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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1771

- 02/15/2023 Authored by Bierman, Stephenson, Koegel and Clardy
- 03/02/2023 The bill was read for the first time and referred to the Committee on Commerce Finance and Policy
- 03/02/2023 Adoption of Report: Re-referred to the Committee on Human Services Policy
- 03/08/2023 Adoption of Report: Re-referred to the Committee on Health Finance and Policy

1.1 A bill for an act

1.2 relating to insurance coverage; providing medical assistance and insurance coverage

1.3 of psychiatric collaborative care model; amending Minnesota Statutes 2022, sections

1.4 62Q.47; 256B.0671, by adding a subdivision.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2022, section 62Q.47, is amended to read:

1.7 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**

1.8 **SERVICES.**

1.9 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,

1.10 mental health, or chemical dependency services, must comply with the requirements of this

1.11 section.

1.12 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental

1.13 health and outpatient chemical dependency and alcoholism services, except for persons

1.14 placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to

1.15 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more

1.16 restrictive than those requirements and limitations for outpatient medical services.

1.17 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital

1.18 mental health and inpatient hospital and residential chemical dependency and alcoholism

1.19 services, except for persons placed in chemical dependency services under Minnesota Rules,

1.20 parts 9530.6600 to 9530.6655, must not place a greater financial burden on the insured or

1.21 enrollee, or be more restrictive than those requirements and limitations for inpatient hospital

1.22 medical services.

2.1 (d) A health plan company must not impose an NQTL with respect to mental health and
2.2 substance use disorders in any classification of benefits unless, under the terms of the health
2.3 plan as written and in operation, any processes, strategies, evidentiary standards, or other
2.4 factors used in applying the NQTL to mental health and substance use disorders in the
2.5 classification are comparable to, and are applied no more stringently than, the processes,
2.6 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
2.7 to medical and surgical benefits in the same classification.

2.8 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
2.9 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
2.10 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
2.11 guidance or regulations issued under, those acts.

2.12 (f) The commissioner may require information from health plan companies to confirm
2.13 that mental health parity is being implemented by the health plan company. Information
2.14 required may include comparisons between mental health and substance use disorder
2.15 treatment and other medical conditions, including a comparison of prior authorization
2.16 requirements, drug formulary design, claim denials, rehabilitation services, and other
2.17 information the commissioner deems appropriate.

2.18 (g) Regardless of the health care provider's professional license, if the service provided
2.19 is consistent with the provider's scope of practice and the health plan company's credentialing
2.20 and contracting provisions, mental health therapy visits and medication maintenance visits
2.21 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
2.22 requirements imposed under the enrollee's health plan.

2.23 (h) All health plan companies offering health plans that provide coverage for alcoholism,
2.24 mental health, or chemical dependency benefits shall provide reimbursement for such
2.25 benefits delivered through the psychiatric Collaborative Care Model, which must include
2.26 the following Current Procedural Terminology or Healthcare Common Procedure Coding
2.27 System billing codes:

2.28 (1) 99492;

2.29 (2) 99493;

2.30 (3) 99494;

2.31 (4) G2214; and

2.32 (5) G0512.

3.1 (i) The commissioner of commerce shall update the list of codes in paragraph (h) if there
3.2 are any alterations or additions to the billing codes for the psychiatric Collaborative Care
3.3 Model.

3.4 (j) "Psychiatric Collaborative Care Model" means the evidence-based, integrated
3.5 behavioral health service delivery method described at Federal Register, volume 81, page
3.6 80230, which includes a formal collaborative arrangement among a primary care team
3.7 consisting of a primary care provider, a care manager, and a psychiatric consultant, and
3.8 includes but is not limited to the following elements:

3.9 (1) care directed by the primary care team;

3.10 (2) structured care management;

3.11 (3) regular assessments of clinical status using validated tools; and

3.12 (4) modification of treatment as appropriate.

3.13 ~~(h)~~ (k) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce,
3.14 in consultation with the commissioner of health, shall submit a report on compliance and
3.15 oversight to the chairs and ranking minority members of the legislative committees with
3.16 jurisdiction over health and commerce. The report must:

3.17 (1) describe the commissioner's process for reviewing health plan company compliance
3.18 with United States Code, title 42, section 18031(j), any federal regulations or guidance
3.19 relating to compliance and oversight, and compliance with this section and section 62Q.53;

3.20 (2) identify any enforcement actions taken by either commissioner during the preceding
3.21 12-month period regarding compliance with parity for mental health and substance use
3.22 disorders benefits under state and federal law, summarizing the results of any market conduct
3.23 examinations. The summary must include: (i) the number of formal enforcement actions
3.24 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
3.25 subject matter of each enforcement action, including quantitative and nonquantitative
3.26 treatment limitations;

3.27 (3) detail any corrective action taken by either commissioner to ensure health plan
3.28 company compliance with this section, section 62Q.53, and United States Code, title 42,
3.29 section 18031(j); and

3.30 (4) describe the information provided by either commissioner to the public about
3.31 alcoholism, mental health, or chemical dependency parity protections under state and federal
3.32 law.

4.1 The report must be written in nontechnical, readily understandable language and must be
4.2 made available to the public by, among other means as the commissioners find appropriate,
4.3 posting the report on department websites. Individually identifiable information must be
4.4 excluded from the report, consistent with state and federal privacy protections.

4.5 Sec. 2. Minnesota Statutes 2022, section 256B.0671, is amended by adding a subdivision
4.6 to read:

4.7 Subd. 14. **Psychiatric Collaborative Care Model.** (a) Medical assistance covers the
4.8 psychiatric Collaborative Care Model for clients.

4.9 (b) "Psychiatric Collaborative Care Model" means the evidence-based, integrated
4.10 behavioral health service delivery method described at Federal Register, volume 81, page
4.11 80230, which includes a formal collaborative arrangement among a primary care team
4.12 consisting of a primary care provider, a care manager, and a psychiatric consultant, and
4.13 includes but is not limited to the following elements:

4.14 (1) care directed by the primary care team;

4.15 (2) structured care management;

4.16 (3) regular assessments of clinical status using validated tools; and

4.17 (4) modification of treatment as appropriate.

4.18 (c) Medical assistance covers the psychiatric Collaborative Care Model for clients when
4.19 the following Current Procedural Terminology or Healthcare Common Procedure Coding
4.20 System billing codes are used:

4.21 (1) 99492;

4.22 (2) 99493;

4.23 (3) 99494;

4.24 (4) G2214; and

4.25 (5) G0512.

4.26 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
4.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
4.28 when federal approval is obtained.