider Practices** [ENACTED]
  - SUMMARY: [Any policy or contract](#) providing for third-party payment of health or medical expenses shall not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth.
  - STATUS: effective 7/1/2018
  - URL: [SF 2305](#)
  - NOTES: Telehealth, coverage requirements
- **HF 2201 Act Authorizing the Continuing Expenditure of Repayment** [ENACTED]
  - SUMMARY: a group policy or contract providing for third-party payment or prepayment of health or medical expenses issued by a carrier, as defined in section 513B.2, shall provide coverage benefits to an insured who is a veteran for treatment of mental illness and substance abuse
  - STATUS: signed into law 4/1/2010.
  - URL: <https://www.legis.iowa.gov/legislation/BillBook?ga=83&ba=HF%202201>
  - NOTES: private health insurance, coverage requirements
- **§514C.22 Biologically based mental illness coverage.**
  - SUMMARY: A group policy, contract, or plan covered under this section shall not impose an aggregate annual or lifetime limit on biologically based mental illness coverage benefits unless the policy, contract, or plan imposes an aggregate annual or lifetime limit on substantially all health, medical, and surgical coverage benefits.
  - STATUS: effective status unknown.
  - URL: [§514C.22](#)
  - NOTES: mental illness disorders, substance use disorders, coverage requirements, private health insurance

## Kansas.

- **HB 2214 An Act Relating to Insurance** [ENACTED]

- **SUMMARY:** Any [private insurance] that provides medical, surgical or hospital expense coverage shall include coverage for diagnosis and treatment of mental illnesses and alcoholism, drug abuse or other substance use disorders.
  - **STATUS:** effective 7/1/2009.
  - **URL:** <https://www.kansas.gov/government/legislative/bills/2010/2214.pdf>
  - **NOTES:** private health insurance, substance use disorders, mental health disorders, coverage requirements
- **HB 2033 Act Concerning Insurance** [ENACTED]
    - **SUMMARY:** this bill has 2 insurance parity provisions:
      - Provision 1: Any [private health insurer] which provides coverage for mental health benefits...shall include coverage for diagnosis and treatment of mental illnesses.
      - Provision 2: any [private or public health insurer] which provides coverage for prescription drugs, other than prescription drugs administered in a hospital or physician's office shall provide coverage for psychotherapeutic drugs used for the treatment of mental illness...and conditions no less favorable than coverage provided for other prescription drugs.
    - **STATUS:** effective 1/1/2002.
    - **URL:** [HB 2033](#)
    - **NOTES:** private health insurance, state health insurance, prescription medication, mental health disorders, coverage requirements

### **Kentucky.**

- **HB 50 An Act Related to Mental Health Parity** [ENACTED]
  - **SUMMARY:** [requires parity coverage](#) for nonquantitative treatment limitations (NQTLs) and medical necessity criteria as established by the Federal Parity Law. KRS 304.17A-660 et.al. as amended defines several key terms associated with mental health parity implementation and requires the reporting to the insurance commissioner of annual comparative analyses, including the results of the analyses, performed to determine the process and strategies used to design nonquantitative treatment limitations both as written and as-written processes and strategies between MH/SUD and medical/surgical care.
  - **STATUS:** signed by the governor on 3/21/2021.
  - **URL:** <https://apps.legislature.ky.gov/record/21rs/hb50.html>
  - **NOTES:** federal compliance, reporting requirements
- **SB 192 Act Relating to Controlled Substances...** [ENACTED]
  - **SUMMARY:** [The Department for Medicaid Services](#) shall provide a substance use disorder benefit consistent with federal laws and regulations which shall include a broad array of treatment options for those with heroin and other substance use disorders.
  - **STATUS:** effective 3/25/2015.
  - **URL:** <https://legiscan.com/KY/bill/SB192/2015>
  - **NOTES:** Medicaid coverage, federal compliance, substance use disorders
- **HB 268 Act Relating to Mental Health and Substance Abuse** [ENACTED]

- **SUMMARY:** Any health benefit plan issued or renewed after July 14, 2000, that provides coverage for treatment of a mental health condition **shall provide** coverage of any treatment for a mental health condition under the same terms or conditions as provided for treatment of a physical health condition.
- **STATUS:** signed into law on 4/21/2000.
- **URL:** <https://apps.legislature.ky.gov/record/00rs/HB268.htm>
- **NOTES:** mental health disorders, private health insurance

### **Louisiana.**

- **HB 307 Mental Health** [ENACTED]
  - **SUMMARY:** no claim for payment for inpatient behavioral health services provided to a person while admitted and detained in a facility that provides mental health services...shall be denied by Medicaid, [or private health insurer] on the basis of medical necessity if certain conditions are met.
  - **STATUS:** signed into law on 7/1/2015.
  - **URL:** <http://www.legis.la.gov/legis/BillInfo.aspx?i=226907>
  - **NOTES:** coverage requirements, mental health disorders, Medicaid, private health insurance
- **HB 464 Insurance/Health Accidents** [ENACTED]
  - **SUMMARY:** Any [private health insurer] shall include benefits payable for the treatment of severe mental illness under the same circumstances and conditions or greater as benefits are paid under those [private health insurance plans] for all other diagnoses, illnesses, or accidents.
  - **STATUS:** signed into law on 7/2/2010.
  - **URL:** <http://www.legis.la.gov/legis/BillInfo.aspx?s=10RS&b=ACT919&sbi=y>
  - **NOTES:** coverage requirements, private health insurance
- **SB 294 Psychologists** [ENACTED]
  - **SUMMARY:** Among many other things, this bill **changed** one of the sections of the insurance law about parity so that plans (except for individual plans) have to cover services provided by a “medical psychologist.”
  - **STATUS:** signed into law on 7/1/2009
  - **URL:** <http://www.legis.la.gov/Legis/BillInfo.aspx?i=213236>
  - **NOTES:** coverage requirements, private health insurance

### **Maine.**

- **LD 1694 Amend the Mental Health Insurance Coverage Laws** [ENACTED]
  - **SUMMARY:** requires the Superintendent of Insurance to determine if private health insurance providers are following federal parity laws.
  - **STATUS:** signed into law 6/17/2019.
  - **URL:** [LD 1694](#)
  - **NOTES:** federal compliance, private health insurance
- **LD 1263 An Act Regarding Telehealth** [ENACTED]

- **SUMMARY:** A carrier offering a health plan in this State may not deny coverage on the basis that the health care service is provided through telehealth if the health care service would be covered if it was provided through in-person consultation between an enrollee and a provider. "Telehealth,"...means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of an enrollee's physical and mental health.
- **STATUS:** signed into law 6/13/2019.
- **URL:** <http://legislature.maine.gov/LawMakerWeb/sponsors.asp?ID=280072449>
- **NOTES:** private health insurance, telehealth

### **Maryland.**

- **SB 3 & HB 123 Preserve Telehealth Access Act of 2021** [ENACTED]
  - **SUMMARY:** [Amends](#) Maryland's telehealth law by promoting coverage for MH/SUD services. This legislation expands telehealth services by requiring that private insurers, other carriers, and the Medicaid program reimburse providers for telehealth services provided via audio-only modalities. SB 3 prohibits the exclusions of behavioral health benefits solely because the service may be provided through telehealth. By December 1, 2022, the Maryland Health Care Commission must submit a report on the impact of providing telehealth services in accordance with the bill's requirements.
  - **STATUS:** effective 7/1/2021.
  - **URL:** [SB 3](#) & [HB 123](#)
  - **NOTES:** reporting requirements, telehealth, Medicaid, mental health disorders, substance use disorders
- **HB 455 & SB 344 Health Insurance** [ENACTED]
  - **SUMMARY:** [promotes](#) parity compliance in conjunction with the federal parity law through a reporting and accountability system at the state level using the Maryland Insurance Commissioner.
  - **STATUS:** signed into law on 5/8/2020
  - **URL:** [HB 455](#) & [SB 344](#)
  - **NOTES:** federal compliance, reporting requirements, private health insurance, prescription medication
- **SB 631 & HB 599 Mental Health & Substance Use Disorder Coverage** [ENACTED]
  - **SUMMARY:** requires specified insurers, nonprofit health service plans, and health maintenance organizations to use the American Society of Addiction Medicine (ASAM) criteria for all medical necessity and utilization management determinations for substance use disorder benefits. In essence, it updates the existing mental health parity laws with new criteria for essential treatments.
  - **STATUS:** signed into law 4/30/2019.
  - **URL:** [SB 631](#) & [HB 599](#)
  - **NOTES:** private health insurance, substance use disorders
- **SB 28 Coverage Requirements for Behavioral Health Disorders** [ENACTED]

- **SUMMARY:** This departmental bill alters the definition of “health benefit plan” to ensure that the State’s mental health parity law applies to short-term limited duration insurance.
  - **STATUS:** signed into law 4/18/2019.
  - **URL:** [SB 28](#)
  - **NOTES:** private health insurance
- **HB 786 Individualized or Group Behavioral Counseling Services** [ENACTED]
    - **SUMMARY:** No [private health insurance plan] [may deny](#) a covered medically necessary behavioral health care service provided by a participating provider to a member who is a student solely on the basis that the service is provided at a public school or through a school-based health center under § 7-440 of the Education Article.
    - **STATUS:** effective 7/1/2017.
    - **URL:** [HB 786](#)
    - **NOTES:** private health insurance, coverage requirements
- **HB 1127 Coverage Requirements for Behavioral Health Disorders** [ENACTED]
    - **SUMMARY:** An entity that issues or delivers a health benefit plan subject to this section shall provide on its Web site and annually in print to its insureds or members: (1) notice about the benefits required under this section and the federal Mental Health Parity and Addiction Equity Act; and (2) notice that the insured or member may contact the Administration for further information about the benefits.
    - **STATUS:** signed into law 5/25/2017.
    - **URL:** [HB 1127](#)
    - **NOTES:** federal compliance, reporting requirements, private health insurance
- **HB 1217 Mental Health and Substance Use Disorder Services - Parity** [ENACTED]
    - **SUMMARY:** This bill requires that the Department of Health and Mental Hygiene (DHMH), by June 30, 2017, adopt specified regulations necessary to ensure that Medicaid follows the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and the federal Patient Protection and Affordable Care Act (ACA)
    - **STATUS:** signed into law 5/10/2016.
    - **URL:** [HB 1217](#)
    - **NOTES:** Medicaid, federal compliance
- **HB 1318 Health Benefit Plans** [ENACTED]
    - **SUMMARY:** [targets](#) network adequacy. Among other things, it requires health plans to submit a form called an access plan to the commissioner of insurance. This plan must include a description of the factors used by the health plan to build its provider network. One of those factors must be a demonstration that the criteria comply with the Federal Parity Law.
    - **STATUS:** signed into law on 4/26/2016.
    - **URL:** [HB 1318](#)
    - **NOTES:** federal compliance, private health insurance, reporting requirements
- **SB 556 Health Insurance - Required Conformity With Federal Law** [ENACTED]

- **SUMMARY:** alters State insurance law to conform to the federal Patient Protection and Affordable Care Act (ACA) and corresponding federal regulations adopted by the U.S. Department of Health and Human Services in implementing ACA and federal regulations issued under the federal Mental Health Parity and Addiction Equity Act.
- **STATUS:** signed into law 5/12/2015.
- **URL:** [SB 556](#)
- **NOTES:** federal compliance
  
- **HB 896 Joint Committee on Behavioral Health and Opioid Use** [ENACTED]
  - **SUMMARY:** This bill establishes the Joint Committee on Behavioral Health and Opioid Use Disorders. Among other things, this committee should review the extent to which health insurance carriers in the State are complying with federal and State mental health and addiction parity laws.
  - **STATUS:** signed into law 5/12/2015.
  - **URL:** [HB 896](#)
  - **NOTES:** creates government organization, substance use disorders, federal compliance, private health insurance
  
- **HB 1233 Step Therapy or Fail-First Protocol** [ENACTED]
  - **SUMMARY:** [gives](#) the Maryland Health Care Commission authority to work with health providers to cancel out step-therapy or fail-first protocols required within insurance plans. The bill also requires insurers to describe a process that a care provider can use to supersede the recommendation of step therapies or fail first protocols by July 1, 2015. This is not explicitly about parity but fail first protocols are often applied to behavioral health coverage more often than they are for other medical coverage.
  - **STATUS:** signed into law on 5/5/2014.
  - **URL:** [HB 1233](#)
  - **NOTES:** private health insurance, coverage requirements
  
- **SB 84 Joint Committee on Access to Mental Health Services** [ENACTED]
  - **SUMMARY:** [creates](#) a joint committee of delegates and senators to monitor access to medically necessary behavioral health services in both the public system and for those covered by private insurance. The committee was to file a report on barriers and solutions.
  - **STATUS:** signed into law on 4/8/2014.
  - **URL:** [SB 84](#)
  - **NOTES:** private health insurance, Medicaid, Medicare, creates government organization, reporting requirements
  
- **HB 228 Maryland Health Progress Act of 2013** [ENACTED]
  - **SUMMARY:** At the request of an enrollee or his or her guardian, or his or her health care provider, a receiving carrier or managed care organization shall allow a new enrollee to continue to receive health care services being rendered by a nonparticipating (out of network) provider at the time of the enrollee's transition to the receiving health benefit

- plan or managed care organization for services related to mental health conditions and substance use conditions.
- **STATUS:** effective 5/2/2013.
  - **URL:** [HB 228](#)
  - **NOTES:** mental health disorders, substance use disorders, coverage requirements, private health insurance
- **SB 582 Federal Mental Health Parity–Review Criteria and Standards** [ENACTED]
    - **SUMMARY:** When conducting utilization review for mental health and substance use benefits, [ensure](#) that the criteria and standards used are in compliance with the federal Mental Health Parity and Addiction Equity Act.
    - **STATUS:** effective 5/2/2013
    - **URL:** [http://mgaleg.maryland.gov/2013RS/Chapters\\_noln/CH\\_290\\_sb0582t.pdf](http://mgaleg.maryland.gov/2013RS/Chapters_noln/CH_290_sb0582t.pdf)
    - **NOTES:** federal compliance, mental health disorders, substance use disorders
  - **HB 361 Conformity with Federal ACA (Obamacare)** [ENACTED]
    - **SUMMARY:** In establishing the Comprehensive Standard Health Benefit Plan, the Maryland Health Care Commission [shall include](#) mental health and substance abuse benefits for employers that qualify as “large employers.” Beginning January 1, 2014, this section applies only to grandfathered health plans as defined in Section 1251 of the ACA.
    - **STATUS:** effective 5/2/2013.
    - **URL:** <http://mgaleg.maryland.gov/2013RS/bills/hb/hb0361f.pdf>
    - **NOTES:** mental health disorders, substance use disorders, private health insurance
  - **HB 1216 Federal Insurance Parity Compliance** [ENACTED]
    - **SUMMARY:** This bill requires insurers to provide notice of behavioral health coverage required under the Federal Parity Law and the state parity law and notify consumers to contact the Maryland Insurance Administration (MIA) for more information. The bill also requires insurers to post ‘release of information authorization’ forms on their websites and provide them by mail.
    - **STATUS:** signed into law on 5/2/2013.
    - **URL:** [HB 1216](#)
    - **NOTES:** federal compliance, private health insurance, reporting requirements
  - **HB 170 Conformity with Federal Law** [ENACTED]
    - **SUMMARY:** [requires](#) insurers to disclose more information relevant to general appeals, grievances, and independent review organization (IRO) processes. This is not specific to parity, but these processes are all in play when parity-related violations occur.
    - **STATUS:** signed into law on 4/12/2011.
    - **URL:** [HB 170](#)
    - **NOTES:** private health insurance, reporting requirements, enforcement requirements
  - **SB 57 Conformity with Federal Law** [ENACTED]

- **SUMMARY:** [amends](#) the Maryland state parity law to its current form by adding or modifying provisions to address partial hospitalization and some forms of non-quantitative treatment limitations (NQTLs). Plans must cover partial hospitalization for behavioral health treatment at the same terms and conditions as they do for other medical treatment.
- **STATUS:** signed into law on 4/13/2010.
- **URL:** [SB 57](#)
- **NOTES:** federal compliance, private health insurance

### **Massachusetts.**

- **SD 2089 & HD 671 Mental Health Parity Implementation** [INTRODUCED].
  - **SUMMARY:** reinforces the enforcement of insurance parity related to mental health and substance use disorders when it comes to student health plans.
  - **STATUS:** Introduced 3/29/2021.
  - **URL:** [SD 2089](#) & [HD 671](#)
  - **NOTES:** higher education, mental health disorders, substance use disorders
- **S 2142 Act to Increase Opportunities for Substance Abuse Recovery** [ENACTED]
  - **SUMMARY:** among other things, this law [requires](#) state employee plans, individual health plans and group health plans certified in Massachusetts to provide access to all opioid deterrent drugs recommended by the drug formulary commission under the same terms and conditions as prescription drugs for physical health conditions
  - **STATUS:** signed into law on 8/1/2014.
  - **URL:** <https://malegislature.gov/Bills/188/Senate/S2142>
  - **NOTES:** public health insurance, substance use disorder, prescription medication coverage
- **H 3538 Act Making Appropriations for the Fiscal Year 2014** [ENACTED]
  - **SUMMARY:** Section 190 of the bill [requires](#) the Division of Insurance and the Office of Medicaid to promulgate regulations on the following topics related to parity:
    - A process for private and public insurers to certify and outline compliance.
    - A requirement that insurers notify their enrollees of their rights, including the right to file a complaint or grievance.
    - Information on how the Department of Insurance and the Office of Medicaid will review consumer complaints & grievances for compliance.
  - **STATUS:** veto overridden on 7/30/2013.
  - **URL:** <https://malegislature.gov/Bills/188/House/H3538>
  - **NOTES:** federal compliance, Medicaid, reporting requirements
- **S 2400 Act Improving the Quality of Health Care...** [ENACTED]
  - **SUMMARY:** [This is a comprehensive bill that addresses many issues.](#) The part of the bill related to parity (Section 254) orders the state insurance commissioner to issue regulations requiring insurers to comply with the Federal Parity Law and the state parity law. It also requires insurance companies to file reports with the insurance commissioner detailing how they comply with the Federal Parity Law and state law (section 254). It also

allows the attorney general to have public hearings about an insurers' parity report to the insurance commissioner (section 254). Furthermore, it authorizes the state insurance commissioner to implement and enforce the Federal Parity Law and the parity sections of state law (section 8k). This bill also requires the state Medicaid office to issue rules to make all state Medicaid plans compliant with the Federal Parity Law and the state parity law (section 265). Additionally, the office of Medicaid is required to submit annual reports detailing Medicaid plans' compliance (section 265).

- **STATUS:** signed into law on 8/6/2012.
  - **URL:** <https://malegislature.gov/Bills/187/S2400>
  - **NOTES:** federal compliance, mental health disorders, substance use disorders, enforcement, Medicaid
- **H 4200 Act Making Appropriations for The Fiscal Year 2013** [ENACTED]
    - **SUMMARY:** [This is the appropriations bill for fiscal year 2013](#). Section 186 established an advisory committee tasked with analyzing behavioral health care services. Among other duties, the advisory committee must monitor the implementation of the Federal Parity Law and the parity sections of state law.
    - **STATUS:** veto overridden on 8/1/2012.
    - **URL:** <https://malegislature.gov/Bills/187/House/H4200>
    - **NOTES:** creates government agency, federal compliance

### **Michigan.**

- **HB 4935 An Act to Amend 1956 PA 218** [ENACTED]
  - **SUMMARY:** An insurer that delivers a health insurance policy shall provide coverage for intermediate and outpatient care for substance use disorder. The charges, terms, and conditions for coverage of such services shall not be less favorable than the maximum prescribed for other comparable services. The insurer shall not reduce coverage required for such services by terms or conditions applicable to other items of coverage in the policy.
  - **STATUS:** signed into law on 6/29/2016.
  - **URL:** [HB 4935](#)
  - **NOTES:** private health insurance, substance use disorders

### **Minnesota.**

- **SF 1160 Minnesota Telehealth Act** [PASSED SENATE]
  - **SUMMARY:** an act modifying coverage for health care services and consultation provided through telehealth.
  - In particular: A health carrier must not restrict or deny coverage of a health care service that is covered under a health plan.
  - **STATUS:** passed Senate 4/27/2021
  - **URL:** [SF 1160](#)
  - **NOTES:** telehealth, coverage requirements
- **SF 12 Omnibus health and human services appropriation bill** [ENACTED]

- **SUMMARY:** [prohibits](#) individual and group health insurance policies from applying NQTLs on mental health/substance-use medication benefits that are not also equitably applied to med/surgical benefits. Additionally, the bill requires mental health therapy visits and medication maintenance visits to be considered primary care visits for the purpose of cost-sharing requirements. The bill also requires the Commissioner of Commerce with the Commissioner of Health to submit a report to the legislature detailing parity overview and enforcement activities. Such report must be written in nontechnical, readily understandable language and must be made available to the public.
  - **STATUS:** signed into law on 5/30/2019.
  - **URL:** <https://www.billtrack50.com/BillDetail/1129422>
  - **NOTES:** reporting requirements, substance use disorders, mental health disorders, enforcement
- **HF 779 An Act Relating to Health Plan Regulation** [ENACTED]
    - **SUMMARY:** All health plans [must meet](#) the requirements of the federal Mental Health Parity Act of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal guidance or regulations issued under, those acts.
    - **STATUS:** effective 5/24/2013.
    - **URL:** [HF 779](#)
    - **NOTES:** federal compliance, private insurance

### **Mississippi.**

- **SB 2331 Health Insurance Policies** [ENACTED]
  - **SUMMARY:** [includes](#) outpatient care as services that must have “the same rate of payment” as services for other medical care. The bill also repealed a section that had included a formula to determine which plans must comply with this section of the law.
  - **STATUS:** signed by governor on 3/6/2014
  - **URL:** <http://billstatus.ls.state.ms.us/2014/pdf/history/SB/SB2331.xml>
  - **NOTES:** Private health insurance

### **Missouri.**

- **SB 514 Modifies provisions relating to health care** [ENACTED]
  - **SUMMARY:** requires that medication-assisted treatment medications must comply with the federal Mental Health Parity and Addiction Equity Act of 2008.
  - **STATUS:** signed into law 7/11/2019.
  - **URL:** [SB 514](#)
  - **NOTES:** federal compliance, private health insurance
- **SB 951 & SB 718 Modifies Provisions Relating to Health Care** [ENACTED]
  - **SUMMARY:** [The law requires every](#) insurance company and health service corporation to offer, in all insurance policies, coverage for medicine-Assisted Treatment (MAT). The law allows qualifying assistant physicians, advanced nurse practitioners, and physician assistants, under supervision, to prescribe buprenorphine for up to a thirty-day supply without refills for MAT patients.

- **STATUS:** signed into law on 7/9/2018.
- **URL:** [SB 951](#) & [SB 718](#)
- **NOTES:** private health insurance, prescription medication
- **SB 608 Modifies Provisions Relating to Health Care** [ENACTED]
  - **SUMMARY:** MO HealthNet payments will be made for mental health services. The state plan for providing medical assistance under the law is to include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system: outpatient mental health services, clinical mental health services, and rehabilitative mental health services. Beginning July 1, 2016, providers of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT) coding system. Providers eligible for such reimbursement shall include psychologists.
  - **STATUS:** veto overridden on 9/14/2016.
  - **URL:** [SB 608](#)
  - **NOTES:** Medicaid, mental health disorders, substance use disorders

### **Montana.**

- **SB 216 Revise laws relating to insurance parity compliance reporting** [ENACTED]
  - **SUMMARY:** requires health insurance issuers to provide parity compliance reporting.
  - **STATUS:** Signed into law 4/30/2021.
  - **URL:** [SB 216](#)
  - **NOTES:** reporting requirements, private health insurance
- **SB 217 Revise Laws Related to Psychiatric Collaborative Care** [ENACTED]
  - **SUMMARY:** an act revising the Mental Health Parity Act to include coverage of services provided through the psychiatric collaborative care model; requiring multiple employer welfare arrangements and public employee benefit plans to comply with the requirements of the Mental Health Parity Act.
  - **STATUS:** signed into law 4/22/2021.
  - **URL:** [SB 217](#)
  - **NOTES:** coverage requirements
- **HB 142 Revise insurance to achieve mental & physical health parity** [ENACTED]
  - **SUMMARY:** Among other things, this bill [changed](#) the sections of the state's insurance law related to behavioral health coverage:
    - It specifies that individual plans, small-group plans, and large-group plans should provide coverage for mental health conditions and substance use disorders in a way that is "no less favorable" than coverage for other medical conditions

- It defines “no less favorable” as being what is specified in the Federal Parity Law and its final regulations on January 1, 2017, thereby maintaining parity protection in the individual and small-group market no matter what happens with efforts to amend the Affordable Care Act
  - **STATUS:** signed by governor on 5/3/2017.
  - **URL:** [HB 142](#)
  - **NOTES:** federal compliance, mental health disorders, substance use disorders, coverage requirements
- **Promising Practice: Additional Guidance Detailing Potential Violations.**
  - **SUMMARY:** The Montana Commissioner of Securities and Insurance released a bulletin focusing on nonquantitative treatment limitations. The memorandum contains examples of “red flags” that indicate a potential parity violation. All of the red flags are taken from de-identified consumer complaints to the department.
  - Examples include fail-first protocols, blanket exclusions of treatment regardless of medical necessity, frequent concurrent reviews for inpatient care, refusal to reimburse for outpatient care because “progress” has not been achieved, requirement that treatment plans be submitted every 90 days, and no out-of-state coverage for behavioral health.
  - **AGENCY:** The Montana Commissioner of Securities and Insurance.
  - **URL:** [pg. 14; Evaluating State Mental Health and Addiction Parity Statutes: A Technical Report](#)
  - **NOTES:** promising practice

## **Nebraska.**

- **LB 1014 Change the Multiple Employer Welfare Arrangement Act** [ENACTED]
  - **SUMMARY:** among other things, requires compliance with The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
  - **STATUS:** signed into law 7/27/2020.
  - **URL:** [https://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=41152](https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=41152)
  - **NOTES:** federal compliance, mental health disorders, substance use disorders
- **LB 296 An Act Relating to Health and Human Services** [ENACTED]
  - **SUMMARY:** If a health insurance plan provides coverage for treatment of mental health conditions other than alcohol or substance abuse, (i) it **must not establish** any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a serious mental illness than for access to treatment for a physical health condition and (ii) if an out-of-pocket limit is established for physical health conditions, the insurance plan must apply such out-of-pocket limit as a single comprehensive out-of-pocket limit for both physical health conditions and mental health conditions. If no coverage is to be provided for treatment of mental health conditions, the insurance plan must provide clear and prominent notice of such noncoverage.
  - **STATUS:** effective 3/15/2007.
  - **URL:** <https://nebraskalegislature.gov/FloorDocs/100/PDF/Intro/LB296.pdf>

- **NOTES:** mental health disorders, substance use disorders, private health insurance, coverage requirements

### Nevada.

- **AB 181 Revises provisions relating to mental health** [ENACTED]
  - **SUMMARY:** requires private health insurers to comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (which requires insurance parity for mental health and substance use disorders). Also requires private health insurers to report their compliance.
  - **STATUS:** signed into law 5/28/2021.
  - **URL:** [AB 181](#).
  - **NOTES:** reporting requirements, private health insurance, substance use disorders, mental health disorders
- **AB 425 Revises the Nevada Insurance Code** [ENACTED]
  - **SUMMARY:** Among many other things, [this bill changed](#) the parity sections of the state insurance law so that many sections of the law were removed. Most of these removed sections were more restrictive than the Federal Parity Law, therefore they were no longer enforceable.
  - **STATUS:** signed into law on 6/12/2013.
  - **URL:** [AB 425](#)
  - **NOTES:** federal compliance
- **SB 426 Revises provisions relating to insurance** [ENACTED]
  - **SUMMARY:** An insurer or other organization providing health coverage [shall comply with](#) the provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, and any federal regulations issued pursuant thereto.
  - **STATUS:** signed by governor on 5/29/2009.
  - **URL:** [SB 426](#)
  - **NOTES:** federal compliance

### New Hampshire.

- **SB 115 Establishing a Commission...for Mental Health Providers** [ENACTED]
  - **SUMMARY:** This act [amends](#) RSA 330-A by adding a new section to establish a commission on the business environment for mental health providers in the state. The act specifies who must be on such committee and the focus of such committee, including examining billing practices and regulations, access to affordable education, insurance rates and mental health parity, and methods to strengthen the network of providers within the state.
  - **STATUS:** effective 11/1/2020.
  - **URL:** [SB 115](#)
  - **NOTES:** creates government organization
- **SB 272 Relative to Mental Health Parity Under the Insurance Laws** [ENACTED]

- **SUMMARY:** The commissioner shall have the authority to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008...the commissioner shall periodically examine and evaluate health insurers, health service corporations, and health maintenance organizations for compliance with this chapter and with the Act. Such examination and evaluation shall include provider reimbursement practices.
- **STATUS:** signed into law 7/24/2019.
- **URL:** [SB 272](#)
- **NOTES:** federal compliance, substance use disorders, reporting requirements, private health insurance
- **HB 1493 Establishing a Committee to Study...MH & SUD Parity** [ENACTED]
  - **SUMMARY:** This bill [created a committee](#) in the General Court to study parity for the purposes of potentially changing the sections of the state insurance law about parity.
  - **STATUS:** signed into law on 5/19/2010.
  - **URL:** [HB 1493](#)
  - **NOTES:** federal compliance, private health insurance, created government organization

#### **New Jersey.**

- **A 2031 Enforcement & Oversight of Insurance Parity Laws** [ENACTED]
  - **SUMMARY:** This bill requires private and public health insurance providers (including state Medicaid plan) to provide coverage for mental health conditions and substance use disorders and to meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. That act prevents certain health insurers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical or surgical benefits, commonly referred to as mental health parity.
  - **STATUS:** signed into law 4/11/2019.
  - **URL:** <http://www.njleg.state.nj.us/downloads.asp>
  - **NOTES:** reporting requirements, mental health disorders, substance use disorders, federal compliance, Medicaid

#### **New York.**

- **S 7508B Mental Health and Substance Abuse Parity and Reporting** [ENACTED]
  - **SUMMARY:** amend the insurance law, in relation to penalties relating to mental health and substance use disorder parity compliance requirements; and to amend the state finance law and the public health law, in relation to establishing the behavioral health parity compliance fund.
  - **STATUS:** signed into law 4/3/2020.
  - **URL:** <http://www.nysenate.gov/legislation/bills/2019/S7508B>
  - **NOTES:** private health insurance, substance use disorders, mental health disorders, creates government organization
- **S 7506B Budget for the 2020-2021 State Fiscal Year** [ENACTED]
  - **SUMMARY:** among other things, funds the Behavioral health parity compliance fund.

- **STATUS:** signed into law 4/3/2020.
  - **URL:** <http://www.nysenate.gov/legislation/bills/2019/S7506B>
  - **NOTES:** funds government organization
- **S 4356 Mental Health & Substance Use Disorder Parity Reporting** [ENACTED]
    - **SUMMARY:** Requires certain insurance companies to provide the superintendent of financial services mental health and substance use disorder parity reports; repeals provisions of the insurance law in relation thereto.
    - **STATUS:** signed into law 8/29/2019
    - **URL:** <http://www.nysenate.gov/legislation/bills/2019/S4356>
    - **NOTES:** private health insurance, substance use disorders, mental health disorders, reporting requirements
- **S 1507C The State Health and Mental Hygiene Budget** [ENACTED]
    - **SUMMARY:** among other things, this bill does the following:
      - An insurer shall provide coverage that, at a minimum, is consistent with the federal Paul Wellstone and Pete Domenici Mental 31 Health Parity and Addiction Equity Act of 2008.
    - **STATUS:** signed into law 4/12/2019.
    - **URL:** <http://www.nysenate.gov/legislation/bills/2019/S1507C>
    - **NOTES:** private health insurance, federal compliance
- **A 3594C Establishing the Parity Report Act** [ENACTED]
    - **SUMMARY:** Relates to establishing the mental health and substance use disorder parity report act to ensure compliance of insurers and health plans with state and federal requirements for the provision of mental health and substance use disorder treatment and claims.
    - **STATUS:** signed into law 12/21/2018.
    - **URL:** <http://www.nysenate.gov/legislation/bills/2017/A3694C>
    - **NOTES:** federal compliance, mental health disorders, substance use disorders, private health insurance
- **Promising Practice: Optimizing Enforcement through Investigations and Fines.**
    - **SUMMARY:** The New York Attorney General's Office has reached settlements with numerous insurers after conducting investigations into their behavioral health claims practices. These investigations revealed insurers were using protocols that either were not in place for other medical care or were applied more stringently to behavioral health benefits than other covered services. These protocols involved use of fail-first policies, more onerous prior authorization procedures, more frequent and rigorous utilization review, and categorical exclusions of residential treatment and neuropsychological testing.
      - The Attorney General's Office levied over \$3 million in penalties and ordered reprocessing of claims that resulted in payment of millions of dollars in previously-withheld reimbursement to enrollees and providers. **Nearly half of denials re-reviewed as part of settlements were overturned on appeal.** The health plans

involved in these investigations are also monitored to ensure parity compliance is reached and maintained.

- **AGENCY:** the New York Attorney General's Office
- **URL:** [Despite Laws, Mental Health Still Getting Short Shrift.](#)
- **NOTES:** Promising Practice, reporting requirements, private health insurance, enforcement

### **North Carolina.**

- **HB 653 Mental Health & SUD Parity Report** [INTRODUCED]
  - **SUMMARY:** requires insurers offering a health benefit plan in this state to submit an annual mental health and substance use disorder parity report to the commissioner of the department of insurance and the joint legislative oversight committee on health and human services beginning March 1, 2022.
  - **STATUS:** introduced 4/22/2021.
  - **URL:** <https://ncleg.gov/BillLookup/2021/H653>
  - **NOTES:** mental health disorders, substance use disorders, reporting requirements, private insurance
- **SB 676 Autism Health Insurance Coverage** [ENACTED]
  - **SUMMARY:** a group health benefit plan that covers both medical and surgical benefits and mental health benefits shall, with respect to the mental health benefits, comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008
  - **STATUS:** signed into law on 10/15/2015.
  - **URL:** [SB 676](#)
  - **NOTES:** federal compliance
- **HB 1183 Act to Change Health Insurance and Managed Care Laws** [ENACTED]
  - **SUMMARY:** A group health benefit plan that covers both medical and surgical benefits and chemical dependency treatment benefits [shall](#), with respect to the chemical dependency treatment benefits, comply with all applicable standards of Subtitle B of Title V of Public Law 110-343, known as the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
  - **STATUS:** effective 7/31/2009.
  - **URL:** [HB 1183](#)
  - **NOTES:** federal compliance

### **Ohio.**

- **HB 232** [ENACTED]
  - **SUMMARY:** [Among many other things, this bill changed](#) the sections of the state insurance law about parity so that nurse practitioners and marriage and family therapists are accepted providers for reimbursement of behavioral health services.
  - **STATUS:** signed into law on 4/1/ 2014.
  - **URL:** [HB 232](#)
  - **NOTES:** mental health disorders

## Oklahoma.

- **SB 674 requiring coverage and reimbursement of health care services** [ENACTED]
  - **SUMMARY:** [the amended law establishes](#) basic requirements in terms of how state-licensed health plans and similar arrangements offer telemedicine services in Oklahoma. This includes parity in terms of how utilization management requirements are applied to telehealth when compared to non-telehealth services. The new provisions also require covered entities to report key aspects of their telehealth program including the number of participating providers, cost and cost savings associated with the utilization of telehealth services.
  - **STATUS:** signed into law on 5/5/2021.
  - **URL:** [SB 674](#)
  - **NOTES:** telehealth
  
- **SB 1718 Mandated Mental Health Coverage. Requires Annual Report** [ENACTED]
  - **SUMMARY:** prohibits an insurer from imposing more stringent treatment limitations on mental health conditions and substance use disorders than comparable benefits; prohibiting certain treatment limitations; stating exception; requiring all health plans to meet certain requirements; requiring insurers to submit annual report; providing required information for report.
  - **STATUS:** signed into law 5/19/2020.
  - **URL:** <http://www.oklegislature.gov/BillInfo.aspx?Bill=SB1718&session=2000>
  - **NOTES:** mental health disorders, substance use disorders, coverage requirements, private health insurance, reporting requirements
  
- **SB 2054 Insurance** [ENACTED]
  - **SUMMARY:** Any health benefit plan that is [offered, issued, or renewed](#) on or after the effective date of this act shall provide benefits for treatment of severe mental illness. Treatment limitations applicable to mental health or substance abuse disorder benefits shall be no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan. There shall be no separate treatment limitations that are applicable only with respect to mental health or substance abuse disorder benefits.
  - **STATUS:** signed by governor on 5/6/2010.
  - **URL:** <http://www.oklegislature.gov/BillInfo.aspx?Bill=sb2054&Session=1000>
  - **NOTES:** mental health disorders, substance use disorders, private health insurance

## Oregon.

- **SB 250 Relating to Health Insurance** [ENACTED]
  - **SUMMARY:** among other things, Applies requirements for mental health parity to individual health benefit plans, other than grandfathered health plans.
  - **STATUS:** signed into law 6/7/2019.
  - **URL:** <https://olis.leg.state.or.us/liz/2019R1/Measures/Overview/SB250>
  - **NOTES:** private health insurance

- **HB 2385 Relating to Health Insurance** [ENACTED]
  - **SUMMARY:** This bill changed the parity section of the state insurance law so that insurance plans are no longer exempt from covering court-ordered services that are the result of a conviction for driving while intoxicated.
  - **STATUS:** signed into law on 6/1/2013.
  - **URL:** <https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB2385>
  - **NOTES:** substance use disorders

### **Pennsylvania.**

- **HB 1439 Mental Health Parity and Addiction Treatment Access** [ENACTED]
  - **SUMMARY:** requires private health insurance providers to conduct a review of all health insurance policies (especially around mental health and substance use disorders) and attest, under oath, that they are following federal parity laws.
  - **STATUS:** signed into law 10/29/2020
  - **URL:** [HB 1439](#)
  - **NOTES:** mental health disorders, substance use disorders, reporting requirements, private health insurance. Federal compliance
- **HB 1696 Insurance Coverage Parity and Nondiscrimination** [ENACTED]
  - **SUMMARY:** requires private health insurance providers to annually report their compliance with federal parity laws around health insurance coverage parity and nondiscrimination.
  - **STATUS:** signed into law 10/29/2020.
  - **URL:** [HB 1696](#)
  - **NOTES:** Private health insurance, mental health disorders, reporting requirements, federal compliance
- **SB 237 Act Amending the Insurance Company Law of 1921** [ENACTED]
  - **SUMMARY:** This extensive bill, which [address many items, has a section that requires](#) insurance plans to comply with the Federal Parity Law. It also set forth penalties for violations.
  - **STATUS:** signed into law on 3/22/2010.
  - **URL:** [SB 237](#)
  - **NOTES:** federal compliance, enforcement

### **Rhode Island.**

- **SB 591 An Act Relating to Insurance - Insurance Coverage for Mental Illness and Substance Abuse** [PASSED SENATE]
  - **SUMMARY:** requires that all private insurance and Medicaid providers increase rates of reimbursement for outpatient, in-network mental health and substance use disorder services/treatments by 23.4% over the following 5 years. GOAL: ensure that mental health professionals are reimbursed at rates equivalent to other healthcare specialists.
  - **STATUS:** passed Senate 6/8/2021.
  - **URL:** <https://fastdemocracy.com/bill-search/ri/2021/bills/RIB00020740/>

- **NOTES:** reimbursement parity, mental health disorders, substance use disorders, private insurance, Medicaid
- **HR 5070 Mental Health Insurance Parity Compliance** [INTRODUCED]
  - **SUMMARY:** House resolution respectfully requesting the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) to fully address all previous violations and take all necessary actions to ensure ongoing compliance with the federal Mental Health Parity and Addiction Equity Act of 2008.
  - **status:** introduced 1/22/2021.
  - **URL:** <https://fastdemocracy.com/bill-search/ri/2021/bills/RIB00019180/>
  - **NOTES:** reporting requirements, mental health disorders
- **SB 769 Health and Safety – Comprehensive Discharge Planning** [PASSED SENATE]
  - **SUMMARY:** Requires coverage for residential/inpatient mental health services for detox/stabilization/substance abuse disorders without preauthorization or be subject to concurrent review during the first 28 days.
  - **STATUS:** passed Senate 6/1/2021.
  - **URL:** <https://fastdemocracy.com/bill-search/ri/2021/bills/RIB00020985/>
  - **NOTES:** substance use disorders, coverage requirements, private health insurance
- **SB 647 Health Insurance Oversight** [PASSED SENATE]
  - **SUMMARY:** Requires the health insurance commissioner to adopt a uniform set of medical criteria for prior authorization and create a required form to be used by a health insurer.
  - **STATUS:** passed Senate 6/1/2021.
  - **URL:** <https://fastdemocracy.com/bill-search/ri/2021/bills/RIB00020822/>
  - **NOTES:** coverage requirements
- **SB 2540 & HB 7806 Coverage for Mental Illness & Substance Abuse** [ENACTED]
  - **SUMMARY:** requires the following criteria for mental illness and substance abuse insurance:
    - A group health plan and an individual or group health insurance plan shall provide coverage for the treatment of mental health and substance-use disorders under the same terms and conditions as that coverage is provided for other illnesses and diseases.
    - Financial requirements and quantitative treatment limitations on coverage for the treatment of mental health and substance-use disorders shall be no more restrictive than the predominant financial requirements applied to substantially all coverage for medical conditions in each treatment classification.
    - Medication-assisted treatment or medication-assisted maintenance services of substance-use disorders, opioid overdoses, and chronic addiction, including methadone, buprenorphine, naltrexone, or other clinically appropriate medications, is included within the appropriate classification based on the site of the service.
  - **STATUS:** signed into law 7/2/2018
  - **URL:** [SB 2540](#) & [HB 7806](#)

- **NOTES:** prescription medications, mental health disorders, substance use disorders, private health insurance
- **SB 2828 & HB 7786 An Act Relating to Health Insurance Oversight** [ENACTED]
  - **SUMMARY:** requires the creation of a report that, in part, monitors the adequacy of each health plan's compliance with the provisions of the federal mental health parity act, including a review of related claims processing and reimbursement procedures. Findings, recommendations, and assessments shall be made available to the public.
  - **STATUS:** signed into law on 7/16/2016.
  - **URL:** [SB 2828](#) & [HB 7786](#)
  - **NOTES:** reporting requirements, federal compliance

### **South Carolina.**

- **SB 49 State Employee Mental Health Insurance** [ENACTED]
  - **SUMMARY:** [briefly mandates](#) the State Employee Insurance Program to continue providing mental health parity and states that the program is not under the jurisdiction of the Department of Insurance.
  - **STATUS:** became law on 5/25/2005.
  - **URL:** [SB 49](#)
  - **NOTES:** state health insurance

### **Tennessee.**

- **SB 151 Insurance. Health. Accident** [ENACTED]
  - **SUMMARY:** As enacted, revises requirement for the department of commerce and insurance to report on coverage for mental health, alcoholism, and drug dependency.
  - **STATUS:** signed into law 4/28/2021.
  - **URL:** [SB 151](#)
  - **NOTES:** mental health disorders, substance use disorders, reporting requirements
- **HB 1365 & SB 989 Local Government. General** [ENACTED]
  - **SUMMARY:** revises the provisions governing a county's, a municipal corporation's, and a special school district's right of subrogation under the local authority's group life, hospitalization, disability, or medical insurance plan.
  - **STATUS:** signed into law 5/11/2021.
  - **URL:** [HB 1365](#) and [SB 989](#)
  - **NOTES:** state health insurance
- **SJR 181 Insurance Provider Authorization Requirements** [ENACTED]
  - **SUMMARY:** Declares that prior authorization requirements from insurance providers should be removed when a healthcare professional provides or seeks to provide medication assisted treatment to a patient with a substance use disorder and declares substance use disorder and opioid use disorder should be insured in the same manner as other diseases such as diabetes and heart disease.
  - **STATUS:** signed into law 4/30/2019.
  - **URL:** [SJR 181](#)

- **NOTES:** private health insurance, substance use disorder

## Texas.

- **HB 2595 Parity Law Training & Awareness Month** [ENACTED]
  - **SUMMARY:** Relating to a parity complaint portal and educational materials and parity law training regarding benefits for mental health conditions and substance use disorders to be made available through the portal and otherwise; designating October as mental health condition and substance use disorder parity awareness month.
  - **STATUS:** signed into law 6/15/2021.
  - **URL:** [HB 2595](#)
  - **NOTES:** mental health disorders, substance use disorders, parity training/education
- **HB 10 Insurance Access and Benefits Coverage** [ENACTED]
  - **SUMMARY:** the commission shall establish and facilitate a mental health condition and substance use disorder parity work group at the office of mental health coordination to increase understanding of and compliance with state and federal rules, regulations, and statutes concerning the availability of, and terms and conditions of, benefits for mental health conditions and substance use disorders.
  - **STATUS:** signed into law 6/14/2017.
  - **URL:** [HB 10](#)
  - **NOTES:** mental health disorders, substance use disorders, creates government organization, reporting requirements, federal compliance
- **Promising Practice: Collecting and Publishing Health Insurer Data**
  - **SUMMARY:** The Texas Department of Insurance released a report in August 2018 comparing data on how insurance plans in the state covered MH/SUD versus medical and surgical care. Required by House Bill 10, passed in 2017, the report examined data relating to prior authorization utilization, claims denials, appeals, and external reviews. The Texas Health and Human Services Commission released a similar report on Medicaid managed care organization data. While such public data reporting should occur on a regular basis, these one-time Texas reports increased transparency on metrics that are related to parity and can give insights on where the greatest problems are in MH/SUD coverage.
  - **AGENCY:** the Texas Department of Insurance
  - **URL:** [Study of Mental Health Parity to Better Understand Consumer Experiences with Accessing Care](#)
  - **NOTES:** reporting requirements, promising practice, enforcement

## Utah.

- **HB 292 Children's Health Insurance Plan Amendments** [ENACTED]
  - **SUMMARY:** this bill adds treatment for autism spectrum disorder to the program benefits within the Utah Children's Health Insurance Program.
  - **STATUS:** signed into law 3/16/2021.
  - **URL:** <https://le.utah.gov/~2021/bills/static/HB0292.html>
  - **NOTES:** autism spectrum disorder, state health insurance, children

- **SB 161 Mental Health Systems Amendments** [ENACTED]
  - **SUMMARY:** among other things, this bill:
    - Requires a health benefit plan to reimburse for behavioral telehealth services at a certain percentage of the in-person rate for the services.
    - Prohibits the Division of Occupational and Professional Licensing from refusing to issue or taking disciplinary action against the occupational license of certain health care providers based solely on the provider seeking or participating in mental health or substance abuse treatment.
  - **STATUS:** signed into law 3/22/2021.
  - **URL:** <https://le.utah.gov/~2021/bills/static/SB0161.html>
  - **NOTES:** telehealth, mental health disorders, substance abuse disorders

### Vermont.

- **S 56 An act relating to insurance and securities** [ENACTED]
  - **SUMMARY:** This provides for mental health parity in workers' compensation insurance.
  - **STATUS:** signed into law 6/15/2017.
  - **URL:** <http://legislature.vermont.gov/bill/status/2018/S.56>
  - **NOTES:** private health insurance
- **H 875 Act Relating to Making Appropriations for the Support of Govt.** [ENACTED]
  - **SUMMARY:** [this was an appropriations bill that has](#) one section on mental health parity. It requires the Department of Vermont Health to ensure its clinical utilization review practices with respect to mental health services are consistent with the Federal Parity Law and state parity laws.
  - **STATUS:** signed by governor on 6/8/2016.
  - **URL:** <https://legislature.vermont.gov/bill/status/2016/H.875>
  - **NOTES:** reporting requirements, federal compliance
- **S 139 An Act Relating to Health Care** [ENACTED]
  - **SUMMARY:** [among many other things, this bill repealed](#) a subsection within a section of the insurance law relevant to parity. That section had required some insurance plans to file an annual report.
  - **STATUS:** signed into law on 6/5/2015.
  - **URL:** <http://legislature.vermont.gov/bill/status/2016/S.139>
  - **NOTES:** reporting requirements, private insurance
- **H 812 act relating to implementing an all-payer model** [ENACTED]
  - **SUMMARY:** [This bill created the Vermont All-Payer Model. The bill requires](#) that the All-Payer Model be in compliance with the Federal Parity Law and state parity laws.
  - **STATUS:** signed into law on 5/17/2016.
  - **URL:** <https://legislature.vermont.gov/bill/status/2016/H.812>
  - **NOTES:** federal compliance

- **H 559 Act Relating to Health Care Reform Implementation** [ENACTED]
  - **SUMMARY:** [Among many other things, this bill changed the state insurance law relative to parity in a number of ways:](#)
    - Requires the Department of Financial Regulation to develop “performance quality indicators” to evaluate how plans and managed care organizations are complying with one of the parity sections of the state insurance law.
    - Requires the Commissioner of the Department of Financial Regulation to submit recommendations to the General Assembly about how to distinguish behavioral health primary care services from behavioral health specialty services and issue regulations regarding this as well.
    - Requires plans to have copayments for behavioral health services that are “no greater” than copayments for other medical services.
  - **STATUS:** signed by governor on 5/16/2012.
  - **URL:** [H 559](#)
  - **NOTES:** reporting requirements, enforcement

#### **Virginia.**

- **SB 280 Health insurance: mental health parity, required report** [ENACTED]
  - **SUMMARY:** requires the State Corporation Commission's Bureau of Insurance to make an annual report and directs the Joint Legislative Audit and Review Commission to (1) examine the report's findings regarding mental health and substance abuse disorder benefits parity with medical and surgical benefits and access to mental health and substance abuse disorder services and (2) make recommendations.
  - **STATUS:** signed into law 4/7/2020.
  - **URL:** [SB 280](#)
  - **NOTES:** mental health disorders, substance use disorders, private health insurance
- **HB 1747 Health insurance: mental health parity** [ENACTED]
  - **SUMMARY:** Conforms certain requirements regarding coverage for mental health and substance use disorders to provisions of the federal Mental Health Parity and Addiction Equity Act of 2008 (the Act). The measure requires that group and individual health insurance coverage provide mental health and substance use disorder benefits. Such benefits shall be in parity with the medical and surgical benefits contained in the coverage in accordance with the Act, even where those requirements would not otherwise apply directly. The measure requires the Bureau of Insurance to develop reporting requirements regarding denied claims, complaints, and appeals involving such coverage and to compile the information into an annual report.
  - **STATUS:** signed into law 3/26/2015.
  - **URL:** <http://lis.virginia.gov/cgi-bin/legp604.exe?151+sum+HB1747>
  - **NOTES:** mental health disorders, substance use disorders, private health insurance, federal compliance, reporting requirements
- **SB 706 coverage for mental health and substance abuse services** [ENACTED]

- **SUMMARY:** [This bill changed](#) the parity section of the state insurance law so that large employer fully-insured plans must cover behavioral health services “in accordance” with the Federal Parity Law.
- **STATUS:** signed 4/12/2010.
- **URL:** <http://lis.virginia.gov/cgi-bin/legp604.exe?ses=101&typ=bil&val=sb706>
- **NOTES:** federal compliance

### Washington.

- **HB 2082** [ENACTED]
  - **SUMMARY:** [Persons eligible for medical care services benefits are eligible](#) for mental health services to the extent that they meet the client definitions and priorities established by chapter 71.24 RCW.
  - **STATUS:** effective 6/15/2011.
  - **URL:** [HB 2082](#)
  - **NOTES:** mental health disorders

### West Virginia.

- **SCR 76 Requesting study on mental health parity in WV** [PASSED SENATE]
  - **SUMMARY:** requires that the Joint Committee on Government and Finance study mental health parity in West Virginia. This study should include analysis of guidelines used by private health insurers as applied to nonquantitative treatment limitations for benefits for behavioral health, mental health, and substance use disorders.
  - **STATUS:** passed Senate 4/10/2021.
  - **URL:** [Requesting study on mental health parity in WV](#)
  - **NOTES:** mental health disorders, substance use disorders, private health insurance
- **SB 291 Requiring mental health parity** [ENACTED]
  - **SUMMARY:** requires the Public Employees Insurance Agency and other health insurance providers to provide mental health parity between behavioral health, mental health, substance use disorders, and medical and surgical procedures; Also sets up mandatory reporting to ensure compliance with the parity requirements.
  - **STATUS:** signed into law 3/25/2020.
  - **URL:** [SB 291](#)
  - **NOTES:** private health insurance, state health insurance, mental health disorders, substance use disorders, reporting requirements

### Wyoming.

- **SF 52 Insurance-mental health and substance use parity** [ENACTED]
  - **SUMMARY:** requires that individual and group health insurance policies provide equivalent coverage for mental health and substance use services delivered remotely (i.e., telehealth).
  - **STATUS:** Enacted 4/5/2021.
  - **URL:** <https://www.wyoleg.gov/Legislation/2021/SF0052>
  - **NOTES:** telehealth, mental health disorders, substance use disorders, private health insurance

- **HB 0211 Mental Health and Substance Use Coverage Parity** [ENACTED]
  - **SUMMARY:** All individual or group health insurance policies...shall meet the requirements of...the Mental Health Parity and Addiction Equity Act of 2008. Persons exempt from complying with the Mental Health Parity and Addiction Equity Act shall not be exempted from complying with the requirements of this section if this section otherwise applies to the person. The commissioner may promulgate reasonable rules which establish exemptions from the application of this section.
  - **STATUS:** signed into law on 2/27/2019.
  - **URL:** <https://wyoleg.gov/Legislation/2019/HB0211>
  - **NOTES:** federal compliance, reporting requirements, enforcement, private health insurance

**Programmatic and Legislative Scan Table.**

State	Status	Status Date	Bill/ Action	Mental Health Disorders	Substance Use Disorders	Private Health Insurance	Public Health Insurance	Federal Compliance	Reporting Requirements	Coverage Requirements	Medicaid/Medicare	Prescription Medication	Create Govt. Org.	Tele health	Promising Practice
Federal	Introduced	6/7/2021	S 1962	Yes	Yes	Yes			Yes						
Federal	Enacted	10/24/2018	HR 6	Yes	Yes										
Federal	Enacted	3/23/2010	HR 3590			Yes		Yes			Yes				
Federal	Enacted	10/3/2008	HR 6983	Yes	Yes	Yes		Yes							
Federal	Enacted	10/15/2008	HR 6331						Yes		Yes				
Federal	Enacted	9/26/1996	HR 3366			Yes		Yes							
Alabama	Enacted	N/A	§27-54-4	Yes		Yes			Yes						
Alabama	Enacted	9/1/2009	Regulation			Yes		Yes							
Alaska	Enacted	1/1/2019	SB 105						Yes		Yes				
Alaska	Enacted	11/27/2018	SB 169								Yes				
Alaska	Enacted	4/22/2014	HB 292	Yes	Yes	Yes		Yes							
Arizona	Enacted	3/3/2020	SB 1523			Yes		Yes	Yes				Yes		
Arizona	Enacted	1/1/2018	§20-1376.05			Yes								Yes	
Arizona	Enacted	NA	Regulation							Yes	Yes				
Arkansas	Enacted	9/21/2012	Regulation			Yes		Yes							
Arkansas	Enacted	10/3/2009	HB 2195	Yes											
Arkansas	Enacted	8/1/2009	Regulation					Yes							
California	Enacted	9/25/2020	SB 855	Yes	Yes	Yes				Yes					
California	Enacted	N/A	Promising Practice					Yes	Yes						Yes
Colorado	Passed Legislature	5/27/2021	HB 21-2068	Yes		Yes				Yes					
Colorado	Enacted	5/16/2019	HB 19-1269	Yes	Yes	Yes		Yes	Yes		Yes				
Colorado	Enacted	5/24/2018	HB 18-1357						Yes				Yes		

<b>Connecticut</b>	Introduced	1/22/2021	SB 217	Yes		Yes			Yes	Yes					
<b>Connecticut</b>	Enacted	6/25/2019	HB 7125	Yes	Yes	Yes			Yes	Yes					
<b>Delaware</b>	Enacted	8/13/2019	HB 220	Yes		Yes						Yes			
<b>Delaware</b>	Enacted	8/29/2018	SB 230	Yes	Yes	Yes		Yes							
<b>Georgia</b>	Introduced	12/16/2020	HB 49	Yes	Yes	Yes					Yes				
<b>Hawaii</b>	Enacted	7/1/2014	SB 2820	Yes	Yes	Yes				Yes					
<b>Idaho</b>	Enacted	Unknown	§67-57-61A	Yes			Yes								
<b>Idaho</b>	Enacted	1/24/2018	Regulation					Yes							
<b>Idaho</b>	Enacted	9/1/2009	Regulation					Yes							
<b>Illinois</b>	Enacted	8/9/2019	SB 1449	Yes	Yes										
<b>Illinois</b>	Enacted	1/1/2019	SB 1707	Yes	Yes	Yes		Yes	Yes	Yes		Yes			
<b>Illinois</b>	Enacted	1/1/2018	SB 3049			Yes					Yes			Yes	Yes
<b>Illinois</b>	Enacted	8/24/2021	HB 1332	Yes	Yes	Yes				Yes					
<b>Illinois</b>	Enacted	9/5/2015	HB 0001	Yes	Yes	Yes		Yes		Yes					
<b>Illinois</b>	Enacted	8/18/2011	HB 1530	Yes		Yes				Yes					
<b>Indiana</b>	Enacted	3/18/2020	HB 1092	Yes	Yes				Yes	Yes	Yes				
<b>Indiana</b>	Enacted	3/21/2016	SB 297		Yes					Yes	Yes				
<b>Indiana</b>	Enacted	3/21/2016	SB 165	Yes	Yes					Yes	Yes				
<b>Indiana</b>	Enacted	7/1/2015	SB 464		Yes						Yes				
<b>Iowa</b>	Enacted	7/1/2018	SF 2418							Yes					
<b>Iowa</b>	Enacted	7/1/2018	SF 2305							Yes			Yes		
<b>Iowa</b>	Enacted	4/1/2010	HF 2201			Yes				Yes					
<b>Iowa</b>	Enacted	Unknown	§514C.22	Yes	Yes	Yes				Yes					
<b>Kansas</b>	Enacted	7/1/2009	HB 2214	Yes	Yes	Yes				Yes					
<b>Kansas</b>	Enacted	1/1/2002	HB 2033	Yes		Yes	Yes			Yes		Yes			
<b>Kentucky</b>	Enacted	3/21/2021	HB 50					Yes	Yes						

Kentucky	Enacted	3/25/2015	SB 192		Yes		Yes			Yes				
Kentucky	Enacted	4/21/2000	HB 268	Yes		Yes								
Louisiana	Enacted	7/1/2015	HB 307	Yes		Yes				Yes	Yes			
Louisiana	Enacted	7/2/2010	HB 464			Yes				Yes				
Louisiana	Enacted	7/1/2009	SB 294			Yes				Yes				
Maine	Enacted	6/17/2019	LD 1694			Yes	Yes							
Maine	Enacted	6/13/2019	LD 1263			Yes								Yes
Maryland	Enacted	7/1/2021	SB 3 & HB 123	Yes	Yes			Yes		Yes				Yes
Maryland	Enacted	5/8/2020	HB 455 & SB 344			Yes	Yes	Yes			Yes			
Maryland	Enacted	4/30/2019	SB 531 & HB 599		Yes	Yes								
Maryland	Enacted	4/18/2019	SB 28			Yes								
Maryland	Enacted	7/1/2017	HB 786			Yes				Yes				
Maryland	Enacted	5/25/2017	HB 1127			Yes	Yes	Yes						
Maryland	Enacted	5/10/2016	HB 1217				Yes			Yes				
Maryland	Enacted	4/26/2016	HB 1318			Yes	Yes	Yes						
Maryland	Enacted	5/12/2015	SB 556				Yes							
Maryland	Enacted	5/12/2015	HB 896		Yes	Yes	Yes						Yes	
Maryland	Enacted	5/5/2014	HB 1233			Yes				Yes				
Maryland	Enacted	4/8/2014	SB 84			Yes		Yes		Yes			Yes	
Maryland	Enacted	5/2/2013	HB 228	Yes	Yes	Yes				Yes				
Maryland	Enacted	5/2/2013	SB 582	Yes	Yes		Yes							
Maryland	Enacted	5/2/2013	HB 361	Yes	Yes	Yes								
Maryland	Enacted	5/2/2013	HB 1216			Yes	Yes	Yes						
Maryland	Enacted	4/12/2011	HB 170			Yes		Yes						
Maryland	Enacted	4/13/2010	SB 57			Yes	Yes							

<b>Massachusetts</b>	Introduced	3/29/2021	SD 2089 & HD 671	Yes	Yes										
<b>Massachusetts</b>	Enacted	8/1/2014	S 2142	Yes			Yes			Yes		Yes			
<b>Massachusetts</b>	Enacted	7/30/2013	H 3538					Yes	Yes		Yes				
<b>Massachusetts</b>	Enacted	8/6/2012	S 2400	Yes	Yes			Yes			Yes				
<b>Massachusetts</b>	Enacted	8/1/2012	H 4200					Yes					Yes		
<b>Michigan</b>	Enacted	6/29/2016	HB 4935		Yes	Yes									
<b>Minnesota</b>	Passed Senate	4/27/2021	SF 1160							Yes				Yes	
<b>Minnesota</b>	Enacted	5/30/2019	SF 12	Yes	Yes				Yes						
<b>Minnesota</b>	Enacted	5/24/2013	HF 779			Yes		Yes							
<b>Mississippi</b>	Enacted	3/6/2014	SB 2331			Yes									
<b>Missouri</b>	Enacted	7/11/2019	SB 514			Yes		Yes							
<b>Missouri</b>	Enacted	7/9/2018	SB 951 & SB 718			Yes						Yes			
<b>Missouri</b>	Enacted	9/14/2016	SB 608	Yes	Yes						Yes				
<b>Montana</b>	Enacted	4/30/2021	SB 216			Yes			Yes						
<b>Montana</b>	Enacted	4/22/2021	SB 217							Yes					
<b>Montana</b>	Enacted	5/3/2017	HB 142	Yes	Yes			Yes		Yes					
<b>Montana</b>	Enacted	N/A	Promising Practice												Yes
<b>Nebraska</b>	Enacted	7/27/2020	LB 1014	Yes	Yes			Yes							
<b>Nebraska</b>	Enacted	3/15/2007	LB 296	Yes	Yes	Yes				Yes					
<b>Nevada</b>	Enacted	5/28/2021	AB 181	Yes	Yes	Yes			Yes						
<b>Nevada</b>	Enacted	6/12/2013	AB 425					Yes							
<b>Nevada</b>	Enacted	5/29/2009	SB 426					Yes							

<b>New Hamps hire</b>	Enacted	11/1/2020	SB 115													Yes		
<b>New Hamps hire</b>	Enacted	7/24/2019	SB 272		Yes	Yes		Yes	Yes									
<b>New Hamps hire</b>	Enacted	5/19/2010	HB 1493			Yes		Yes								Yes		
<b>New Jersey</b>	Enacted	4/11/2019	A 2031	Yes	Yes			Yes	Yes			Yes						
<b>New York</b>	Enacted	4/3/2020	S 7508B	Yes	Yes	Yes										Yes		
<b>New York</b>	Enacted	4/3/2020	7506B													Yes		
<b>New York</b>	Enacted	8/29/2019	S 4356	Yes	Yes	Yes			Yes									
<b>New York</b>	Enacted	4/12/2019	S 1507C			Yes		Yes										
<b>New York</b>	Enacted	12/21/2018	A 3594C	Yes	Yes	Yes		Yes										
<b>New York</b>	Enacted	N/A	Promising Practice			Yes			Yes									Yes
<b>North Carolina</b>	Introduced	4/22/2021	HB 653	Yes	Yes	Yes			Yes									
<b>North Carolina</b>	Enacted	10/15/2015	SB 676					Yes										
<b>North Carolina</b>	Enacted	7/31/2009	HB 1183					Yes										
<b>Ohio</b>	Enacted	4/1/2014	HB 232	Yes														
<b>Oklahoma</b>	Enacted	5/5/2021	SB 674														Yes	
<b>Oklahoma</b>	Enacted	5/19/2020	SB 1718			Yes			Yes									
<b>Oklahoma</b>	Enacted	5/6/2010	SB 2054	Yes	Yes	Yes												
<b>Oregon</b>	Enacted	6/7/2019	SB 250			Yes												
<b>Oregon</b>	Enacted	6/1/2013	HB 2385		Yes													
<b>Pennsylvania</b>	Enacted	10/29/2020	HB 1439	Yes	Yes	Yes		Yes	Yes									
<b>Pennsylvania</b>	Enacted	10/29/2020	HB 1696	Yes		Yes		Yes	Yes									
<b>Pennsylvania</b>	Enacted	3/22/2010	SB 237					Yes										
<b>Rhode Island</b>	Passed Senate	6/8/2021	SB 591	Yes	Yes	Yes						Yes						

<b>Rhode Island</b>	Introduced	1/22/2021	HR 5070	Yes					Yes						
<b>Rhode Island</b>	Passed Senate	6/1/2021	SB 769		Yes	Yes				Yes					
<b>Rhode Island</b>	Passed Senate	6/1/2021	SB 647							Yes					
<b>Rhode Island</b>	Enacted	7/2/2018	SB 2540 & HB 7806	Yes	Yes	Yes						Yes			
<b>Rhode Island</b>	Enacted	7/16/2016	SB 2828 & HB 7786					Yes	Yes						
<b>South Carolina</b>	Enacted	5/25/2005	SB 49				Yes								
<b>Tennessee</b>	Enacted	4/28/2021	SB 151	Yes	Yes				Yes						
<b>Tennessee</b>	Enacted	5/11/2021	HB 1365 & SB 989				Yes								
<b>Tennessee</b>	Enacted	4/30/2019	SJR 181		Yes	Yes									
<b>Texas</b>	Enacted	6/15/2021	HB 2595	Yes	Yes										
<b>Texas</b>	Enacted	6/14/2017	HB 1092	Yes	Yes			Yes	Yes				Yes		
<b>Texas</b>	Enacted	N/A	Promising Practice						Yes						Yes
<b>Utah</b>	Enacted	3/16/2021	HB 292	Yes			Yes								
<b>Utah</b>	Enacted	3/22/2021	SB 161	Yes	Yes									Yes	
<b>Vermont</b>	Enacted	6/15/2017	S 56			Yes									
<b>Vermont</b>	Enacted	6/8/2016	H 975					Yes	Yes						
<b>Vermont</b>	Enacted	6/5/2015	S 139			Yes			Yes						
<b>Vermont</b>	Enacted	5/17/2016	H 812					Yes							
<b>Vermont</b>	Enacted	5/16/2012	H 559						Yes						
<b>Virginia</b>	Enacted	4/7/2020	SB 280	Yes	Yes	Yes									
<b>Virginia</b>	Enacted	3/26/2015	HB 1747	Yes	Yes	Yes		Yes	Yes						
<b>Virginia</b>	Enacted	4/12/2010	SB 706					Yes							
<b>Washington</b>	Enacted	6/15/2011	HB 2082	Yes											

<b>West Virginia</b>	Passed Senate	4/10/2021	SCR 76	Yes	Yes	Yes									
<b>West Virginia</b>	Enacted	3/25/2020	SB 291	Yes	Yes	Yes	Yes		Yes						
<b>Wyoming</b>	Enacted	4/5/2021	SF 52	Yes	Yes	Yes								Yes	
<b>Wyoming</b>	Enacted	2/27/2019	HB 0211			Yes		Yes	Yes						