

**Bill Summary**  
2nd Session of the 57<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB 1718</b>
<b>Version:</b>	<b>FS1</b>
<b>Request No.:</b>	<b>3997</b>
<b>Author:</b>	<b>Sen. Montgomery</b>
<b>Date:</b>	<b>03/09/2020</b>

**Floor Substitute (FS)**

The FS for SB 1718 replaces language regarding “severe mental illness” coverage with coverage for “mental health and substance abuse disorder” and modifies the definition of health plan providing such coverage. Benefits provided in connection to a mental illness and substance use disorder must be provided in connection to a condition as defined of that condition included in generally recognized independent standards of current medical practice. The measure prohibits health benefit plans from imposing a nonquantitative treatment limitation with respect to mental health conditions and substance use disorders in any classification of benefits unless such a limitation is comparable to medical and surgical benefits in the same classification.

The measure also requires health benefit plans to meet the standards set in the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Each insurer offering health benefit plans providing mental health or substance use disorder benefits must submit an annual report to the Insurance Commissioner containing certain information, specified in the measure, on their coverage of such benefits no later than April 1 of each year and the Commissioner shall make these reports public. The Commissioner is directed to implement and enforce any applicable provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and to make reasonable efforts to obtain any information missing from the reports from insurers.

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**Fiscal Analysis**

FY’21 Impact: Minimal

Full Year Impact: Minimal

SB 1718 requires insurance policies to treat and provide coverage for mental health and substance abuse disorders the same as physical disorders. The legislation also requires the Oklahoma Insurance Department to receive and publish reports from providers on their processes for developing criteria for mental disorder coverage benefits and any nonquantitative treatment limitations, and to enforce applicable provisions of federal law requiring insurance coverage. The legislation also prohibits nonquantitative treatment limitations without certain exceptions. Federal law already has many of these requirements for treating mental health disorders the same as physical disorders. The Insurance Department is still reviewing potential costs, as the agency has never before enforced provisions of federal law.