

JAN 19 2012

A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. According to a 2009 poll conducted for the
2 Closing the Addiction Treatment Gap Initiative, most Americans,
3 regardless of race, age, place of residence, or income, know
4 someone personally who has been addicted to alcohol or drugs.
5 Additionally, the 2009 poll showed that seventy-three per cent
6 of Americans support the idea of including alcohol and drug
7 addiction treatment as part of national health care reform to
8 make the treatment more accessible and affordable. Despite
9 widespread concern and support across America, the legislature
10 finds that treatment for behavioral health disorders continues
11 to be costlier and more difficult to obtain than general medical
12 care. Different financial limits and cost-sharing requirements,
13 limits on coverage, providers, types, and duration of treatment,
14 and other provisions constrain the level and quality of insured
15 health care that is available to those with behavioral health
16 issues.

17 Pursuant to the United States Department of the Treasury's
18 Interim Final Rules pertaining to the Paul Wellstone and Pete



1 Domenici Mental Health Parity and Addiction Equity Act of 2008,
2 group health plans are required to have no more restrictions on
3 mental health and substance abuse disorders than on medical or
4 surgical benefits. The legislature finds that while the Interim
5 Final Rules require action by the State to ensure compliance,
6 the State also has the option to enact and implement parity laws
7 that are even more comprehensive than what is required for
8 federal compliance.

9 The purpose of this Act is to convene a mental health and
10 substance abuse parity working group to determine how the State
11 can come into compliance with federal mental health and
12 substance abuse parity laws and regulations and enhance its
13 existing parity laws.

14 SECTION 2. (a) The director of health shall convene a
15 mental health and substance abuse parity working group and may
16 work with any other department to carry out the purpose of this
17 Act. The working group shall consist of eleven members as
18 follows:

- 19 (1) One member selected by the governor;
- 20 (2) One member selected by the president of the senate;
- 21 (3) One member selected by the speaker of the house of
22 representatives;



- (4) One member selected by the attorney general;
 - (5) One member selected by the insurance commissioner;
 - (6) One member selected by the alcohol and drug abuse division of the department of health;
 - (7) One psychiatrist selected by the adult mental health division of the department of health;
 - (8) One representative of the Hawaii Substance Abuse Coalition;
 - (9) One representative of the Mental Health Association in Hawaii;
 - (10) One representative of the Legal Aid Society of Hawaii; and
 - (11) One representative of a health insurance provider, regulated under chapter 431, article 10A; chapter 432, article I; or chapter 432D, or a managed care provider, such as a health maintenance organization or preferred provider organization.
- (b) The duties of the working group shall be as follows:
- (1) Review special reports, and updates to the special reports, that provide an analysis of the Paul Wellstone and Pete Domenici Mental Health Parity and



Addiction Equity Act of 2008 and relevant Interim
Final Rules;

(2) Review the provisions in national health care reform
laws and regulations that affect behavioral health
care, including:

(A) Provisions that interact with the Mental Health
Parity and Addiction Equity Act of 2008;

(B) Provisions that address the issue of behavioral
health provider shortage by providing for the
establishment of grant programs to train and
educate such providers;

(C) Provisions that address the issue of
affordability and lack of coordination of
behavioral health care through the establishment
of federally qualified behavioral health centers
and co-location of primary and specialty care
services with behavioral health services; and

(D) Provisions that address research needs in
specialty areas of mental health care, such as
authorizing studies on postpartum depression;



- (3) Determine the State's role and responsibilities in implementing the Mental Health Parity and Addiction Equity Act of 2008; and
- (4) Based on information reviewed or determined pursuant to paragraphs (1) through (3), examine and make recommendations regarding the addition or enhancement of various components of the State's mental health and substance abuse parity laws, including:
- (A) Coverage options, including mandatory coverage of mental illnesses and substance abuse;
 - (B) Definitions of covered conditions and other terms necessary to implement the State's parity laws;
 - (C) Individual and small group plans;
 - (D) Financial and durational limits on treatment;
 - (E) Determination of medical necessity;
 - (F) Managed care;
 - (G) Out-of-network coverage;
 - (H) Adequacy of network provider panels;
 - (I) Prescription medications;
 - (J) Specific services for serious mental illness;
 - (K) Oversight of implementation; and
 - (L) Independent external review of claims.



1 (c) The legislative reference bureau shall assist the
2 working group in drafting any appropriate legislation.

3 (d) The working group shall submit to the legislature a
4 report of its findings and recommendations, including proposed
5 legislation, no later than twenty days prior to the convening of
6 the regular session of 2014 and shall dissolve on June 30, 2014.

7 SECTION 3. This Act shall take effect upon its approval.
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INTRODUCED BY:

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Report Title:

Mental Health and Substance Abuse Parity; Working Group

Description:

Requires the director of health to convene a mental health and substance abuse parity working group to determine how the State can come into compliance with federal mental health and substance abuse parity laws and regulations and enhance existing state parity laws.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

