

[Second Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR  
**ASSEMBLY, No. 2031**

**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

ADOPTED SEPTEMBER 13, 2018

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**SYNOPSIS**

Enhances enforcement and oversight of mental health condition and substance use disorder parity laws.

**CURRENT VERSION OF TEXT**

As amended by the Senate on March 25, 2019.

(Sponsorship Updated As Of: 3/26/2019)

1 AN ACT concerning health insurance coverage for <sup>1</sup>**behavioral**  
2 health care services and **mental health conditions and substance**  
3 use disorders,<sup>1</sup> amending various parts of the statutory law and  
4 supplementing P.L.1997, c.192 (C.26:2S-1 et al.).  
5

6 **BE IT ENACTED** by the Senate and General Assembly of the State  
7 of New Jersey:  
8

9 1. Section 1 of P.L.1999, c.106 (C.17:48-6v) is amended to read  
10 as follows:

11 1. a. (1) Every individual and group hospital service corporation  
12 contract that provides hospital or medical expense benefits and is  
13 delivered, issued, executed or renewed in this State pursuant to  
14 P.L.1938, c.366 (C.17:48-1 et seq.), or approved for issuance or  
15 renewal in this State by the Commissioner of Banking and Insurance,  
16 on or after the effective date of this act shall provide coverage for  
17 **biologically-based mental illness** <sup>1</sup>**behavioral health care services**  
18 mental health conditions and substance use disorders<sup>1</sup> under the same  
19 terms and conditions as provided for any other sickness under the  
20 contract and shall meet the requirements of the federal Paul Wellstone  
21 and Pete Domenici Mental Health Parity and Addiction Equity Act of  
22 2008, 42 U.S.C. 18031(j), and any amendments to, and federal  
23 guidance or regulations issued under that act, including 45 C.F.R. Parts  
24 146 and 147 and 45 C.F.R. 156.115(a)(3). **["Biologically-based**  
25 **mental illness"]**

26 (2) As used in this section:

27 <sup>1</sup>**["Behavioral health care services" means]** <sup>1</sup> **[a mental or nervous**  
28 condition that is caused by a biological disorder of the brain and  
29 results in a clinically significant or psychological syndrome or pattern  
30 that substantially limits the functioning of the person with the illness,  
31 including but not limited to, schizophrenia, schizoaffective disorder,  
32 major depressive disorder, bipolar disorder, paranoia and other  
33 psychotic disorders, obsessive-compulsive disorder, panic disorder and  
34 pervasive developmental disorder or autism] <sup>1</sup>**[procedures or services**  
35 rendered by a health care provider or health care facility for the  
36 treatment of mental illness, emotional disorders, pervasive  
37 developmental disorder and autism, or drug or alcohol abuse.

38 "Health care facility" means the same as defined in section 2 of  
39 P.L.1971, c.136 (C.26:2H-2).

40 "Health care provider" means a health care professional licensed  
41 pursuant to Title 45 of the Revised Statutes.]

42 "Mental health condition" means a condition defined to be  
43 consistent with generally recognized independent standards of current

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SBA committee amendments adopted March 18, 2019.

<sup>2</sup>Senate floor amendments adopted March 25, 2019.

1 medical practice referenced in the current version of the Diagnostic  
2 and Statistical Manual of Mental Disorders<sup>1</sup>.

3 "Same terms and conditions" means that the hospital service  
4 corporation cannot apply <sup>1</sup>**[different]** more restrictive <sup>2</sup>**[non-**  
5 **qualitative]** non-quantitative<sup>2</sup> limitations, such as utilization review  
6 and other criteria or more quantitative limitations such as<sup>1</sup>  
7 copayments, deductibles <sup>1</sup>, aggregate or annual limits<sup>1</sup> or benefit limits  
8 to **[biologically-based mental health]** <sup>1</sup>**[behavioral health care**  
9 **services]** mental health condition and substance use disorder<sup>1</sup> benefits  
10 than those applied to <sup>1</sup>substantially all<sup>1</sup> other medical or surgical  
11 benefits.

12 <sup>1</sup>"Substance use disorder" means a disorder defined to be  
13 consistent with generally recognized independent standards of current  
14 medical practice referenced in the most current version of the  
15 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

16 b. **[Nothing in this section shall be construed to change the**  
17 **manner in which a hospital service corporation determines:**

18 (1) whether a mental health care service meets the medical  
19 necessity standard as established by the hospital service corporation;  
20 or

21 (2) which providers shall be entitled to reimbursement for  
22 providing services for mental illness under the contract. **]** ~~(Deleted by~~  
23 ~~amendment, P.L. , c. ) (pending before the Legislature as this bill)~~

24 c. The provisions of this section shall apply to all contracts in  
25 which the hospital service corporation has reserved the right to change  
26 the premium.

27 <sup>1</sup>d. Nothing in this section shall reduce the requirement for a  
28 hospital service corporation to provide benefits pursuant to section 1 of  
29 P.L.2017, c.28 (C.17:48-6nn).<sup>1</sup>

30 (cf: P.L.1999, c.106, s.1)

31

32 2. Section 2 of P.L.1999, c.106 (C.17:48A-7u) is amended to read  
33 as follows:

34 2. a. (1) Every individual and group medical service corporation  
35 contract that provides hospital or medical expense benefits that is  
36 delivered, issued, executed or renewed in this State pursuant to  
37 P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or  
38 renewal in this State by the Commissioner of Banking and Insurance,  
39 on or after the effective date of this act shall provide coverage for  
40 **[biologically-based mental illness]** <sup>1</sup>**[behavioral health care services]**  
41 mental health conditions and substance use disorders<sup>1</sup> under the same  
42 terms and conditions as provided for any other sickness under the  
43 contract and shall meet the requirements of the federal Paul Wellstone  
44 and Pete Domenici Mental Health Parity and Addiction Equity Act of  
45 2008, 42 U.S.C. 18031(j), and any amendments to, and federal  
46 guidance or regulations issued under that act, including 45 C.F.R. Parts

1 146 and 147 and 45 C.F.R. 156.115(a)(3). **["Biologically-based**  
2 **mental illness"]**

3 (2) As used in this section:

4 <sup>1</sup>**["Behavioral health care services" means]** <sup>1</sup> **[a mental or nervous**  
5 **condition that is caused by a biological disorder of the brain and**  
6 **results in a clinically significant or psychological syndrome or pattern**  
7 **that substantially limits the functioning of the person with the illness,**  
8 **including but not limited to, schizophrenia, schizoaffective disorder,**  
9 **major depressive disorder, bipolar disorder, paranoia and other**  
10 **psychotic disorders, obsessive-compulsive disorder, panic disorder and**  
11 **pervasive developmental disorder or autism]** <sup>1</sup>**[procedures or services**  
12 **rendered by a health care provider or health care facility for the**  
13 **treatment of mental illness, emotional disorders, pervasive**  
14 **developmental disorder and autism, or drug or alcohol abuse.**

15 "Health care facility" means the same as defined in section 2 of  
16 P.L.1971, c.136 (C.26:2H-2).

17 "Health care provider" means a health care professional licensed  
18 pursuant to Title 45 of the Revised Statutes]

19 "Mental health condition" means a condition defined to be  
20 consistent with generally recognized independent standards of current  
21 medical practice referenced in the current version of the Diagnostic  
22 and Statistical Manual of Mental Disorders<sup>1</sup>.

23 "Same terms and conditions" means that the medical service  
24 corporation cannot apply <sup>1</sup>**[different]** more restrictive <sup>2</sup>**[non-**  
25 **qualitative]** non-quantitative<sup>2</sup> limitations, such as utilization review  
26 and other criteria or more quantitative limitations such as<sup>1</sup>  
27 copayments, deductibles<sup>1</sup>, aggregate or annual limits<sup>1</sup> or benefit limits  
28 to [biologically-based mental health] <sup>1</sup>**[behavioral health care**  
29 services] mental health condition and substance use disorder<sup>1</sup> benefits  
30 than those applied to <sup>1</sup>substantially all<sup>1</sup> other medical or surgical  
31 benefits.

32 <sup>1</sup>"Substance use disorder" means a disorder defined to be  
33 consistent with generally recognized independent standards of current  
34 medical practice referenced in the most current version of the  
35 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

36 b. **Nothing in this section shall be construed to change the**  
37 **manner in which a medical service corporation determines:**

38 (1) whether a mental health care service meets the medical  
39 necessity standard as established by the medical service corporation;  
40 or

41 (2) which providers shall be entitled to reimbursement for  
42 providing services for mental illness under the contract. **(Deleted by**  
43 amendment, P.L. , c. )(pending before the Legislature as this bill)

44 c. The provisions of this section shall apply to all contracts in  
45 which the medical service corporation has reserved the right to change  
46 the premium.

1 <sup>1</sup>d. Nothing in this section shall reduce the requirement for a  
2 medical service corporation to provide benefits pursuant to section 2 of  
3 P.L.2017, c.28 (C.17:48A-7kk).<sup>1</sup>  
4 (cf: P.L.1999, c.106, s.2)

5  
6 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended to  
7 read as follows:

8 3. a. (1) Every individual and group health service corporation  
9 contract that provides hospital or medical expense benefits and is  
10 delivered, issued, executed or renewed in this State pursuant to  
11 P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or  
12 renewal in this State by the Commissioner of Banking and Insurance,  
13 on or after the effective date of this act shall provide coverage for  
14 **【biologically-based mental illness】<sup>1</sup>【behavioral health care services】**  
15 mental health conditions and substance use disorders<sup>1</sup> under the same  
16 terms and conditions as provided for any other sickness under the  
17 contract and shall meet the requirements of the federal Paul Wellstone  
18 and Pete Domenici Mental Health Parity and Addiction Equity Act of  
19 2008, 42 U.S.C. 18031(j), and any amendments to, and federal  
20 guidance or regulations issued under that act, including 45 C.F.R. Parts  
21 146 and 147 and 45 C.F.R. 156.115(a)(3). **【"Biologically-based**  
22 **mental illness"】**

23 (2) As used in this section:

24 **<sup>1</sup>【"Behavioral health care services" means】<sup>1</sup>【a mental or nervous**  
25 **condition that is caused by a biological disorder of the brain and**  
26 **results in a clinically significant or psychological syndrome or pattern**  
27 **that substantially limits the functioning of the person with the illness,**  
28 **including but not limited to, schizophrenia, schizoaffective disorder,**  
29 **major depressive disorder, bipolar disorder, paranoia and other**  
30 **psychotic disorders, obsessive-compulsive disorder, panic disorder and**  
31 **pervasive developmental disorder or autism】<sup>1</sup>【procedures or services**  
32 **rendered by a health care provider or health care facility for the**  
33 **treatment of mental illness, emotional disorders, pervasive**  
34 **developmental disorder and autism, or drug or alcohol abuse.**

35 "Health care facility" means the same as defined in section 2 of  
36 P.L.1971, c.136 (C.26:2H-2).

37 "Health care provider" means a health care professional licensed  
38 pursuant to Title 45 of the Revised Statutes】

39 "Mental health condition" means a condition defined to be  
40 consistent with generally recognized independent standards of current  
41 medical practice referenced in the current version of the Diagnostic  
42 and Statistical Manual of Mental Disorders<sup>1</sup>.

43 "Same terms and conditions" means that the health service  
44 corporation cannot apply <sup>1</sup>**【different】** more restrictive <sup>2</sup>**【non-**  
45 **qualitative】** non-quantitative<sup>2</sup> limitations, such as utilization review  
46 and other criteria or more quantitative limitations such as<sup>1</sup>  
47 copayments, deductibles <sup>1</sup>, aggregate or annual limits<sup>1</sup> or benefit limits

1 to **biologically-based mental health** <sup>1</sup>**behavioral health care**  
2 **services** mental health condition and substance use disorder<sup>1</sup> benefits  
3 than those applied to <sup>1</sup>substantially all<sup>1</sup> other medical or surgical  
4 benefits.

5 <sup>1</sup>“Substance use disorder” means a disorder defined to be  
6 consistent with generally recognized independent standards of current  
7 medical practice referenced in the most current version of the  
8 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

9 b. **Nothing in this section shall be construed to change the**  
10 **manner in which the health service corporation determines:**

11 (1) whether a mental health care service meets the medical  
12 necessity standard as established by the health service corporation; or

13 (2) which providers shall be entitled to reimbursement for  
14 providing services for mental illness under the contract. **Deleted by**  
15 amendment, P.L. , c. )(pending before the Legislature as this bill)

16 c. The provisions of this section shall apply to all contracts in  
17 which the health service corporation has reserved the right to change  
18 the premium.

19 <sup>1</sup>d. Nothing in this section shall reduce the requirement for a health  
20 service corporation to provide benefits pursuant to section 3 of  
21 P.L.2017, c.28 (C.17:48E-35.38).<sup>1</sup>  
22 (cf: P.L.1999, c.106, s.3)

23  
24 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to  
25 read as follows:

26 4. a. (1) Every individual health insurance policy that provides  
27 hospital or medical expense benefits and is delivered, issued, executed  
28 or renewed in this State pursuant to chapter 26 of Title 17B of the New  
29 Jersey Statutes, or approved for issuance or renewal in this State by the  
30 Commissioner of Banking and Insurance, on or after the effective date  
31 of this act shall provide coverage for **biologically-based mental**  
32 **illness** <sup>1</sup>**behavioral health care services** mental health conditions  
33 and substance use disorders<sup>1</sup> under the same terms and conditions as  
34 provided for any other sickness under the contract and shall meet the  
35 requirements of the federal Paul Wellstone and Pete Domenici Mental  
36 Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j),  
37 and any amendments to, and federal guidance or regulations issued  
38 under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.  
39 156.115(a)(3). **“Biologically-based mental illness”**

40 (2) As used in this section:

41 <sup>1</sup>**“Behavioral health care services” means** <sup>1</sup> **a mental or nervous**  
42 **condition that is caused by a biological disorder of the brain and**  
43 **results in a clinically significant or psychological syndrome or pattern**  
44 **that substantially limits the functioning of the person with the illness,**  
45 **including but not limited to, schizophrenia, schizoaffective disorder,**  
46 **major depressive disorder, bipolar disorder, paranoia and other**  
47 **psychotic disorders, obsessive-compulsive disorder, panic disorder and**

1 pervasive developmental disorder or autism] <sup>1</sup>[procedures or services  
2 rendered by a health care provider or health care facility for the  
3 treatment of mental illness, emotional disorders, pervasive  
4 developmental disorder and autism, or drug or alcohol abuse.

5 “Health care facility” means the same as defined in section 2 of  
6 P.L.1971, c.136 (C.26:2H-2).

7 “Health care provider” means a health care professional licensed  
8 pursuant to Title 45 of the Revised Statutes]

9 “Mental health condition” means a condition defined to be  
10 consistent with generally recognized independent standards of current  
11 medical practice referenced in the current version of the Diagnostic  
12 and Statistical Manual of Mental Disorders<sup>1</sup>.

13 "Same terms and conditions" means that the insurer cannot apply  
14 <sup>1</sup>[different] more restrictive <sup>2</sup>[non-qualitative] non-quantitative<sup>2</sup>  
15 limitations, such as utilization review and other criteria or more  
16 quantitative limitations such as<sup>1</sup> copayments, deductibles <sup>1</sup>, aggregate  
17 or annual limits<sup>1</sup> or benefit limits to [biologically-based mental  
18 health] <sup>1</sup>[behavioral health care services] mental health condition and  
19 substance use disorder<sup>1</sup> benefits than those applied to <sup>1</sup>substantially  
20 all<sup>1</sup> other medical or surgical benefits.

21 <sup>1</sup>“Substance use disorder” means a disorder defined to be  
22 consistent with generally recognized independent standards of current  
23 medical practice referenced in the most current version of the  
24 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

25 b. [Nothing in this section shall be construed to change the  
26 manner in which the insurer determines:

27 (1) whether a mental health care service meets the medical  
28 necessity standard as established by the insurer; or

29 (2) which providers shall be entitled to reimbursement for  
30 providing services for mental illness under the policy.] (Deleted by  
31 amendment, P.L. , c. ) (pending before the Legislature as this bill)

32 c. The provisions of this section shall apply to all policies in  
33 which the insurer has reserved the right to change the premium.

34 <sup>1</sup>d. Nothing in this section shall reduce the requirement for an  
35 insurer to provide benefits pursuant to section 4 of P.L.2017, c.28  
36 (C.17B:26-2.1hh).<sup>1</sup>

37 (cf: P.L.1999, c.106, s.4)

38

39 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended to  
40 read as follows:

41 5. a. (1) Every group health insurance policy that provides  
42 hospital or medical expense benefits and is delivered, issued, executed  
43 or renewed in this State pursuant to chapter 27 of Title 17B of the New  
44 Jersey Statutes, or approved for issuance or renewal in this State by the  
45 Commissioner of Banking and Insurance, on or after the effective date  
46 of this act shall provide benefits for [biologically-based mental  
47 illness] <sup>1</sup>[behavioral health care services] mental health conditions

1 and substance use disorders<sup>1</sup> under the same terms and conditions as  
2 provided for any other sickness under the policy and shall meet the  
3 requirements of the federal Paul Wellstone and Pete Domenici Mental  
4 Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j),  
5 and any amendments to, and federal guidance or regulations issued  
6 under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.  
7 156.115(a)(3). **["Biologically-based mental illness"]**

8 (2) As used in this section:

9 **<sup>1</sup>["Behavioral health care services" means]** **<sup>1</sup>** a mental or nervous  
10 condition that is caused by a biological disorder of the brain and  
11 results in a clinically significant or psychological syndrome or pattern  
12 that substantially limits the functioning of the person with the illness,  
13 including but not limited to, schizophrenia, schizoaffective disorder,  
14 major depressive disorder, bipolar disorder, paranoia and other  
15 psychotic disorders, obsessive-compulsive disorder, panic disorder and  
16 pervasive developmental disorder or autism] <sup>1</sup>**[procedures or services**  
17 rendered by a health care provider or health care facility for the  
18 treatment of mental illness, emotional disorders, pervasive  
19 developmental disorder and autism, or drug or alcohol abuse.

20 "Health care facility" means the same as defined in section 2 of  
21 P.L.1971, c.136 (C.26:2H-2).

22 "Health care provider" means a health care professional licensed  
23 pursuant to Title 45 of the Revised Statutes]

24 "Mental health condition" means a condition defined to be  
25 consistent with generally recognized independent standards of current  
26 medical practice referenced in the current version of the Diagnostic  
27 and Statistical Manual of Mental Disorders<sup>1</sup>.

28 "Same terms and conditions" means that the insurer cannot apply  
29 **<sup>1</sup>[different] more restrictive <sup>2</sup>[non-qualitative] non-quantitative<sup>2</sup>**  
30 limitations, such as utilization review and other criteria or more  
31 quantitative limitations such as<sup>1</sup> copayments, deductibles <sup>1</sup>, aggregate  
32 or annual limits<sup>1</sup> or benefit limits to **[biologically-based mental**  
33 health] <sup>1</sup>**[behavioral health care services] mental health condition and**  
34 substance use disorder<sup>1</sup> benefits than those applied to <sup>1</sup>substantially  
35 all<sup>1</sup> other medical or surgical benefits.

36 <sup>1</sup>"Substance use disorder" means a disorder defined to be  
37 consistent with generally recognized independent standards of current  
38 medical practice referenced in the most current version of the  
39 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

40 b. **[Nothing in this section shall be construed to change the**  
41 manner in which the insurer determines:

42 (1) whether a mental health care service meets the medical  
43 necessity standard as established by the insurer; or

44 (2) which providers shall be entitled to reimbursement for  
45 providing services for mental illness under the policy.] (Deleted by  
46 amendment, P.L. , c. ) (pending before the Legislature as this bill)



1 c. The provisions of this section shall apply to all policies in  
2 which the insurer has reserved the right to change the premium.

3 <sup>1</sup>d. Nothing in this section shall reduce the requirement for an  
4 insurer to provide benefits pursuant to section 5 of P.L.2017, c.28  
5 (C.17B:27-46.1nn).<sup>1</sup>

6 (cf: P.L.1999, c.106, s.5)

7

8 6. Section 6 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to  
9 read as follows:

10 6. a. (1) Every individual health benefits plan that provides  
11 hospital or medical expense benefits and is delivered, issued, executed  
12 or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et  
13 seq.) or approved for issuance or renewal in this State on or after the  
14 effective date of this act shall provide benefits for **【biologically-based**  
15 **mental illness】** <sup>1</sup>**【behavioral health care services】** mental health  
16 conditions and substance use disorders<sup>1</sup> under the same terms and  
17 conditions as provided for any other sickness under the health benefits  
18 plan and shall meet the requirements of the federal Paul Wellstone and  
19 Pete Domenici Mental Health Parity and Addiction Equity Act of  
20 2008, 42 U.S.C. 18031(j), and any amendments to, and federal  
21 guidance or regulations issued under that act, including 45 C.F.R. Parts  
22 146 and 147 and 45 C.F.R. 156.115(a)(3). **【"Biologically-based**  
23 **mental illness"】**

24 (2) As used in this section:

25 <sup>1</sup>**【"Behavioral health care services" means】** <sup>1</sup>**【a mental or nervous**  
26 **condition that is caused by a biological disorder of the brain and**  
27 **results in a clinically significant or psychological syndrome or pattern**  
28 **that substantially limits the functioning of the person with the illness,**  
29 **including but not limited to, schizophrenia, schizoaffective disorder,**  
30 **major depressive disorder, bipolar disorder, paranoia and other**  
31 **psychotic disorders, obsessive-compulsive disorder, panic disorder and**  
32 **pervasive developmental disorder or autism】** <sup>1</sup>**【procedures or services**  
33 **rendered by a health care provider or health care facility for the**  
34 **treatment of mental illness, emotional disorders, pervasive**  
35 **developmental disorder and autism, or drug or alcohol abuse.**

36 "Health care facility" means the same as defined in section 2 of  
37 P.L.1971, c.136 (C.26:2H-2).

38 "Health care provider" means a health care professional licensed  
39 pursuant to Title 45 of the Revised Statutes】

40 "Mental health condition" means a condition defined to be  
41 consistent with generally recognized independent standards of current  
42 medical practice referenced in the current version of the Diagnostic  
43 and Statistical Manual of Mental Disorders<sup>1</sup>.

44 "Same terms and conditions" means that the plan cannot apply  
45 <sup>1</sup>**【different】** more restrictive <sup>2</sup>**【non-qualitative】** non-quantitative<sup>2</sup>  
46 limitations, such as utilization review and other criteria or more  
47 quantitative limitations such as<sup>1</sup> copayments, deductibles <sup>1</sup>, aggregate

1 or annual limits<sup>1</sup> or benefit limits to **【biologically-based mental**  
2 **health】** <sup>1</sup>**【behavioral health care services】** mental health condition and  
3 substance use disorder<sup>1</sup> benefits than those applied to <sup>1</sup>substantially  
4 all<sup>1</sup> other medical or surgical benefits.

5 <sup>1</sup>“Substance use disorder” means a disorder defined to be  
6 consistent with generally recognized independent standards of current  
7 medical practice referenced in the most current version of the  
8 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

9 b. **【Nothing in this section shall be construed to change the**  
10 **manner in which the carrier determines:**

11 (1) whether a mental health care service meets the medical  
12 necessity standard as established by the carrier; or

13 (2) which providers shall be entitled to reimbursement for  
14 providing services for mental illness under the plan.】 (Deleted by  
15 amendment, P.L. , c. ) (pending before the Legislature as this bill)

16 c. The provisions of this section shall apply to all health benefits  
17 plans in which the carrier has reserved the right to change the  
18 premium.

19 <sup>1</sup>d. Nothing in this section shall reduce the requirement for a plan  
20 to provide benefits pursuant to section 6 of P.L.2017, c.28  
21 (C.17B:27A-7.21).<sup>1</sup>

22 (cf: P.L.1999, c.106, s.6)

23  
24 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended to  
25 read as follows:

26 7. a. (1) Every small employer health benefits plan that provides  
27 hospital or medical expense benefits and is delivered, issued, executed  
28 or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et  
29 seq.) or approved for issuance or renewal in this State on or after the  
30 effective date of this act shall provide benefits for **【biologically-based**  
31 **mental illness】** <sup>1</sup>**【behavioral health care services】** mental health  
32 conditions and substance use disorders<sup>1</sup> under the same terms and  
33 conditions as provided for any other sickness under the health benefits  
34 plan and shall meet the requirements of the federal Paul Wellstone and  
35 Pete Domenici Mental Health Parity and Addiction Equity Act of  
36 2008, 42 U.S.C. 18031(j), and any amendments to, and federal  
37 guidance or regulations issued under that act, including 45 C.F.R. Parts  
38 146 and 147 and 45 C.F.R. 156.115(a)(3). **【"Biologically-based**  
39 **mental illness"】**

40 (2) As used in this section:

41 <sup>1</sup>**【“Behavioral health care services” means】**<sup>1</sup> **【a mental or nervous**  
42 **condition that is caused by a biological disorder of the brain and**  
43 **results in a clinically significant or psychological syndrome or pattern**  
44 **that substantially limits the functioning of the person with the illness,**  
45 **including but not limited to, schizophrenia, schizoaffective disorder,**  
46 **major depressive disorder, bipolar disorder, paranoia and other**  
47 **psychotic disorders, obsessive-compulsive disorder, panic disorder and**

1 pervasive developmental disorder or autism] <sup>1</sup>[procedures or services  
2 rendered by a health care provider or health care facility for the  
3 treatment of mental illness, emotional disorders, pervasive  
4 developmental disorder and autism, or drug or alcohol abuse.

5 “Health care facility” means the same as defined in section 2 of  
6 P.L.1971, c.136 (C.26:2H-2).

7 “Health care provider” means a health care professional licensed  
8 pursuant to Title 45 of the Revised Statutes]

9 “Mental health condition” means a condition defined to be  
10 consistent with generally recognized independent standards of current  
11 medical practice referenced in the current version of the Diagnostic  
12 and Statistical Manual of Mental Disorders<sup>1</sup>.

13 "Same terms and conditions" means that the plan cannot apply  
14 <sup>1</sup>[different] more restrictive <sup>2</sup>[non-qualitative] non-quantitative<sup>2</sup>  
15 limitations, such as utilization review and other criteria or more  
16 quantitative limitations such as<sup>1</sup> copayments, deductibles <sup>1</sup>, aggregate  
17 or annual limits<sup>1</sup> or benefit limits to [biologically-based mental  
18 health] <sup>1</sup>[behavioral health care services] mental health condition and  
19 substance use disorder<sup>1</sup> benefits than those applied to <sup>1</sup>substantially  
20 all<sup>1</sup> other medical or surgical benefits.

21 <sup>1</sup>“Substance use disorder” means a disorder defined to be  
22 consistent with generally recognized independent standards of current  
23 medical practice referenced in the most current version of the  
24 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

25 b. [Nothing in this section shall be construed to change the  
26 manner in which the carrier determines:

27 (1) whether a mental health care service meets the medical  
28 necessity standard as established by the carrier; or

29 (2) which providers shall be entitled to reimbursement for  
30 providing services for mental illness under the health benefits plan.]  
31 (Deleted by amendment, P.L. \_\_\_\_\_, c. \_\_\_\_\_) (pending before the  
32 Legislature as this bill)

33 c. The provisions of this section shall apply to all health benefits  
34 plans in which the carrier has reserved the right to change the  
35 premium.

36 <sup>1</sup>d. Nothing in this section shall reduce the requirement for a plan  
37 to provide benefits pursuant to section 7 of P.L.2017, c.28  
38 (C.17B:27A-19.25).<sup>1</sup>  
39 (cf: P.L.1999, c.106, s.7)

40  
41 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to read  
42 as follows:

43 8. a. (1) Every enrollee agreement delivered, issued, executed, or  
44 renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) or  
45 approved for issuance or renewal in this State by the Commissioner of  
46 Banking and Insurance, on or after the effective date of this act shall  
47 provide health care services for [biologically-based mental illness]

1 <sup>1</sup>["behavioral health care services"] mental health conditions and  
2 substance use disorders<sup>1</sup> under the same terms and conditions as  
3 provided for any other sickness under the agreement and shall meet the  
4 requirements of the federal Paul Wellstone and Pete Domenici Mental  
5 Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j),  
6 and any amendments to, and federal guidance or regulations issued  
7 under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.  
8 156.115(a)(3). ["Biologically-based mental illness"]

9 (2) As used in this section:

10 <sup>1</sup>["Behavioral health care services" means]<sup>1</sup> [a mental or nervous  
11 condition that is caused by a biological disorder of the brain and  
12 results in a clinically significant or psychological syndrome or pattern  
13 that substantially limits the functioning of the person with the illness,  
14 including but not limited to, schizophrenia, schizoaffective disorder,  
15 major depressive disorder, bipolar disorder, paranoia and other  
16 psychotic disorders, obsessive-compulsive disorder, panic disorder and  
17 pervasive developmental disorder or autism] <sup>1</sup>[procedures or services  
18 rendered by a health care provider or health care facility for the  
19 treatment of mental illness, emotional disorders, pervasive  
20 developmental disorder and autism, or drug or alcohol abuse.

21 "Health care facility" means the same as defined in section 2 of  
22 P.L.1971, c.136 (C.26:2H-2).

23 "Health care provider" means a health care professional licensed  
24 pursuant to Title 45 of the Revised Statutes]

25 "Mental health condition" means a condition defined to be  
26 consistent with generally recognized independent standards of current  
27 medical practice referenced in the current version of the Diagnostic  
28 and Statistical Manual of Mental Disorders<sup>1</sup>.

29 "Same terms and conditions" means that the health maintenance  
30 organization cannot apply <sup>1</sup>[different] more restrictive <sup>2</sup>[non-  
31 qualitative] non-quantitative<sup>2</sup> limitations, such as utilization review  
32 and other criteria or more quantitative limitations such as<sup>1</sup>  
33 copayments, deductibles, <sup>1</sup>, aggregate or annual limits<sup>1</sup> or health care  
34 services limits to [biologically-based mental] <sup>1</sup>[behavioral health  
35 care] mental health condition and substance use disorder<sup>1</sup> services  
36 than those applied to <sup>1</sup>substantially all<sup>1</sup> other medical or surgical  
37 health care services.

38 <sup>1</sup>"Substance use disorder" means a disorder defined to be  
39 consistent with generally recognized independent standards of current  
40 medical practice referenced in the most current version of the  
41 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

42 b. [Nothing in this section shall be construed to change the  
43 manner in which a health maintenance organization determines:

44 (1) whether a mental health care service meets the medical  
45 necessity standard as established by the health maintenance  
46 organization; or

1 (2) which providers shall be entitled to reimbursement or to be  
2 participating providers, as appropriate, for mental health services  
3 under the enrollee agreement.】 (Deleted by amendment,  
4 P.L. , c. ) (pending before the Legislature as this bill)

5 c. The provisions of this section shall apply to enrollee  
6 agreements in which the health maintenance organization has reserved  
7 the right to change the premium.

8 <sup>1</sup>d. Nothing in this section shall reduce the requirement for a health  
9 maintenance organization to provide benefits pursuant to section 8 of  
10 P.L.2017, c.28 (C.26:2J-4.39).<sup>1</sup>

11 (cf: P.L.2012, c.17, s.271)

12

13 9. Section 1 of P.L.1999, c.441 (C.52:14-17.29d) is amended to  
14 read as follows:

15 1. As used in this act:

16 **【"Biologically-based mental illness"】** <sup>1</sup>**【“Behavioral health care**  
17 **services” means】**<sup>1</sup> **【a mental or nervous condition that is caused by a**  
18 **biological disorder of the brain and results in a clinically significant or**  
19 **psychological syndrome or pattern that substantially limits the**  
20 **functioning of the person with the illness including, but not limited to,**  
21 **schizophrenia, schizoaffective disorder, major depressive disorder,**  
22 **bipolar disorder, paranoia and other psychotic disorders, obsessive-**  
23 **compulsive disorder, panic disorder and pervasive developmental**  
24 **disorder or autism】** <sup>1</sup>**【procedures or services rendered by a health care**  
25 **provider or health care facility for the treatment of mental illness,**  
26 **emotional disorders, pervasive developmental disorder and autism, or**  
27 **drug or alcohol abuse.】**<sup>1</sup>

28 "Carrier" means an insurance company, health service corporation,  
29 hospital service corporation, medical service corporation or health  
30 maintenance organization authorized to issue health benefits plans in  
31 this State.

32 <sup>1</sup>**【“Health care facility” means the same as defined in section 2 of**  
33 **P.L.1971, c.136 (C.26:2H-2).**

34 **“Health care provider” means a health care professional licensed**  
35 **pursuant to Title 45 of the Revised Statutes.】**

36 **“Mental health condition” means a condition defined to be**  
37 **consistent with generally recognized independent standards of current**  
38 **medical practice referenced in the current version of the Diagnostic**  
39 **and Statistical Manual of Mental Disorders.**<sup>1</sup>

40 "Same terms and conditions" means that a carrier cannot apply  
41 <sup>1</sup>**【different】** **more restrictive** <sup>2</sup>**【non-qualitative】** **non-quantitative**<sup>2</sup>  
42 **limitations, such as utilization review and other criteria or more**  
43 **quantitative limitations such as**<sup>1</sup> **copayments, deductibles** <sup>1</sup>, **aggregate**  
44 **or annual limits**<sup>1</sup> **or benefit limits to** **【biologically-based mental**  
45 **health】** <sup>1</sup>**【behavioral health care services】** **mental health condition and**  
46 **substance use disorder**<sup>1</sup> **benefits than those applied to** <sup>1</sup>**substantially**  
47 **all**<sup>1</sup> **other medical or surgical benefits.**

1 <sup>1</sup>“Substance use disorder” means a disorder defined to be  
2 consistent with generally recognized independent standards of current  
3 medical practice referenced in the most current version of the  
4 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

5 (cf: P.L.1999, c.441, s.1)

6  
7 10. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to  
8 read as follows:

9 2. a. The State Health Benefits Commission shall ensure that  
10 every contract purchased by the commission on or after the  
11 effective date of this act that provides hospital or medical expense  
12 benefits shall provide coverage for **【biologically-based mental**  
13 **illness】** <sup>1</sup>**【behavioral health care services】** mental health conditions  
14 and substance use disorders<sup>1</sup> under the same terms and conditions  
15 as provided for any other sickness under the contract and shall meet  
16 the requirements of the federal Paul Wellstone and Pete Domenici  
17 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.  
18 18031(j), and any amendments to, and federal guidance or  
19 regulations issued under that act, including 45 C.F.R. Parts 146 and  
20 147 and 45 C.F.R. 156.115(a)(3).

21 b. **【Nothing in this section shall be construed to change the**  
22 **manner in which a carrier determines:**

23 (1) whether a mental health care service meets the medical  
24 necessity standard as established by the carrier; or

25 (2) which providers shall be entitled to reimbursement for  
26 providing services for mental illness under the contract.

27 c. **【**The commission shall provide notice to employees regarding  
28 the coverage required by this section in accordance with this  
29 subsection and regulations promulgated by the Commissioner of  
30 Health **【and Senior Services】** pursuant to the "Administrative  
31 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice  
32 shall be in writing and prominently positioned in any literature or  
33 correspondence and shall be transmitted at the earliest of: (1) the  
34 next mailing to the employee; (2) the yearly informational packet  
35 sent to the employee; or (3) July 1, 2000. The commission shall  
36 also ensure that the carrier under contract with the commission,  
37 upon receipt of information that a covered person is receiving  
38 treatment for **【a biologically-based mental illness】** <sup>1</sup>**【behavioral**  
39 **health care services】** a mental health condition or substance use  
40 disorder<sup>1</sup>, shall promptly notify that person of the coverage required  
41 by this section.

42 <sup>1</sup>c. Nothing in this section shall reduce the requirement for a  
43 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28  
44 (C.52:14-17.29u).<sup>1</sup>

45 (cf: P.L.1999, c.441, s.2)

46  
47 11. (New section) a. For the purposes of this section:

1 <sup>1</sup>["Behavioral health care services" means procedures or services  
2 rendered by a health care provider or health care facility for the  
3 treatment of mental illness, emotional disorders, pervasive  
4 developmental disorder and autism, or drug or alcohol abuse.]<sup>1</sup>

5 "Benefit limits" includes both quantitative treatment limitations  
6 and non-quantitative treatment limitations.

7 "Carrier" means an insurance company, health service  
8 corporation, hospital service corporation, medical service  
9 corporation, or health maintenance organization authorized to issue  
10 health benefits plans in this State or any entity contracted to  
11 administer health benefits in connection with the State Health  
12 Benefits Program or School Employees' Health Benefits Program.

13 "Classification of benefits" means the classifications of benefits  
14 found at 45 C.F.R. 146.136(c)(2)(ii)(A) and 45 C.F.R.  
15 146.136(c)(3)(iii).

16 "Department" means the Department of Banking and Insurance.

17 <sup>1</sup>"Mental health condition" means a condition defined to be  
18 consistent with generally recognized independent standards of  
19 current medical practice referenced in the current version of the  
20 Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

21 "Non-quantitative treatment limitations" or "NQL" means  
22 processes, strategies, or evidentiary standards, or other factors that  
23 are not expressed numerically, but otherwise limit the scope or  
24 duration of benefits for treatment. NQLs shall include, but shall  
25 not be limited to:

26 (1) Medical management standards limiting or excluding  
27 benefits based on medical necessity or medical appropriateness, or  
28 based on whether the treatment is experimental or investigative;

29 (2) Formulary design for prescription drugs;

30 (3) For plans with multiple network tiers, such as preferred  
31 providers and participating providers, network tier design;

32 (4) Standards for provider admission to participate in a network,  
33 including reimbursement rates;

34 (5) Plan methods for determining usual, customary, and  
35 reasonable charges;

36 (6) Refusal to pay for higher-cost therapies until it can be shown  
37 that a lower-cost therapy is not effective, also known as fail-first  
38 policies or step therapy protocols;

39 (7) Exclusions based on failure to complete a course of  
40 treatment;

41 (8) Restrictions based on geographic location, facility type,  
42 provider specialty, and other criteria that limit the scope or duration  
43 of benefits for services provided under the plan or coverage;

44 (9) In and out-of-network geographic limitations;

45 (10) Limitations on inpatient services for situations where the  
46 participant is a threat to self or others;

47 (11) Exclusions for court-ordered and involuntary holds;

48 (12) Experimental treatment limitations;

1 (13) Service coding;

2 (14) Exclusions for services provided by a licensed professional  
3 who provides <sup>1</sup>**【behavioral health care】** mental health condition or  
4 substance use disorder<sup>1</sup> services;

5 (15) Network adequacy; and

6 (16) Provider reimbursement rates.

7 <sup>1</sup>“Substance use disorder” means a disorder defined to be  
8 consistent with generally recognized independent standards of  
9 current medical practice referenced in the most current version of  
10 the Diagnostic and Statistical Manual of Mental Disorders.<sup>1</sup>

11 b. A carrier shall approve a request for an in-plan exception if  
12 the carrier’s network does not have any providers who are qualified,  
13 accessible and available to perform the specific medically necessary  
14 service. A carrier shall communicate the availability of in-plan  
15 exceptions:

16 (1) on its website where lists of network providers are  
17 displayed; and

18 (2) to beneficiaries when they call the carrier to inquire about  
19 network providers.

20 c. A carrier that provides hospital or medical expense benefits  
21 through individual or group contracts shall submit an annual report  
22 to the department on or before March 1 <sup>1</sup>**【that contains】** . The  
23 annual report shall contain, to the extent that the commissioner  
24 determines practicable,<sup>1</sup> the following information:

25 (1) A description of the process used to develop or select the  
26 medical necessity criteria for mental health benefits, the process  
27 used to develop or select the medical necessity criteria for substance  
28 use disorder benefits, and the process used to develop or select the  
29 medical necessity criteria for medical and surgical benefits;

30 (2) Identification of all NQTLs that are applied to mental health  
31 benefits, all NQTLs that are applied to substance use disorder  
32 benefits, and all NQTLs that are applied to medical and surgical  
33 benefits, including, but not limited to, those listed in subsection a.  
34 of this section;

35 (3) The results of an analysis that demonstrates that for the  
36 medical necessity criteria described in paragraph (1) of this  
37 subsection and for selected NQTLs identified in paragraph (2) of  
38 this subsection, as written and in operation, the processes,  
39 strategies, evidentiary standards, or other factors used to apply the  
40 medical necessity criteria and selected NQTLs to <sup>1</sup>**【behavioral**  
41 **health care】** mental health condition and substance use disorder<sup>1</sup>  
42 benefits are comparable to, and are no more stringently applied than  
43 the processes, strategies, evidentiary standards, or other factors used  
44 to apply the medical necessity criteria and selected NQTLs, as  
45 written and in operation, to medical and surgical benefits. A  
46 determination of which selected NQTLs require analysis will be  
47 determined by the department; at a minimum, the results of the



1 analysis shall entail the following, provided that some NQTLs may  
2 not necessitate all of the steps described below:

3 (a) identify the factors used to determine that an NQTL will  
4 apply to a benefit, including factors that were considered but  
5 rejected;

6 (b) identify and define the specific evidentiary standards <sup>1</sup>, if  
7 applicable,<sup>1</sup> used to define the factors and any other evidentiary  
8 standards relied upon in designing each NQTL;

9 (c) provide the comparative analyses, including the results of  
10 the analyses, performed to determine that the processes and  
11 strategies used to design each NQTL, as written, for mental health  
12 and substance use disorder benefits are comparable to and applied  
13 no more stringently than the processes and strategies used to design  
14 each NQTL as written for medical and surgical benefits;

15 (d) provide the comparative analyses, including the results of  
16 the analyses, performed to determine that the processes and  
17 strategies used to apply each NQTL, in operation, for mental health  
18 and substance use disorder benefits are comparable to and applied  
19 no more stringently than the processes or strategies used to apply  
20 each NQTL in operation for medical and surgical benefits; and

21 (e) disclose the specific findings and conclusions reached by the  
22 carrier that the results of the analyses above indicate that the carrier  
23 is in compliance with this section and the Paul Wellstone and Pete  
24 Domenici Mental Health Parity and Addiction Equity Act of 2008,  
25 42 U.S.C. 18031(j), and its implementing and related regulations,  
26 which includes 45 C.F.R. 146.136, 45 C.F.R. 147.160, and 45  
27 C.F.R. 156.115(a)(3); and

28 (4) Any other information necessary to clarify data provided in  
29 accordance with this section requested by the Commissioner of  
30 Banking and Insurance including information that may be  
31 proprietary or have commercial value, provided that no proprietary  
32 information shall be made publicly available by the department.

33 d. The department shall implement and enforce applicable  
34 provisions of the Paul Wellstone and Pete Domenici Mental Health  
35 Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j), any  
36 amendments to, and federal guidance or regulations issued under  
37 that act, including 45 C.F.R. Parts 146 and 147, 45 C.F.R.  
38 156.115(a)(3), P.L.1999, c.106 (C.17:48-6v et al.), and section 2 of  
39 P.L.1999, c.441 (C.52:14-17.29e), which includes:

40 (1) Ensuring compliance by individual and group contracts,  
41 policies, plans, or enrollee agreements delivered, issued, executed,  
42 or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et  
43 seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985, c.236  
44 (C.17:48E-1 et seq.), chapter 26 of Title 17B of the New Jersey  
45 Statutes (N.J.S.17B:26-1 et seq.), chapter 27 of Title 17B of the  
46 New Jersey Statutes (N.J.S.17B:27-26 et seq.), P.L.1992, c.161  
47 (C.17B:27A-2 et seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.),  
48 P.L.1973, c.337 (C.26:2J-1 et seq.), and P.L.1961, c.49 (C.52:14-

1 17.25 et seq.), or approved for issuance or renewal in this State by  
2 the Commissioner of Banking and Insurance.

3 (2) Detecting violations of the law by individual and group  
4 contracts, policies, plans, or enrollee agreements delivered, issued,  
5 executed, or renewed in this State pursuant to P.L.1938, c.366  
6 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985,  
7 c.236 (C.17:48E-1 et seq.), chapter 26 of Title 17B of the New  
8 Jersey Statutes (N.J.S.17B:26-1 et seq.), chapter 27 of Title 17B of  
9 the New Jersey Statutes (N.J.S.17B:27-26 et seq.), P.L.1992, c.161  
10 (C.17B:27A-2 et seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.),  
11 P.L.1973, c.337 (C.26:2J-1 et seq.), and P.L.1961, c.49 (C.52:14-  
12 17.25 et seq.), or approved for issuance or renewal in this State by  
13 the Commissioner of Banking and Insurance.

14 (3) Accepting, evaluating, and responding to complaints  
15 regarding violations.

16 (4) Maintaining and regularly reviewing for possible parity  
17 violations a publically available consumer complaint log regarding  
18 '[behavioral health care] mental health condition and substance use  
19 disorder' coverage, provided that the names of specific carriers will  
20 be redacted and not disclosed on the complaint log.

21 (5) The commissioner shall adopt rules as may be necessary to  
22 effectuate any provisions of this section and the Paul Wellstone and  
23 Pete Domenici Mental Health Parity and Addiction Equity Act of  
24 2008 that relate to the business of insurance.

25 e. Not later than May 1 of each year, the department shall issue  
26 a report to the Legislature pursuant to section 2 of P.L.1991, c.164  
27 (C.52:14-19.1). The report shall:

28 (1) Describe the methodology the department is using to check  
29 for compliance with the Paul Wellstone and Pete Domenici Mental  
30 Health Parity and Addiction Equity Act of 2008, 42 U.S.C 18031(j),  
31 and any federal regulations or guidance relating to the compliance  
32 and oversight of that act.

33 (2) Describe the methodology the department is using to check  
34 for compliance with P.L.1999, c.106 (C.17:48-6v et al.) and section  
35 2 of P.L.1999, c.441 (C.52:14-17.29e).

36 (3) Identify market conduct examinations conducted or  
37 completed during the preceding 12-month period regarding  
38 compliance with parity in mental health and substance use disorder  
39 benefits under state and federal laws and summarize the results of  
40 such market conduct examinations. This shall include:

41 (a) The number of market conduct examinations initiated and  
42 completed;

43 (b) The benefit classifications examined by each market conduct  
44 examination;

45 (c) The subject matters of each market conduct examination,  
46 including quantitative and non-quantitative treatment limitations;

47 (d) A summary of the basis for the final decision rendered in  
48 each market conduct examination; and

- 1 (e) Individually identifiable information shall be excluded from  
2 the reports consistent with state and Federal privacy protections.
- 3 (4) Detail any educational or corrective actions the department  
4 has taken to ensure compliance with Paul Wellstone and Pete  
5 Domenici Mental Health Parity and Addiction Equity Act of 2008,  
6 42 U.S.C 18031(j), P.L.1999, c.106 (C.17:48-6v et al.) and section  
7 2 of P.L.1999, c.441 (C.52:14-17.29e).
- 8 (5) Detail the department's educational approaches relating to  
9 informing the public about <sup>1</sup>**【behavioral health care】** mental health  
10 condition and substance use disorder<sup>1</sup> parity protections under State  
11 and federal law.
- 12 (6) Be written in non-technical, readily understandable language  
13 and shall be made available to the public by, among such other  
14 means as the department finds appropriate, posting the report on the  
15 department's website.
- 16 f. The department shall post on its Internet website a report  
17 disclosing the department's conclusions as to whether the analyses  
18 collected from the carriers as specified in paragraph (3) of  
19 subsection c. of this section demonstrate compliance with the  
20 Mental Health Parity and Addiction Equity Act of 2008 and its  
21 implementing regulations, specifically including whether or not  
22 there is compliance with 45 C.F.R. 146.136(c)(4). The name and  
23 identity of carriers shall be confidential, shall not be made public by  
24 the department, and shall not be subject to public inspection.
- 25
- 26 12. This act shall take effect on the 60th day after enactment and  
27 shall apply to all contracts and policies delivered, issued, executed  
28 or renewed on or after that date.