

1 ENGROSSED HOUSE AMENDMENT  
TO  
2 ENGROSSED SENATE BILL NO. 1413 By: Montgomery of the Senate  
3 and  
4 Sneed of the House  
5  
6

7 An Act relating to mental health parity; amending 36  
8 O.S. 2021, Section 6060.11, which relates to mental  
9 health coverage provisions; modifying contents to be  
10 reported in analyses; updating statutory references  
11 to comply with federal law; requiring analysis  
12 findings include certain provisions; requiring  
13 Insurance Commissioner issue guidance and  
14 standardized reporting materials; updating statutory  
15 references; updating statutory language; and  
16 providing an effective date.

17 AMENDMENT NO. 1. Page 4, lines 14 through 15, after the word  
18 "benefit" and before the comma, strike the words  
19 "including factors that were considered but  
20 rejected"  
21  
22 and amend title to conform  
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1 Passed the House of Representatives the 26th day of April, 2022.

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4 Presiding Officer of the House of  
Representatives  
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6 Passed the Senate the \_\_\_\_ day of \_\_\_\_\_, 2022.

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9 Presiding Officer of the Senate  
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1 ENGROSSED SENATE  
2 BILL NO. 1413

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13 standardized reporting materials; updating statutory  
14 references; updating statutory language; and  
15 providing an effective date.

16 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

17 SECTION 1. AMENDATORY 36 O.S. 2021, Section 6060.11, is  
18 amended to read as follows:

19 Section 6060.11. A. Subject to the limitations set forth in  
20 this section and Sections 6060.12 and 6060.13 of this title, any  
21 health benefit plan that is offered, issued, or renewed in this  
22 state on or after ~~the effective date of this act~~ January 1, 2000,  
23 shall provide benefits for treatment of mental health and substance  
24 use disorders.

B. 1. Benefits for mental health and substance use disorders  
shall be equal to benefits for treatment of and shall be subject to  
the same preauthorization and utilization review mechanisms and

1 other terms and conditions as all other physical diseases and  
2 disorders including, but not limited to:

- 3 a. coverage of inpatient hospital services for either  
4 twenty-six (26) days or the limit for other covered  
5 illnesses, whichever is greater,
- 6 b. coverage of outpatient services,
- 7 c. coverage of medication,
- 8 d. maximum lifetime benefits,
- 9 e. copayments,
- 10 f. coverage of home health visits,
- 11 g. individual and family deductibles, and
- 12 h. coinsurance.

13 2. Treatment limitations applicable to mental health or  
14 substance use disorder benefits shall be no more restrictive than  
15 the predominant treatment limitations applied to substantially all  
16 medical and surgical benefits covered by the plan. There shall be  
17 no separate treatment limitations that are applicable only with  
18 respect to mental health or substance abuse disorder benefits.

19 C. A health benefit plan shall not impose a nonquantitative  
20 treatment limitation with respect to mental health and substance use  
21 disorders in any classification of benefits unless, under the terms  
22 of the health benefit plan as written and in operation, any  
23 processes, strategies, evidentiary standards or other factors used  
24 in applying the nonquantitative treatment limitation to mental

1 health disorders in the classification are comparable to and applied  
2 no more stringently than to medical and surgical benefits in the  
3 same classification.

4 D. All health benefit plans must meet the requirements of the  
5 federal Paul Wellstone and Pete Domenici Mental Health Parity and  
6 Addiction Equity Act of 2008, as amended, and federal guidance or  
7 regulations issued under these acts including 45 CFR 146.136, 45 CFR  
8 147.160, and 45 CFR 156.115(a)(3), 42 U.S.C. 300gg-26(a), 29 U.S.C.  
9 1185a(a), and 26 U.S.C. 9812.

10 E. Beginning on or after ~~the effective date of this act~~ January  
11 1, 2000, each insurer that offers, issues or renews any individual  
12 or group health benefit plan providing mental health or substance  
13 use disorder benefits shall submit an annual report to the Insurance  
14 Commissioner on or before April 1 of each year that contains the  
15 following:

16 1. A description of the process used to develop or select the  
17 medical necessity criteria for mental health and substance use  
18 disorder benefits and the process used to develop or select the  
19 medical necessity criteria for medical and surgical benefits;

20 2. Identification of all nonquantitative treatment limitations  
21 applied to both mental health and substance use disorder benefits  
22 and medical and surgical benefits within each classification of  
23 benefits; and  
24

1           3. The results of an analysis that demonstrates that for the  
2 medical necessity criteria described in paragraph 1 of this  
3 subsection and for each nonquantitative treatment limitation  
4 identified in paragraph 2 of this subsection, as written and in  
5 operation, the processes, strategies, evidentiary standards or other  
6 factors used in applying the medical necessity criteria and each  
7 nonquantitative treatment limitation to mental health and substance  
8 use disorder benefits within each classification of benefits are  
9 comparable to and are applied no more stringently than to medical  
10 and surgical benefits in the same classification of benefits. At a  
11 minimum, the results of the analysis shall:

12           a. identify and clearly define the factors and terms used  
13 to determine that a nonquantitative treatment  
14 limitation will apply to a benefit including factors  
15 that were considered but rejected,

16           b. identify and clearly define the specific evidentiary  
17 standards used to define the factors and any other  
18 evidence relied upon in designing each nonquantitative  
19 treatment limitation,

20           c. provide the detailed, written, and reasoned  
21 comparative analyses including the results of the  
22 analyses performed to determine that the processes and  
23 strategies used to design each nonquantitative  
24 treatment limitation, as written, and the as written

1 processes and strategies used to apply the  
2 nonquantitative treatment limitation to mental health  
3 and substance use disorder benefits are comparable to  
4 and applied no more stringently than the processes and  
5 strategies used to design each nonquantitative  
6 treatment limitation, as written, and the as written  
7 processes and strategies used to apply the  
8 nonquantitative treatment limitation to medical and  
9 surgical benefits,

10 d. provide the detailed, written, and reasoned  
11 comparative analyses including the results of the  
12 analyses performed to determine that the processes and  
13 strategies used to apply each nonquantitative  
14 treatment limitation, in operation, for mental health  
15 and substance use disorder benefits are comparable to  
16 and applied no more stringently than the processes or  
17 strategies used to apply each nonquantitative  
18 treatment limitation for medical and surgical benefits  
19 in the same classification of benefits, and

20 e. disclose the specific findings and conclusions reached  
21 by the insurer that the results of the analyses  
22 required by this subsection indicate ~~that~~ whether the  
23 insurer is in compliance with this section and the  
24 Paul Wellstone and Pete Domenici Mental Health Parity

1 and Addiction Equity Act of 2008, as amended, and its  
2 implementing and related regulations including 45 CFR  
3 146.136, 45 CFR 147.160, ~~and~~ 45 CFR 156.115(a)(3), 42  
4 U.S.C. 300gg-26(a), 29 U.S.C. 1185a(a), and 26 U.S.C.  
5 9812.

6 F. The findings and conclusions shall include sufficient detail  
7 to fully explain such findings including methodologies for the  
8 analyses, detailed descriptions of each treatment limitation for  
9 mental health and substance use disorder benefits compared to each  
10 treatment limitation for medical and surgical benefits, and detailed  
11 descriptions of all criteria involved for approving mental health  
12 and substance use disorder benefits as compared to the criteria  
13 involved for approving medical and surgical benefits.

14 G. The Commissioner shall implement and enforce any applicable  
15 provisions of the Paul Wellstone and Pete Domenici Mental Health  
16 Parity and Addiction Equity Act of 2008, as amended, and federal  
17 guidance or regulations issued under these acts including 45 CFR  
18 146.136, 45 CFR 147.136, 45 CFR 147.160, ~~and~~ 45 CFR 156.115(a)(3),  
19 42 U.S.C. 300gg-26(a), 29 U.S.C. 1185a(a), and 26 U.S.C. 9812.

20 H. The Commissioner shall issue guidance and standardized  
21 reporting templates to ensure compliance with the provisions of this  
22 section. Guidance shall include examples of non-quantitative  
23 treatment limitations as identified by the Centers for Medicare and  
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1 Medicaid Services, the Department of Labor, and the Employee  
2 Benefits Security Administration.

3 ~~G. I.~~ No later than December 31, 2021, and by December 31 of  
4 each year thereafter, the Commissioner shall make available to the  
5 public the reports submitted by insurers, as required in subsection  
6 E of this section, during the most recent annual cycle; ~~provided,~~  
7 ~~however, that any information that is confidential or a trade secret~~  
8 ~~shall be redacted.~~

9 1. The Commissioner shall identify insurers that have failed in  
10 whole or in part to comply with the full extent of reporting  
11 required in this section and shall make a reasonable attempt to  
12 obtain missing reports or information by June 1 of the following  
13 year.

14 2. The reports submitted by insurers and the identification by  
15 the Commissioner of noncompliant insurers shall be made available to  
16 the public by posting on the Internet website of the Insurance  
17 Department. Any information that is confidential or a trade secret  
18 shall be redacted prior to the public posting.

19 ~~H. J.~~ The Commissioner ~~shall~~ may promulgate rules pursuant to  
20 the provisions of this section and any provisions of the Paul  
21 Wellstone and Pete Domenici Mental Health Parity and Addiction  
22 Equity Act of 2008, as amended, that relate to the business of  
23 insurance.

24 SECTION 2. This act shall become effective November 1, 2022.

