



General Assembly

January Session, 2025

Substitute Bill No. 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.***

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 Section 38a-477ee of the general statutes is repealed and the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:		
Section 1	<i>October 1, 2025</i>	38a-477ee

Statement of Legislative Commissioners:

The title was changed.

GAE *Joint Favorable Subst. -LCO*