

=====

LC005720

=====

**JANUARY SESSION, A.D. 2026**

## RELATING TO INSURANCE -- THE PROTECT MENTAL HEALTH ACT

Referred To: House Health & Human Services

(b)(1) Each health insurer shall collect and evaluate relevant data, in connection with its comparative analyses, in a manner reasonably designed to assess, for each nonquantitative treatment limitation and within each classification of benefits, the impact of the nonquantitative treatment limitation on relevant outcomes related to access to mental health benefits and substance use disorder benefits as compared to medical and surgical benefits. With respect to nonquantitative treatment limitations related to network adequacy and composition, the health insurer shall collect and evaluate relevant data in a manner reasonably designed to assess the aggregate impact of all such nonquantitative treatment limitations on access to mental health benefits and substance use

1 disorder benefits as compared to medical and surgical benefits within each classification of  
2 benefits.

3 (2) If the relevant data evaluated under this subsection indicate that a nonquantitative  
4 treatment limitation contributes to material differences in access to mental health benefits or  
5 substance use disorder benefits as compared to medical and surgical benefits within a classification  
6 of benefits, such differences shall be considered a strong indicator of noncompliance with the  
7 federal Mental Health Parity and Addiction Equity Act of 2008 and may subject the health insurer  
8 to enforcement action pursuant to this title, and the health insurer shall submit to the commissioner  
9 documentation of reasonable actions that have been or are being taken to address the material  
10 differences and to ensure compliance, in operation, with parity requirements within fifteen (15)  
11 working days of a request from the commissioner.

12 (c) A health insurer shall, as part of the comparative analyses required pursuant to 42  
13 U.S.C. § 300gg-26(8) and this section, demonstrate that none of the information, evidence, sources,  
14 or standards on which a factor or evidentiary standard is based are biased or not objective in a  
15 manner that discriminates against mental health benefits or substance use disorder benefits as  
16 compared to medical and surgical benefits.

17 (d) An insurer providing coverage pursuant to this section for mental health benefits and  
18 substance use disorder benefits in any classification of benefits shall provide meaningful benefits  
19 for such mental health benefits and substance use disorder benefits in every classification in which  
20 medical and surgical benefits are provided. For purposes of this subsection, whether benefits are  
21 meaningful shall be determined in comparison to the medical and surgical benefits provided in the  
22 same classification and shall require, at a minimum, coverage of benefits for that mental health  
23 benefit or substance use disorder benefit in each classification in which the insurer provides benefits  
24 for one or more medical and surgical benefits. An insurer does not provide meaningful benefits  
25 under this subsection unless it provides benefits for a core treatment for that mental health benefit  
26 or substance use disorder benefit in each classification in which the insurer provides benefits for a  
27 core treatment for one or more medical and surgical benefits. If there is no core treatment for a  
28 covered mental health benefit or substance use disorder benefit with respect to a classification, the  
29 insurer shall not be required to provide benefits for a core treatment in that classification but shall  
30 provide benefits for such mental health benefit or substance use disorder benefit in every  
31 classification in which medical and surgical benefits are provided. For purposes of this subsection,  
32 “core treatment” means a standard treatment or course of treatment, therapy, service, or  
33 intervention indicated by generally accepted standards of mental health or substance use disorder  
34 care.

1           **27-38.3-2. Relation to other mental health coverage laws.**

2           The requirements of this chapter are in addition to, and shall not be construed to limit or  
3 reduce, the obligations of health insurers under chapter 38.2 of this title or any other provision of  
4 state or federal law governing coverage of mental health or substance use disorder services.

5           **27-38.3-3. Severability.**

6           If any provision of this chapter or the application thereof to any person or circumstance is  
7 held invalid, such invalidity shall not affect the other provisions or applications of the chapter which  
8 can be given effect without the invalid provision or application, and to this end the provisions of  
9 this chapter are declared to be severable.

10           SECTION 2. This act shall take effect upon passage.

=====  
LC005720  
=====

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE -- THE PROTECT MENTAL HEALTH ACT

\*\*\*

- 1           This act would require health insurers to comply with federal mental health parity laws,  
2 prevent discriminatory treatment limits, and ensure meaningful mental health and substance use  
3 coverage in all benefit classifications.  
4           This act would take effect upon passage.

=====  
LC005720  
=====