

GENERAL ASSEMBLY OF NORTH CAROLINA  
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HOUSE BILL DRH30284-MR-21A

Short Title: Mental Health & SUD Parity Report.

(Public)

Sponsors: Representative Cunningham.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO REQUIRE INSURERS OFFERING A HEALTH BENEFIT PLAN IN THIS  
3 STATE TO SUBMIT AN ANNUAL MENTAL HEALTH AND SUBSTANCE USE  
4 DISORDER PARITY REPORT TO THE COMMISSIONER OF THE DEPARTMENT OF  
5 INSURANCE AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON  
6 HEALTH AND HUMAN SERVICES BEGINNING MARCH 1, 2022.

7 The General Assembly of North Carolina enacts:

8 SECTION 1. Article 3 of Chapter 58 of the General Statutes is amended by adding  
9 a new section to read:

10 "**§ 58-3-220.1. Mental health and substance use disorder parity report.**

11 (a) No later than March 1 of each year, each insurer offering a health benefit plan in this  
12 State shall submit to the Commissioner and to the Joint Legislative Oversight Committee on  
13 Health and Human Services a report detailing the insurer's compliance with federal and State  
14 mental health and substance use disorder parity laws using data from the two calendar years  
15 preceding the date of submission of the report and accounting for each health benefit plan offered  
16 by that insurer.

17 (b) Reports required under this section shall contain all of the following information:

18 (1) Rates of utilization review for mental health and substance use disorder claims  
19 compared to medical and surgical claims, including rates of approval and  
20 denial, categorized by benefits provided under the following classifications:

21 a. Inpatient in-network.

22 b. Inpatient out-of-network.

23 c. Outpatient in-network.

24 d. Outpatient out-of-network.

25 e. Emergency care.

26 f. Prescription drugs.

27 (2) The number of prior or concurrent authorization requests for mental health  
28 and substance use disorder services and the number of denials for those  
29 requests, compared with the number of prior or concurrent authorization  
30 requests for medical and surgical services and the number of denials for those  
31 requests, categorized by the same classifications identified in subdivision (1)  
32 of this subsection.

33 (3) The rates of appeals of adverse determinations, including the rates of adverse  
34 determinations upheld and overturned, for mental health and substance use  
35 disorder claims compared with the rates of appeals of adverse determinations,



- 1 including the rates of adverse determinations upheld and overturned, for  
2 medical and surgical claims.
- 3 (4) The percentage of claims paid for in-network mental health and substance use  
4 disorder services compared with the percentage of claims paid for in-network  
5 medical and surgical services.
- 6 (5) The percentage of claims paid for out-of-network mental health and substance  
7 use disorder services compared with the percentage of claims paid for  
8 out-of-network medical and surgical services.
- 9 (6) A comparison of the cost-sharing requirements, including copayments and  
10 coinsurance, and the benefit limitations, including limitations on the scope and  
11 duration of coverage, for mental health and substance use disorder services  
12 with the same cost-sharing requirements and benefit limitations for medical  
13 and surgical services.
- 14 (7) The number, by type, of in-network providers that provide services for the  
15 treatment and diagnosis of substance use disorder and the number, by type, of  
16 in-network providers that provide services for the diagnosis and treatment of  
17 mental health disorders, however defined by the health benefit plan.  
18 Additionally, of the number of in-network providers, the percentage who are  
19 licensed to practice in this State and who are licensed to practice in contiguous  
20 states.
- 21 (8) Any other data, information, or metric the Commissioner determines is  
22 necessary to measure compliance with mental health and substance use  
23 disorder parity laws. The Commissioner may not require the disclosure of any  
24 privileged or confidential information, trade secret, or protected health  
25 information.
- 26 (c) No later than July 1 of each year, the Commissioner shall publish on the Department's  
27 website all reports submitted under this section for that calendar year.
- 28 (d) No information submitted by an insurer shall disclose any protected health  
29 information of an insured."
- 30 **SECTION 2.** This act becomes effective January 1, 2022.