



# House of Representatives

General Assembly

**File No. 564**

January Session, 2025

Substitute House Bill No. 7207

*House of Representatives, April 7, 2025*

The Committee on Government Administration and Elections reported through REP. BLUMENTHAL of the 147th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE DISCLOSURE OF INSURER REPORTS CONCERNING TREATMENT LIMITATIONS ON MENTAL HEALTH AND SUBSTANCE USE DISORDER AND OTHER BENEFITS AS A PUBLIC RECORD.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-477ee of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2025*):

3 (a) For the purposes of this section:

4 (1) "Health carrier" has the same meaning as provided in section 38a-  
5 1080;

6 (2) "Mental health and substance use disorder benefits" means all  
7 benefits for the treatment of a mental health condition or a substance  
8 use disorder that (A) falls under one or more of the diagnostic categories  
9 listed in the chapter concerning mental disorders in the most recent  
10 edition of the International Classification of Diseases, or (B) is a mental

11 disorder, as that term is defined in the most recent edition of the  
12 American Psychiatric Association's "Diagnostic and Statistical Manual  
13 of Mental Disorders"; and

14 (3) "Nonquantitative treatment limitation" means a limitation that  
15 cannot be expressed numerically but otherwise limits the scope or  
16 duration of a covered benefit.

17 (b) Not later than March 1, 2021, and annually thereafter, each health  
18 carrier shall submit a report to the Insurance Commissioner, in a form  
19 and manner prescribed by the commissioner, containing the following  
20 information for the calendar year immediately preceding:

21 (1) A description of the processes that such health carrier used to  
22 develop and select criteria to assess the medical necessity of (A) mental  
23 health and substance use disorder benefits, and (B) medical and surgical  
24 benefits;

25 (2) A description of all nonquantitative treatment limitations that  
26 such health carrier applied to (A) mental health and substance use  
27 disorder benefits, and (B) medical and surgical benefits; and

28 (3) The results of an analysis concerning the processes, strategies,  
29 evidentiary standards and other factors that such health carrier used in  
30 developing and applying the criteria described in subdivision (1) of this  
31 subsection and each nonquantitative treatment limitation described in  
32 subdivision (2) of this subsection, provided the commissioner shall not  
33 disclose such results in a manner that is likely to compromise the  
34 financial, competitive or proprietary nature of such results. The results  
35 of such analysis shall, at a minimum:

36 (A) Disclose each factor that such health carrier considered,  
37 regardless of whether such health carrier rejected such factor, in (i)  
38 designing each nonquantitative treatment limitation described in  
39 subdivision (2) of this subsection, and (ii) determining whether to apply  
40 such nonquantitative treatment limitation;

41 (B) Disclose any and all evidentiary standards, which standards may

42 be qualitative or quantitative in nature, applied under a factor described  
43 in subparagraph (A) of this subdivision, and, if no evidentiary standard  
44 is applied under such a factor, a clear description of such factor;

45 (C) Provide the comparative analyses, including the results of such  
46 analyses, performed to determine that the processes and strategies used  
47 to design each nonquantitative treatment limitation, as written, and the  
48 processes and strategies used to apply such nonquantitative treatment  
49 limitation, as written, to mental health and substance use disorder  
50 benefits are comparable to, and applied no more stringently than, the  
51 processes and strategies used to design each nonquantitative treatment  
52 limitation, as written, and the processes and strategies used to apply  
53 such nonquantitative treatment limitation, as written, to medical and  
54 surgical benefits;

55 (D) Provide the comparative analyses, including the results of such  
56 analyses, performed to determine that the processes and strategies used  
57 to apply each nonquantitative treatment limitation, in operation, to  
58 mental health and substance use disorder benefits are comparable to,  
59 and applied no more stringently than, the processes and strategies used  
60 to apply each nonquantitative treatment limitation, in operation, to  
61 medical and surgical benefits; and

62 (E) Disclose information that, in the opinion of the Insurance  
63 Commissioner, is sufficient to demonstrate that such health carrier,  
64 consistent with the Paul Wellstone and Pete Domenici Mental Health  
65 Parity and Addiction Equity Act of 2008, P.L. 110-343, as amended from  
66 time to time, and regulations adopted thereunder, (i) applied each  
67 nonquantitative treatment limitation described in subdivision (2) of this  
68 subsection comparably, and not more stringently, to (I) mental health  
69 and substance use disorder benefits, and (II) medical and surgical  
70 benefits, and (ii) complied with (I) sections 38a-488c and 38a-514c, (II)  
71 sections 38a-488a and 38a-514, (III) sections 38a-510 and 38a-544, and  
72 (IV) the Paul Wellstone and Pete Domenici Mental Health Parity and  
73 Addiction Equity Act of 2008, P.L. 110-343, as amended from time to  
74 time, and regulations adopted thereunder.

75 (c) (1) Not later than April 15, 2021, and annually thereafter, the  
76 Insurance Commissioner shall submit each report that the  
77 commissioner received pursuant to subsection (b) of this section for the  
78 calendar year immediately preceding to:

79 (A) The joint standing committee of the General Assembly having  
80 cognizance of matters relating to insurance, in accordance with section  
81 11-4a; and

82 (B) The Attorney General, Healthcare Advocate and Commissioner  
83 of Health Strategy.

84 (2) [Notwithstanding subdivision (1) of this subsection, the  
85 commissioner shall not submit the name or identity of any health carrier  
86 or entity that has contracted with such health carrier, and such name or  
87 identity shall be given confidential treatment and not be made public by  
88 the commissioner] Such report shall be a public record for purposes of  
89 the Freedom of Information Act, as defined in section 1-200.

90 (d) Not later than May 15, 2021, and annually thereafter, the joint  
91 standing committee of the General Assembly having cognizance of  
92 matters relating to insurance may hold a public hearing concerning the  
93 reports that such committee received pursuant to subsection (c) of this  
94 section for the calendar year immediately preceding. The Insurance  
95 Commissioner, or the commissioner's designee, shall attend the public  
96 hearing and inform the committee whether, in the commissioner's  
97 opinion, each health carrier, for the calendar year immediately  
98 preceding, (1) submitted a report pursuant to subsection (b) of this  
99 section that satisfies the requirements established in said subsection,  
100 and (2) complied with (A) sections 38a-488c and 38a-514c, (B) sections  
101 38a-488a and 38a-514, (C) sections 38a-510 and 38a-544, and (D) the Paul  
102 Wellstone and Pete Domenici Mental Health Parity and Addiction  
103 Equity Act of 2008, P.L. 110-343, as amended from time to time, and  
104 regulations adopted thereunder.

105 (e) Nothing in this section shall be construed to require any disclosure  
106 in violation of (1) 42 USC 290dd-2, as amended from time to time, (2) 42

107 USC 1320d et seq., as amended from time to time, (3) 42 CFR 2, as  
108 amended from time to time, and (4) 45 CFR 160.101 to 164.534, inclusive,  
109 as amended from time to time.

110 (f) The Insurance Commissioner may adopt regulations, in  
111 accordance with chapter 54, to implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	October 1, 2025	38a-477ee
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***Statement of Legislative Commissioners:***

The title was changed.

***GAE***      *Joint Favorable Subst. -LCO*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

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**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

The bill identifies certain insurer reports on medical necessity assessments as public record under the Freedom of Information Act and results in no fiscal impact because it is a procedural change.

**OLR Bill Analysis****sHB 7207*****AN ACT CONCERNING THE DISCLOSURE OF INSURER REPORTS CONCERNING TREATMENT LIMITATIONS ON MENTAL HEALTH AND SUBSTANCE USE DISORDER AND OTHER BENEFITS AS A PUBLIC RECORD.*****SUMMARY**

This bill makes a health carrier's (e.g., insurer's or HMO's) reported compliance with mental health parity requirements public. By law, after the carriers annually report to the insurance commissioner on their compliance with mental health and substance use disorder parity requirements, the commissioner must report to the Insurance and Real Estate Committee. Current law prohibits the commissioner from naming the carriers in his reports and requires that he not make the carriers' identities public.

The bill eliminates the requirements that the (1) commissioner's annual report on health carriers' compliance with mental health parity laws not name or identify the carriers and (2) carriers' names and identities be confidential and not made public by the commissioner. It also explicitly makes the report a public record under the state's Freedom of Information Act (FOIA), making it disclosable subject to FOIA's provisions.

By law, health carriers must report annually to the insurance commissioner on their compliance with state and federal mental health and substance use disorder benefit parity requirements. "Parity" means that a policy's mental health and substance use disorder benefits, including nonquantitative treatment limitations, are applied in a way that is comparable to, and not more stringent than, the way in which the policy treats medical and surgical benefits.

EFFECTIVE DATE: October 1, 2025

**BACKGROUND*****Related Bill***

sSB 10, § 2, reported favorably by the Insurance and Real Estate Committee, includes a substantially similar provision.

**COMMITTEE ACTION**

Government Administration and Elections Committee

Joint Favorable

Yea    19    Nay   0    (03/19/2025)