

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

MENTAL HEALTH AND SUBSTANCE USE DISORDER INSURANCE PARITY: SUMMARY OF STATE LAWS

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MENTAL HEALTH AND SUBSTANCE USE DISORDER INSURANCE PARITY: SUMMARY OF STATE LAWS

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SUMMARY

According to data from the Centers for Disease Control and Prevention, 80,112 Americans died of a drug overdose in the 12-month period ending in December 2024.¹ In 2022 alone (the most recent year for which there is data), 49,449 Americans died by suicide,² and, at the time of death, at least 46 percent of them had a known, untreated mental illness.³ Treatment for mental health conditions and substance use disorder (SUD) can save lives, but for many years, medical care for such conditions was not treated as favorably in health insurance policies when compared to treatment for physical health conditions. Many policies did not include mental health or SUD benefits at all, and of those that did, many subjected those benefits to stricter annual or lifetime limits, higher out-of-pocket costs, and “non-quantitative treatment limitations” (NQTLs), including preauthorization requirements or strict “medical necessity” criteria before coverage was approved.⁴

Mental health and SUD parity aims to ensure that health insurance coverage for mental health and SUD conditions is not more restrictive than that for physical health conditions (e.g., medical and surgical benefits). In pursuit of that goal, the United States Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, hereinafter called the “MHPAEA.”⁵ As originally enacted, the MHPAEA did not mandate that insurance plans include mental health and SUD coverage. It only required plans that already offered mental health and SUD benefits to ensure that those benefits were not more restrictive than those applied to medical and surgical benefits. The original law only applied these conditions to large employer group insurance policies (employers with more than 50 employees), Medicaid plans, and Children’s Health Insurance Program (CHIP) plans.⁶

In the years since, amendments to the MHPAEA have expanded the protections to include small employer group plans, individual plans, and plans purchased through healthcare exchanges.⁷ Initially, the responsibility for enforcing mental health and SUD parity fell to state governments, and state legislatures passed a variety of statutes, with provisions such as a requirement for insurers to submit annual reports or authorization for state insurance commissioners to impose penalties for noncompliance. More recently, the Consolidated Appropriations Act of 2021 imposed a federal requirement for health insurers to conduct regular parity analyses of their health insurance plans and empowered the U.S. Department of Labor to evaluate those plans’ compliance with federal parity requirements.⁸ The insurers’ mental health

¹ F.B. Ahmad, et al., *Provisional Drug Overdose Death Counts*, NAT’L CTR. FOR HEALTH STAT., CTRS. FOR DISEASE CONTROL & PREVENTION (last reviewed Sept. 2024), <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

² *Suicide Data and Statistics*, NAT’L CTR. FOR INJURY PREVENTION & CONTROL, CTRS. FOR DISEASE CONTROL & PREVENTION (last reviewed Nov. 29, 2023), <https://www.cdc.gov/suicide/suicide-data-statistics.html>.

³ Deborah M. Stone, et al., *Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015*, MORBIDITY & MORTALITY WEEKLY REP. (June 8, 2018), https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm?s_cid=mm6722a1.

⁴ *Policy Priority: Mental Health Parity*, AMERICAN FOUNDATION FOR SUICIDE PREVENTION (January 9, 2023), <https://www.datocms-assets.com/12810/1677181553-afsp-mental-health-parity-issue-brief.pdf>

⁵ Emergency Economic Stabilization Act of 2008, Pub. L. No. 110–343, 122 Stat. 3765 (2008).

⁶ *Id.*

⁷ Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111–148, 124 Stat. 119 (2010).

⁸ 42 U.S.C.A. § 300gg-26 (West 2025).

and SUD parity analyses are also available to state insurance commissioners as an additional tool in their continuing state-level parity enforcement efforts.

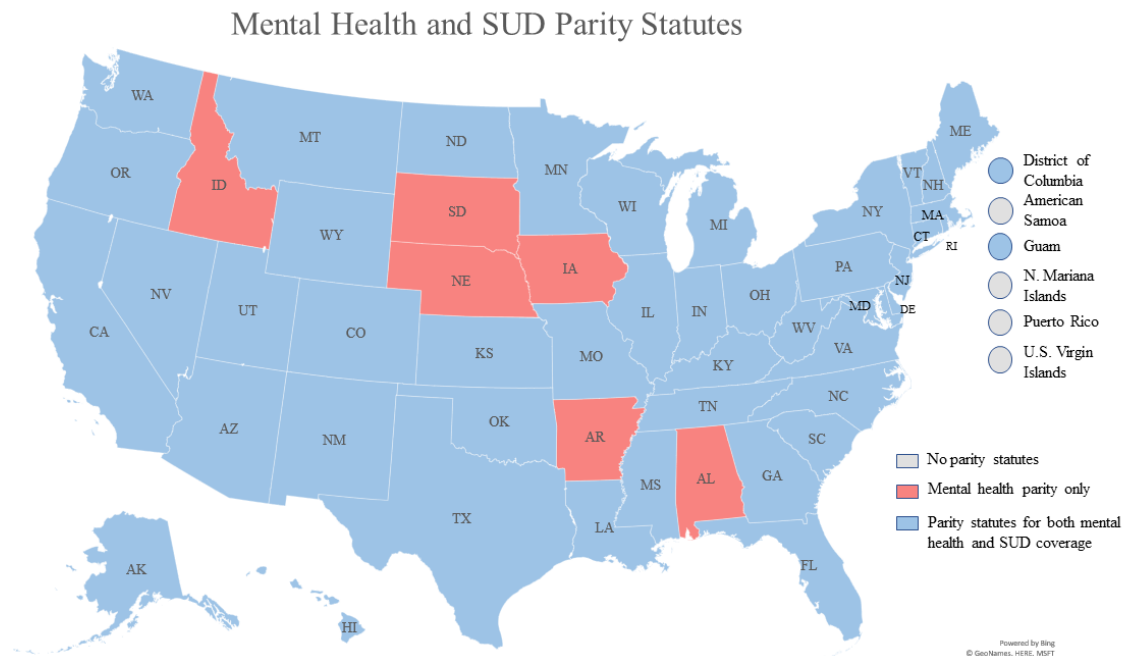
In early 2024, the Legislative Analysis and Public Policy Association (LAPPA) began a research project to determine how health insurance statutes throughout the 50 states, the District of Columbia, and all of the U.S. territories treat mental health and SUD parity. This document contains the results of this research project, updated with data current as of September 2025. Starting on page 10, LAPPA provides jurisdiction-by-jurisdiction tables describing aspects of each law currently in effect as of May 2024, including:

- Statutory citation(s) to laws relating to mental health and SUD parity;
- Effective date or date of the statutes' most recent amendments;
- Whether and how state statutes require mental health and SUD parity, either in the form of compliance with the MHPAEA, state-imposed parity requirements on existing plans that cover mental health and SUD treatment, or coverage mandates for mental health and SUD benefits in insurance plans;
- Statutory provisions that require or authorize state insurance authorities, typically state insurance commissioners, to enforce parity requirements or to report their enforcement efforts;
- Statutory provisions imposing affirmative requirements on insurers to comply with state or federal parity law; and
- Recently proposed but pending or not enacted legislation.

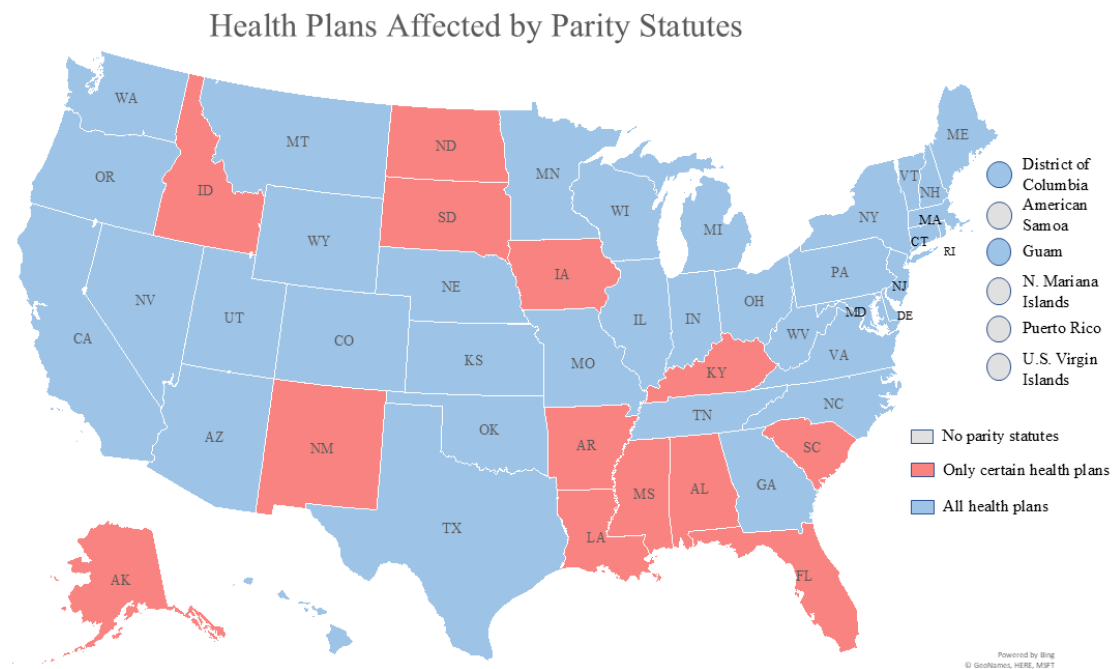
LAPPA designed this document to: (1) provide a singular resource for each jurisdiction's laws; (2) allow for a comparison of these laws between jurisdictions; and (3) identify and highlight interesting provisions. The primary conclusions from the research and analysis are set forth below, accompanied by several maps depicting many of the results in graphic form.⁹

⁹ The goal of this research document is to provide accurate and complete information that is free of omissions or errors. If you believe that this document contains misinformation, omissions, or errors, please email LAPPA at info@thelappa.org.

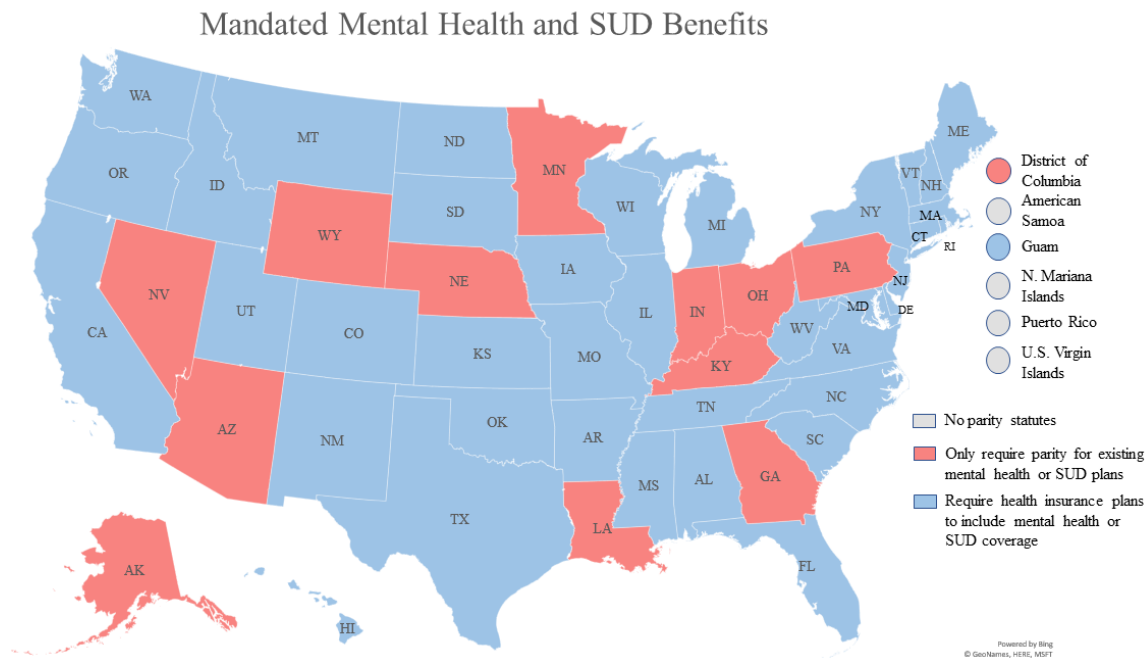
- As of May 2024, **all 50 states**, the **District of Columbia**, and **Guam** require parity for mental health or SUD benefits in health insurance plans. Of these 52 jurisdictions that require parity, six states (Alabama, Arkansas, Idaho, Iowa, Nebraska, and South Dakota) only require parity for mental health coverage in their statutes.



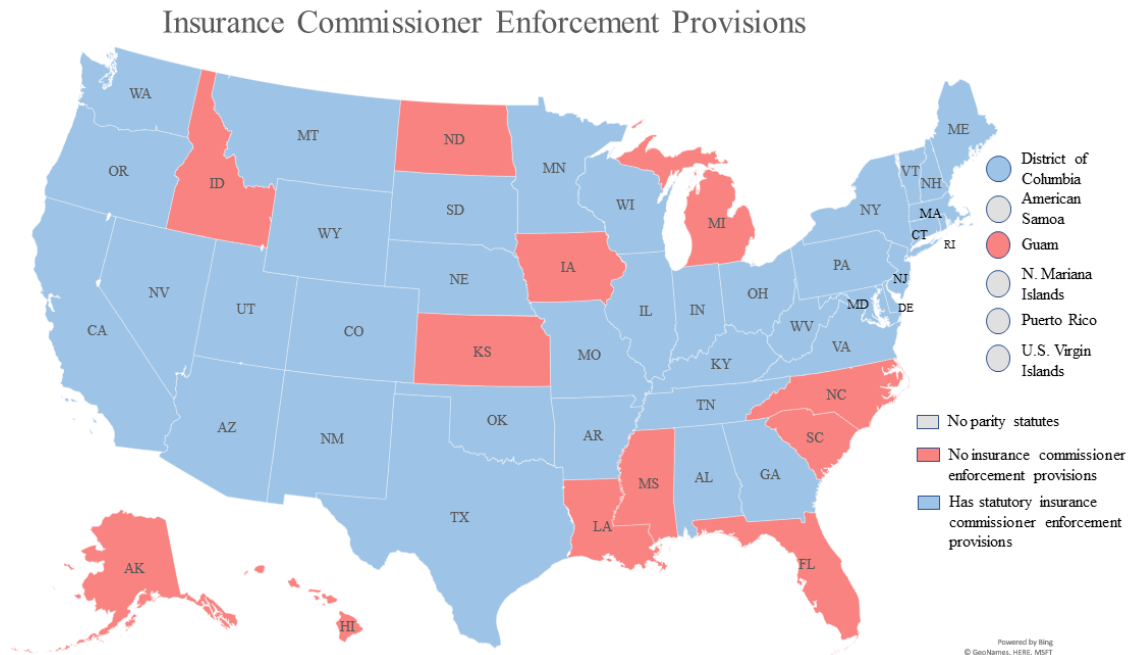
- Of the 52 jurisdictions that require parity by statute, 39 apply the parity requirements to all health insurance plans in the state. Thirteen states (Alabama, Alaska, Arkansas, Florida, Idaho, Iowa, Kentucky, Louisiana, Mississippi, New Mexico, North Dakota, South Carolina, and South Dakota) only apply parity requirements to certain categories of health insurance plans, such as excluding small employer group plans or individual plans.



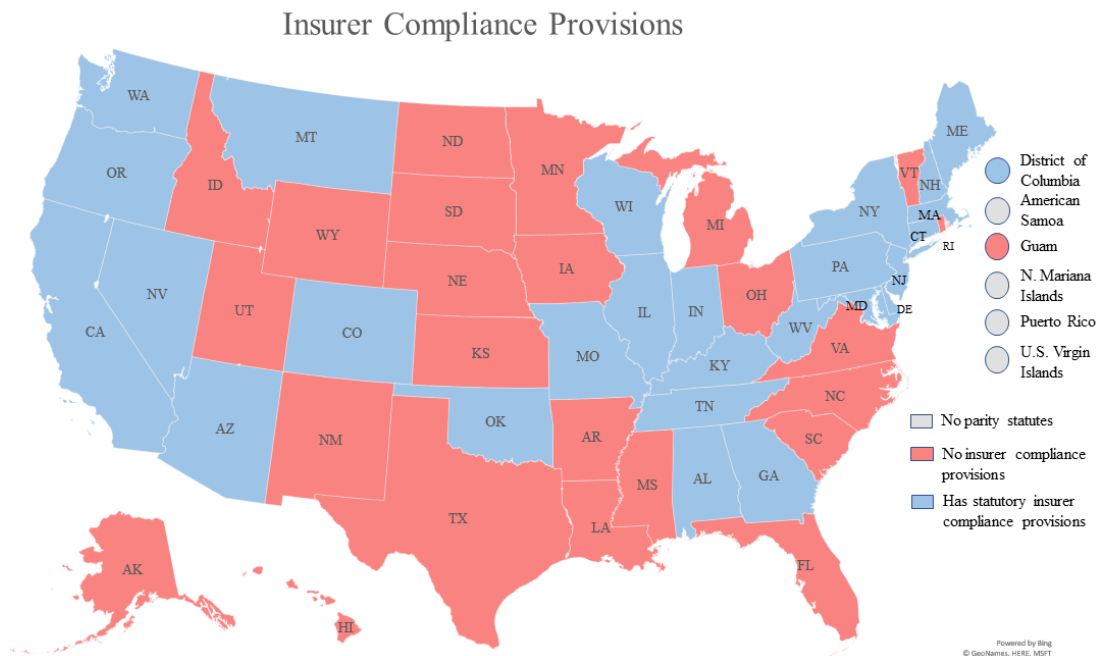
- Of the jurisdictions that require parity, 12 states (Alaska, Arizona, Georgia, Indiana, Kentucky, Louisiana, Minnesota, Nebraska, Nevada, Ohio, Pennsylvania, and Wyoming) and the District of Columbia only require parity for existing insurance plans that provide mental health and SUD coverage. These statutes do not themselves mandate that health insurance plans include mental health and SUD coverage. The remaining 38 states and Guam affirmatively require at least some health insurance plans to provide mental health and SUD coverage if the plans also provide coverage for other health conditions.



- Of the jurisdictions that require parity, 38 states, the District of Columbia, and Guam include language requiring a state authority, typically the state insurance commissioner, to enact regulations, submit reports, take enforcement actions, or otherwise enforce the statutory parity requirements on health insurers. The remaining 12 states (Alaska, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Michigan, Mississippi, North Carolina, North Dakota, and South Carolina) and Guam do not.



- Of the jurisdictions that require parity, about half include language requiring health insurance companies to demonstrate compliance with state or federal parity requirements, typically through annual reports. Twenty-six states and the District of Columbia have such requirements on insurers. The remaining 24 states and Guam do not.



<u>ALABAMA</u>	
Parity statute(s) or regulations	ALA. CODE §§ 27-54-1 to 27-54-7 (2025) (mental illness coverage in health benefit plans)
Effective date or most recent amendment	January 1, 2001
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Partially. Any group health benefit plan shall offer mental health benefits for the diagnosis and treatment of a list of mental illnesses (excluding SUD), under terms that are no less extensive than the benefits provided for medical treatment for physical illnesses.
State insurance authority reporting or enforcement requirements	The state insurance commissioner shall compile data submitted by health insurers (see below) into an annual report to demonstrate the health cost impact of state parity requirements.
Insurer reporting or enforcement requirements	Each issuer of a health insurance plan must provide an annual report that shows the total cost of mental health services relative to total health costs and certifies parity in mental health benefits.
Other provisions of note	None.
Pending state legislation	None.

<u>ALASKA</u>	
Parity statute(s) or regulations	ALASKA STAT. ANN. § 21.54.151 (West 2025)
Effective date or most recent amendment	April 23, 2014
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Health insurance plans in the group market must comply with the requirements for mental health or SUD benefits under the MHPAEA.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	By statute, insurers are directed to comply with Federal Parity Law benefit requirements for group insurance plans, but there are no specific statutory enforcement mechanisms.
Other provisions of note	None.
Recently proposed legislation	None.

<u>ARIZONA</u>	
Parity statute(s) or regulations	• ARIZ. REV. STAT. ANN. §§ 20-3501 to 20-3505 (2025) (mental health parity) • ARIZ. ADMIN. CODE §§ R20-6-1301 to 1305 (2025) (mental health parity)
Effective date or most recent amendment	• August 25, 2020 (§§ 20-3501 to 20-3404) • September 29, 2021 (§ 20-3505) • September 4, 2022 (§§ R20-6-1301 to 1305)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Each health insurer that issues a plan in Arizona must comply with the MHPAEA. Health plans may not apply any financial requirement or quantitative treatment limit to mental health and SUD benefits that is more restrictive than the requirements or limits applied to medical and surgical benefits (with few named exceptions, such as allowing cost differentials for in-network versus out-of-network coverage).
State insurance authority reporting or enforcement requirements	The insurance department must analyze compliance reports submitted by private insurers and evaluate health plans' compliance with parity standards. The department may require additional data from insurers to conduct these evaluations.
Insurer reporting or enforcement requirements	Every three years, for every insurance plan, insurers must submit a report to the insurance department containing: • The process used to select medical necessity criteria for mental health and SUD benefits versus medical and surgical benefits; • NQTLs that are applied to mental health and SUD benefits versus medical and surgical benefits; and • An analysis demonstrating that for any NQTL applied to mental health and SUD benefits, any process or standard was applied no more stringently than for medical and surgical benefits. During non-report years, insurers must file a summary of changes made to medical necessity criteria and NQTLs, with a written attestation that the insurer is in compliance with the MHPAEA.

<u>ARIZONA</u>	
Other provisions of note	• The insurance department must create a website with information about the scope and applicability of parity requirements and a guide for consumers on how to file an appeal or complaint for alleged violations of parity law. • The director of the insurance department shall appoint a mental health parity advisory committee to advise the department on relevant issues.
Recently proposed legislation	None.

<u>ARKANSAS</u>	
Parity statute(s) or regulations	• ARK. CODE ANN. §§ 23-99-501 to 23-99-512 (West 2025) (Arkansas Mental Health Parity Act) • 054.00.71 ARK. CODE R. §§ 1 to 5 (West 2025) (mental health parity)
Effective date or most recent amendment	• July 31, 2009 (§§ 23-99-501 to 509 and 511 to 512) • July 24, 2019 (§23-99-510)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Partially. For group health insurance plans for employers with more than 50 employees, insurers must provide benefits for the diagnosis and treatment of mental illness under the same terms as benefits for other medical conditions.
State insurance authority reporting or enforcement requirements	The state insurance commissioner shall have the power to enforce the state parity statutes, including the promulgation of rules. The commissioner is further authorized to audit insurers' records in response to a claim of exemption from parity requirements due to cost increases.
Insurer reporting or enforcement requirements	None.
Other provisions of note	The parity requirements do not apply to a plan if compliance causes the cost of coverage to increase by two percent in the first year or by one percent in each subsequent plan year.
Recently proposed legislation	None.

<u>CALIFORNIA</u>	
Parity statute(s) or regulations	• CAL. INS. CODE § 10144.4 (West 2025) (MHPAEA compliance) • CAL. HEALTH & SAFETY CODE § 1374.72 (West 2025) (requirement for mental/SUD coverage on same terms as other coverage) • CAL. HEALTH & SAFETY CODE § 1374.721 (West 2025) (utilization review criteria and requirements) • CAL. CODE REGS. tit. 28, § 1300.74.721 (2025) (review rules)
Effective date or most recent amendment	• January 1, 2018 (§ 10144.4) • January 1, 2021 (§§ 1374.72 and 1374.721)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All individual, small group, and large group health insurance policies must provide all covered mental health and SUD benefits in compliance with the MHPAEA. Further, every insurance plan that provides hospital, medical, or surgical coverage must provide mental health and SUD coverage under the same terms and conditions applied to other medical conditions. The specific benefits that must be covered are basic healthcare services, intermediate services (including residential treatment, hospitalization, and outpatient treatment), and prescription drugs.
State insurance authority reporting or enforcement requirements	The director of the state insurance commission may assess administrative penalties against insurers who fail to meet the utilization review requirements.
Insurer reporting or enforcement requirements	When establishing the criteria for medically necessary care for mental health and SUD, insurers must apply generally accepted standards of care developed by relevant nonprofit professional associations. To that end, insurers must: • Sponsor educational programs conducted by those nonprofit clinical specialty organizations; • Make that educational program available to other stakeholders including participating providers, • Provide free copies of clinical review criteria and training materials to providers and plan enrollees; • Track, identify, and analyze how clinical review criteria are used to certify or deny care; • Conduct interrater reliability testing to ensure consistency in how medical necessity decisions are made; and

<u>CALIFORNIA</u>	
Insurer reporting or enforcement requirements (cont'd)	• Achieve interrater reliability pass rates of at least 90 percent (and, if not, provide for immediate remediation of poor interrater reliability for all new staff). The nonprofit professional organizations and their standards of care are established by administrative rule.
Other provisions of note	None.
Recently proposed legislation	None.

<u>COLORADO</u>	
Parity statute(s) or regulations	• COLO. REV. STAT. ANN. § 10-16-104(5.5) (West 2025) (private insurance parity requirements) • COLO. REV. STAT. ANN. § 25.5-5-103 (West 2025) (Medicaid parity requirements) • 3 COLO. CODE REGS. § 702-4:4-2-64 (2025) (mental health parity in health benefit plans)
Effective date or most recent amendment	• June 1, 2021 (§ 702-4:4-2-64) • July 2, 2021 (§ 25.5-5-103) • August 7, 2023 (§ 10-16-104)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Every health benefit plan must provide coverage for prevention, screening, and treatment of behavioral, mental health, and SUD that is no less extensive than coverage provided for any physical illness. Further, plans must include, at a minimum, SUD treatment in accordance with the American Society of Addiction Medicine criteria for placement, medical necessity, and utilization management determinations (or other nationally recognized criteria, subject to rulemaking). Insurers may not apply any NQTL to behavioral health, mental health, and SUD benefits that are not applied to medical and surgical benefits within the same classification of benefits. Additionally, the state must ensure that benefits under the Medicaid program for behavioral health, mental health, and SUD services are no less extensive than benefits for any physical illness and are in compliance with the MHPAEA.
State insurance authority reporting or enforcement requirements	The insurance commissioner may adopt rules to implement and administer the parity requirements in compliance with federal law. These regulations specify in greater detail which treatment limitations are permitted or prohibited and establish reporting requirements for insurers.
Insurer reporting or enforcement requirements	Administrative regulations require that insurers submit an Annual MHPAEA Compliance Statement with the state insurance commissioner to demonstrate compliance with state and federal parity standards.
Other provisions of note	None.
Recently proposed legislation	None.

<u>CONNECTICUT</u>	
Parity statute(s) or regulations	• CONN. GEN. STAT. ANN. § 38a-492q (West 2025) (essential health benefits, individual insurance) • CONN. GEN. STAT. ANN. § 38a-518q (West 2025) (essential health benefits, group insurance) • CONN. GEN. STAT. ANN. § 38a-477ee (West 2025) (parity requirements) • CONN. AGENCIES REGS. 38a-481-9 (2025) (additional rate filing requirements) • CONN. AGENCIES REGS. 38a-513-13 (2025) (additional rate filing requirements)
Effective date or most recent amendment	• December 3, 2018 (38a-481-9 and 38a-513-13) • January 1, 2019 (§§ 38a-492q and 38a-518q) • October 1, 2019 (§ 38a-477ee)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Individual and group health insurance plans must cover a defined list of essential health benefits, including mental health and SUD services. Health insurers must demonstrate their compliance with the MHPAEA and state requirements for essential health benefits.
State insurance authority reporting or enforcement requirements	The insurance commissioner must submit reports from insurers (see below) to the General Assembly, the Attorney General, the Healthcare Advocate, and the executive director of the Office of Health Strategy. During annual public hearings of the General Assembly, the commissioner must inform the relevant committee whether each insurer submitted a report that satisfied state and federal parity requirements. The insurance commissioner is empowered to adopt regulations to implement the statutory provisions.
Insurer reporting or enforcement requirements	Each health carrier must establish compliance with parity requirements by submitting an annual report to the insurance commissioner detailing the process for determining medical necessity for treatments and any NQTLs.
Other provisions of note	None.
Recently proposed legislation	Yes. See Pending Federal and State Legislation .

<u>DELAWARE</u>	
Parity statute(s) or regulations	• DEL. CODE ANN. tit. 18, § 3343 (West 2025) (parity requirements) • DEL. CODE ANN. tit. 18, § 3571U (West 2025) (reporting requirements) • 18 DEL. ADMIN. CODE §§ 1410-1.0 to 9.0 (2025) (reporting protocols)
Effective date or most recent amendment	• August 29, 2018 (§ 3571U) • June 11, 2019 (§§ 1410-1.0 to 9.0) • August 13, 2019 (§ 3343)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Health benefit plans in the state must provide coverage for serious mental illness and SUD, which includes, among other benefits, unlimited medically necessary treatment for SUD as required by the MHPAEA. No insurer may offer a plan that places a greater financial burden on the insured for diagnosis and treatment of mental illness or SUD than for diagnosis or treatment of any other illness or disease covered by the health plan.
State insurance authority reporting or enforcement requirements	The insurance commissioner has authority to enforce the insurer reporting requirements. To that end, the insurance commission has promulgated rules specifying the requirements of insurer parity compliance reporting and authorizing the commissioner to examine the business and financial affairs of insurers.
Insurer reporting or enforcement requirements	Each insurer must submit a report to the Delaware Health Information Network and the insurance commissioner for each year in which the insurer makes significant changes to the design and application of its medical management protocols. The report must include: • Processes used to determine medical necessity; • A comparison of the use of NQTLs for mental health and SUD treatment versus medical and surgical treatment; and • An analysis demonstrating how the insurer has enacted these policies in compliance with the MHPAEA.
Other provisions of note	None.
Recently proposed legislation	None.

<u>DISTRICT OF COLUMBIA</u>	
Parity statute(s) or regulations	D.C. CODE ANN. §§ 31-3175.01 to 06 (West 2025) (Health Benefits Plans Behavioral Health Parity)
Effective date or most recent amendment	March 13, 2019
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All health insurance plans that provide mental health and SUD benefits, including Medicaid plans, must comply with the requirements of the MHPAEA. Additionally, insurers may not impose NQTLs for mental health or SUD benefits unless they are applied no more stringently than those for medical or surgical benefits.
State insurance authority reporting or enforcement requirements	The Department of Insurance: • Ensures compliance by health insurers; • Detects, evaluates, and responds to complaints on violations of the MHPAEA; • Maintains a publicly available consumer complaint log; and • Performs market conduct examinations of health insurance plans, including reviews of NQTLs. Every year, the department must issue a report on its activities for the previous year. This report includes: • Methodologies used to verify compliance with D.C. law; • Description of market conduct examinations conducted; • Any educational or corrective action taken; and • Efforts to educate the public regarding mental health and SUD protections under D.C. law and the MHPAEA.
Insurer reporting or enforcement requirements	Annually, insurers must submit a report to the Department of Insurance which includes: • The frequency with which a plan required prior authorization for benefits; • The process used to determine medical necessity criteria; • All NQTLs applied to mental health and SUD benefits; • An analysis with conclusions demonstrating how a health plan is in compliance with requirements; • Rates of, and reasons for, denial of claims for mental health and SUD benefits compared to medical and surgical services;

<u>DISTRICT OF COLUMBIA</u>	
Insurer reporting or enforcement requirements (cont'd)	• A certification that the insurer has completed a comprehensive review of each plan's administrative practices to verify compliance with D.C. law; and • Any other information requested by the Commissioner.
Other provisions of note	None.
Recently proposed legislation	None.

<u>FLORIDA</u>	
Parity statute(s) or regulations	FLA. STAT. ANN. §§ 627.668 to 627.669 (West 2025) (required coverage for mental health and SUD)
Effective date or most recent amendment	July 1, 2013
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Florida requires that group health insurance plans and health maintenance organizations that offer health insurance plans must include optional additional coverage for mental health and SUD treatment for an appropriate additional premium. For plans that do provide coverage for mental health and SUD treatment, durational limits, dollar amounts, deductibles, and coinsurance factors may not be less favorable than for physical illnesses generally, with a few listed exceptions.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>GEORGIA</u>	
Parity statute(s) or regulations	GA. CODE ANN. § 33-1-27 (West 2025)
Effective date or most recent amendment	July 1, 2022
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Every health insurer that provides coverage for mental health or SUD shall provide that coverage in accordance with the MHPAEA.
State insurance authority reporting or enforcement requirements	The insurance commissioner shall: • Annually publish the reports received from insurers; • Conduct an annual data call of health insurers, gathering information on use of NQTLs. If this data indicates a violation of any parity requirement, the department must initiate a market conduct examination of the insurer to determine its compliance. The commissioner will then submit an annual report to the governor, lieutenant governor, and speaker of the House of Representatives concerning the data call and any market conduct examinations; • Establish a process for accepting, evaluating, and responding to complaints about suspected parity violations; • Create a repository for tracking, analyzing, and reporting information from complaints about suspected parity violations; • Submit annual reports to the Georgia Data Analytic Center and the General Assembly with information on the previous year's complaints; • Appoint a mental health parity officer to ensure implementation of Georgia parity requirements; • Impose penalties of up to \$2,000 on insurers for each failure to submit timely or sufficient reports or responses to data calls (or up to \$5,000 if insurer knew or should have known itself to be in violation); and • Take further enforcement actions against insurers in violation of parity requirements, including monetary penalties, compliance plans, or reprocessing of claims.
Insurer reporting or enforcement requirements	Annually, insurers must submit a report to the insurance commissioner containing comparative analyses and other information requested by the commissioner to demonstrate compliance with the parity requirements.
Other provisions of note	None.
Recently proposed legislation	None.

<u>HAWAII</u>	
Parity statute(s) or regulations	HAW. REV. STAT. ANN. § 431M-2 (West 2025)
Effective date or most recent amendment	July 1, 2014
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All individual and group health insurance policies issued in the state shall include alcohol use disorder, substance use disorder, and mental health treatment services within their hospital and medical coverage. These policies shall not impose financial requirements or treatment limitations on mental health or SUD benefits that are more restrictive than the predominant financial requirements and treatment limitations imposed on medical and surgical benefits, in accordance with the MHPAEA.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	Yes. See Pending Federal and State Legislation .

<u>IDAHO</u>	
Parity statute(s) or regulations	IDAHO CODE ANN. § 67-5761A (West 2025)
Effective date or most recent amendment	July 1, 2006
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Partially. Health insurance for state employees and their family members only must provide coverage for the treatment of serious mental illnesses (defined to exclude SUD) in a manner that is equitable and commensurate with that provided for other major physical illnesses.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>ILLINOIS</u>	
Parity statute(s) or regulations	• 215 ILL. COMP. STAT. ANN. 5/370c (West 2025) (general parity requirements) • 215 ILL. COMP. STAT. ANN. 5/370c.1 (West 2025) (health insurance marketplace parity requirements)
Effective date or most recent amendment	• August 4, 2023 (5/370c) • January 1, 2024 (5/370c.1)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Every insurer that offers coverage for hospital or medical treatment shall provide coverage for medically necessary treatment of mental, emotional, or substance use disorders such that the financial requirements and treatment limitations applicable to mental health and SUD benefits are no more restrictive than those for hospital and medical benefits and that there are no separate cost-sharing requirements that apply only to mental or SUD benefits.
State insurance authority reporting or enforcement requirements	The Department of Insurance will enforce the MHPAEA and Illinois parity requirements by: • Proactively ensuring compliance by requiring that insurers submit comparative analyses of how they design and apply NQTLs; • Evaluating consumer complaints of possible parity violations; and • Performing parity compliance market conduct examinations. The department shall further annually issue a report to the General Assembly that includes: • Department methodology for checking compliance with the MHPAEA and Illinois parity requirements; • Market conduct examinations conducted during the preceding year regarding mental health and SUD parity; and • Educational or corrective actions taken to ensure compliance with parity requirements. If the director of the Department of Insurance determines that an insurer has violated parity requirements, he or she may assess a civil penalty between \$1000 and \$5000 for each violation.

<u>ILLINOIS</u>	
Insurer reporting or enforcement requirements	Insurers must submit an annual report for each health insurance plan concerning the creation of medical necessity criteria, the use of NQTLs, and an analysis demonstrating compliance with the MHPAEA. The reports will be made available on the Department of Insurance website.
Other provisions of note	A Parity Advancement Fund is created from fines and penalties collected from insurers in violation of parity requirements. Moneys in the fund are used to provide financial support of the Consumer Education Campaign, parity compliance advocacy, and other initiatives to support parity implementation and enforcement.
Recently proposed legislation	None.

<u>INDIANA</u>	
Parity statute(s) or regulations	IND. CODE ANN. § 27-8-5-15.8 (West 2025)
Effective date or most recent amendment	July 1, 2020
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Health insurance plans may not impose a separate NQTL applicable to mental illness or SUD that is not also applicable to other medical or surgical conditions.
State insurance authority reporting or enforcement requirements	The Department of Insurance is authorized to adopt rules to ensure compliance with federal and Indiana parity laws, though none have been issued under the statute's authority.
Insurer reporting or enforcement requirements	Insurers must submit annual reports to the Department of Insurance containing information on medical necessity criteria, NQTLs, and analysis supporting how treatment conditions and limitations are applied no more stringently to mental health and SUD treatment.
Other provisions of note	None.
Recently proposed legislation	Yes. See Pending Federal and State Legislation .

<u>IOWA</u>	
Parity statute(s) or regulations	IOWA CODE ANN. § 514C.22 (West 2025)
Effective date or most recent amendment	July 1, 2017
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Partially. A policy or contract providing for third-party payment or prepayment of health or medical expenses, if issued to employers with more than 50 employees, shall provide coverage benefits for treatment of biologically based mental illnesses (defined to exclude SUD).
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>KANSAS</u>	
Parity statute(s) or regulations	• KAN. STAT. ANN. § 40-2258 (West 2025) (benefit limit parity for group insurance) • KAN. STAT. ANN. § 40-2,105 (West 2025) (minimum mental health and SUD benefits for individual and small group plans) • KAN. STAT. ANN. § 40-2,105a (West 2025) (required mental health and SUD benefits and parity for group insurance)
Effective date or most recent amendment	• November 1, 2009 (§ 40-2258) • July 1, 2018 (§§ 40-2,105 and 40-2,105a)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes, though it differs depending on the type of insurance plan. § 40-2258 establishes that a group health insurance plan cannot impose annual, aggregate, or lifetime limits on mental health or SUD benefits that do not also apply to hospital, medical, and surgical benefits. § 40-2,105 sets the minimum mental health and SUD benefits that must be covered in individual and small group health plans that also provide medical, surgical, or hospital coverage. These plans must cover at least 45 days of in-patient treatment and 30 days of SUD treatment center care, subject to the same costs and limitations as other benefits, and the lifetime benefits limit cannot be lower than \$15,000. § 40-2,105a requires all large group insurance plans that provide medical, surgical, or hospital coverage must include coverage for mental health and SUD treatment, with such coverage subject to the same deductibles, copayments, coinsurance, out-of-pocket expenses, and limitations that apply to other covered services.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>KENTUCKY</u>	
Parity statute(s) or regulations	• KY. REV. STAT. ANN. §§ 304.17A-660 to 669 (West 2025) (parity requirements) • 806 KY. ADMIN. REGS. 17:585 (2025) (annual report compliance) • 806 KY. ADMIN. REGS. 17:240 (2025) (data reporting requirements)
Effective date or most recent amendment	• July 15, 2010 (§ 304.17A-665) • January 1, 2022 (§§ 304.17A-660, 661, and 669) • February 1, 2022 (17:240) • January 3, 2023 (17:585)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. A health benefit plan that provides coverage for treatment for mental health or SUD must provide that coverage under terms that are no more restrictive than those for treatment of a physical health condition. In addition, no plan may impose NQTLs or medical necessity criteria to mental health or SUD benefits that do not apply equally to medical and surgical benefits. This requires, at minimum, that plans comply with the MHPAEA. These parity requirements do not apply to group health plans covering fewer than 51 employees, however.
State insurance authority reporting or enforcement requirements	Sixty days prior to the start of each regular legislative session, the state insurance commissioner must submit a report to the General Assembly on the impacts of state parity requirements on health insurance costs.
Insurer reporting or enforcement requirements	Insurers must submit an annual report to the insurance commissioner that includes the process used to determine medical necessity, a list of NQTLs, and an analysis demonstrating compliance with Kentucky parity requirements. Specific requirements for submitting these reports are set by administrative rules promulgated by the insurance commissioner.
Other provisions of note	An insurer's willful violation of state parity requirements constitutes an act of discrimination and is an unfair trade practice.
Recently proposed legislation	Yes. See Pending Federal and State Legislation .

<u>LOUISIANA</u>	
Parity statute(s) or regulations	• LA. STAT. ANN. § 22:1066 (2025) (mental health parity requirements) • LA. STAT. ANN. § 22:1066.2 (2025) (SUD parity requirements)
Effective date or most recent amendment	• January 1, 2011 (§ 22:1066) • August 1, 2022 (§ 22:1066.2)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Partially. For large group health insurance plans that offer mental health coverage, insurers may not impose any aggregate or annual benefit limits that do not also apply to medical and surgical coverage. These parity requirements do not apply to group insurance plans for small employers, nor will they apply if application of the requirements causes an increase in cost under the plan or for such coverage of at least one percent. Health insurance plans that offer mental health and SUD benefits may only apply medical necessity determinations in compliance with the MHPAEA.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>MAINE</u>	
Parity statute(s) or regulations	• ME. REV. STAT. ANN. tit. 24-A, § 2749-C (West 2025) (individual insurance parity requirements) • ME. REV. STAT. ANN. tit. 24-A, § 2843 (West 2025) (group insurance parity requirements) • ME. REV. STAT. ANN. tit. 24-A, § 4320-A (West 2025) (cost-sharing parity)
Effective date or most recent amendment	• April 14, 2022 (§§ 2749-C and 2843) • August 8, 2022 (§ 4320-A)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All group and individual health insurance plans must provide, at minimum, coverage for a list of mental illnesses and SUD, and these plans may not impose limitations on coverage or benefits for mental illness and SUD that are not also imposed on coverage for medical treatment of physical illnesses. In addition, plans must provide coverage for a first behavioral health office visit without cost-sharing, and for subsequent visits, plans may not impose a copayment amount that is greater than that for a primary care office visit.
State insurance authority reporting or enforcement requirements	The superintendent of insurance will compile insurer-submitted data into an annual report.
Insurer reporting or enforcement requirements	Every insurer must issue an annual report to the insurance superintendent that includes the amount of claims paid in the state for the services required by the parity standards and the total amounts of claims paid in the state for group or individual healthcare plans.
Other provisions of note	None.
Recently proposed legislation	None.

<u>MARYLAND</u>	
Parity statute(s) or regulations	• MD. CODE ANN., HEALTH-GEN. § 15-103.6 (West 2025) (Medicaid parity requirements) • MD. CODE ANN., INS. § 15-802 (West 2025) (general parity requirements) • MD. CODE ANN., INS. § 15-144 (West 2025) (reporting and enforcement requirements) • MD. CODE REGS. 31.10.51.01 to 08 (2025) (reports on nonquantitative treatment limitations and data)
Effective date or most recent amendment	• January 1, 2020 (§ 15-802) • December 27, 2021 (31.10.51.01 to 08) • October 1, 2022 (§ 15-103.6) • April 25, 2024 (§ 15-144)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Health insurance plans must provide at least minimum benefits that include inpatient treatment, partial hospitalization, and outpatient benefits for mental illness and SUD. These benefits must be provided in compliance with the MHPAEA, and any processes used to manage benefits must be comparable to, and applied no more stringently than, such processes for physical illness benefits.
State insurance authority reporting or enforcement requirements	The state insurance commissioner shall review reports submitted by insurers and assess their compliance with the MHPAEA. If an insurer is found to be out of compliance, the commissioner will issue a notice of noncompliance, allowing the insurer to submit a compliance plan and reprocess any improperly denied claims. The commissioner may impose penalties upon insurers for failure to submit a complete report. If the commissioner finds that the insurer failed to comply with provisions of the MHPAEA and did not adequately address the noncompliance, the commissioner may impose an administrative order or penalty to bring the insurer into compliance.

<u>MARYLAND</u>	
Insurer reporting or enforcement requirements	Insurers must submit several reports or notices annually. These include: • Notice in print and on its website of benefits required under federal and Maryland law; • Report filed with the state insurance commissioner identifying the five health benefit plans with the highest enrollment in the individual, small, and large group markets and demonstrating the plans' compliance with the MHPAEA; and • Report filed with the state insurance commissioner identifying the frequency with which health insurance plans received, approved, and denied prior authorization requests for mental health and SUD benefits and the number of claims submitted for mental health and SUD benefits (along with the number of, and reason for, denials).
Other provisions of note	The Department of Health must adopt regulations to ensure Maryland's Medicaid program is in compliance with the MHPAEA, specifically focusing on treatment limitations and scope of benefits.
Recently proposed legislation	Yes. See Pending Federal and State Legislation.

<u>MASSACHUSETTS</u>	
Parity statute(s) or regulations	• MASS. GEN. LAWS ANN. ch. 26, § 8K (West 2025) (enforcement by insurance commissioner) • MASS. GEN. LAWS ANN. ch. 26, § 8M (West 2025) (insurer reporting requirements) • MASS. GEN. LAWS ANN. ch. 32A, § 22B (West 2025) (enforcement by insurance commissioner) • MASS. GEN. LAWS ANN. ch. 175, § 47QQ (West 2025) (mental health and SUD benefits – individual plans) • MASS. GEN. LAWS ANN. ch. 176G, § 4JJ (West 2025) (mental health and SUD benefits – group plans) • 130 MASS. CODE REGS. 450.123 (West 2025) (managed care compliance) • 211 MASS. CODE REGS. 154.01 to 06 (West 2025) (enforcement of mental health parity)
Effective date or most recent amendment	• June 7, 2013 (154.01 to 06) • January 1, 2022 (450.123) • November 8, 2022 (§§ 8M, 47QQ, 4JJ) • March 29, 2023 (§§ 8K, 22B)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Massachusetts statutes require the state insurance commissioner to enforce the mental health and SUD provisions of the MHPAEA and insurers to demonstrate their compliance. All individual or group health insurance policies that provide hospital and surgical expense insurance must also provide coverage for mental health or SUD services.
State insurance authority reporting or enforcement requirements	The commissioner of insurance shall enforce the MHPAEA by: • Evaluating and resolving consumer complaints alleging an insurer's noncompliance with state of federal parity laws; • Performing market conduct examinations of each carrier once every four years, or more frequently if noncompliance is suspected; • Requiring that insurers comply with reporting requirements; • Updating applicable regulations to effectuate the MHPAEA; and • Assessing fees upon insurers for costs and expenses incurred in market conduct examinations.

<u>MASSACHUSETTS</u>	
State insurance authority reporting or enforcement requirements (cont'd)	The commissioner may impose penalties upon insurers for violation of state parity laws or the MHPAEA in the amount of \$100 for each day of noncompliance per product line for each beneficiary affected (with a maximum annual penalty of \$1,000,000). The commissioner may further require carriers to provide remedies for improper denial of service, including: • Requiring the insurer to change benefit standards or practices; • Providing training to staff on changes to benefits and practices; • Informing plan members of changes; • Requiring insurers to reprocess claims and pay improperly denied claims; and • Requiring the insurer to submit to ongoing monitoring the verify compliance. Finally, the commissioner shall evaluate and resolve consumer complaints alleging an insurer's noncompliance with federal or state parity law and shall publish an annual summary of reports submitted by insurers.
Insurer reporting or enforcement requirements	All insurers providing mental health or SUD benefits must submit an annual report containing descriptions of plan NQTLs, analysis supporting their compliance with the MHPAEA, the number of requests received for parity documents, and any other data or information the commissioner deems necessary to assess compliance.
Other provisions of note	None.
Recently proposed legislation	None.

<u>MICHIGAN</u>	
Parity statute(s) or regulations	• MICH. COMP. LAWS ANN. § 500.3425 (West 2025) (SUD parity) • MICH. COMP. LAWS ANN. § 500.3406b (West 2025) (mental health parity) • MICH. COMP. LAWS ANN. § 500.3406hh (West 2025) (combined mental health/SUD parity)
Effective date or most recent amendment	• July 1, 2016 (§ 500.3425) • February 13, 2024 (§ 500.3425) • March 9, 2025 (§ 500.3406hh)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes, in 2025. Under current law, health insurance policies in Michigan must provide coverage for intermediate and outpatient care for SUD, and the charges, terms, and conditions for the coverage must not be less favorable than the maximum prescribed for other comparable service. Individual or small group plans must include coverage for mental health, but there is no parity requirement. When § 500.3406hh takes effect in 2025, insurance plans will be required to provide mental health and SUD coverage, and treatment limitations will be permitted only if they are comparable to, and are applied no more stringently than, those of medical/surgical benefits.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	Yes. See Pending Federal and State Legislation .

<u>MINNESOTA</u>	
Parity statute(s) or regulations	• MINN. STAT. ANN. § 62Q.465 (West 2025) (Mental Health Parity and Substance Abuse Accountability Office) • MINN. STAT. ANN. § 62Q.47 (West 2025) (general parity requirements)
Effective date or most recent amendment	• July 1, 2023 (§ 62Q.465) • August 1, 2023 (§ 62Q.47)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Health insurance plans that include coverage for mental health or SUD services must not be subject to cost-sharing requirements that impose a greater financial burden than those of other medical services, must not impose NQTLs unless they are comparable to those of medical and surgical benefits, and must meet the requirements of the MHPAEA.
State insurance authority reporting or enforcement requirements	The state commissioner of commerce may require information from insurers, including comparisons between mental health and SUD treatment and other medical conditions, to confirm that mental health parity is being implemented. Annually, the commissioner, in consultation with the commissioner of health, must submit a report on compliance and oversight to the legislative committees overseeing health and commerce, including: • The commissioner's process for reviewing health insurer compliance with federal and Minnesota parity laws; • Enforcement actions and market conduct examinations taken to evaluate insurer compliance; • Corrective actions taken by the commissioner to ensure insurer compliance; and • Information provided to the public about alcoholism, mental health, or chemical dependency parity protections.
Insurer reporting or enforcement requirements	None.
Other provisions of note	The Mental Health Parity and Substance Abuse Accountability Office is established within the Department of Commerce to create and execute strategies to implement federal and Minnesota parity requirements. The office oversees compliance reviews, conducts and leads stakeholder engagement, reviews consumer and provider complaints, and serves as a resource to ensure health plan compliance.
Recently proposed legislation	None.

<u>MISSISSIPPI</u>	
Parity statute(s) or regulations	• MISS. CODE ANN. § 83-9-37 (West 2025) (definitions) • MISS. CODE ANN. § 83-9-39 (West 2025) (benefit mandate) • MISS. CODE ANN. § 83-9-41 (West 2025) (cost parity)
Effective date or most recent amendment	• July 1, 1994 (§ 83-9-37) • July 1, 2014 (§ 83-9-41) • July 1, 2022 (§ 83-9-39)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All health maintenance organization and group health insurance plans must provide covered benefits for the treatment of mental illness (defined as any psychiatric disease in the Diagnostic and Statistical Manual). The rate of payment for such services must be the same as provided for any other condition.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>MISSOURI</u>	
Parity statute(s) or regulations	• MO. ANN. STAT. §§ 376.1550 to 376.1551 (West 2025) (coverage requirements) • MO. CODE REGS. ANN. tit. 20, § 400-2.165 (2025) (Access to Providers for Treatment of Mental Health Conditions)
Effective date or most recent amendment	• August 28, 2018 (§ 376.1550) • October 31, 2019 (§ 400-2.165) • August 28, 2021 (§ 376.1551)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All health benefit plans that provide coverage for mental health conditions (defined to include SUD) shall meet the requirements of the MHPAEA. With some exceptions (such as health insurance exchange plans purchased prior to 2014), each insurer that offers health benefit plans in the state must provide coverage for mental health conditions.
State insurance authority reporting or enforcement requirements	The director of the department of commerce and insurance may promulgate rules to effectuate the state parity requirements. Existing rules establish reporting requirements for insurers.
Insurer reporting or enforcement requirements	Under commerce department rules, insurers must file an annual certification with the department demonstrating compliance with MHPAEA parity requirements.
Other provisions of note	The director of the department of commerce and insurance may grant waivers to policyholders exempting them from the mental health coverage mandate if compliance causes insurance premiums to increase at least two percent over a consecutive 24-month period.
Recently proposed legislation	None.

<u>MONTANA</u>	
Parity statute(s) or regulations	MONT. CODE ANN. §§ 33-22-701 to 710 (West 2025) (Montana Mental Health Parity Act)
Effective date or most recent amendment	• January 1, 2018 (§§ 33-22-701, 703) • January 1, 2022 (§§ 33-22-702, 705, 707, 710)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All insurers offering health insurance plans must cover mental illness and SUD at a level of benefits no less favorable than the level provided for physical illness, meaning the level of parity required by the MHPAEA.
State insurance authority reporting or enforcement requirements	The insurance commissioner may adopt rules to implement the provisions of the Montana Mental Health Parity Act, though none have yet been promulgated.
Insurer reporting or enforcement requirements	Insurers offering a plan that provides mental health or SUD benefits must submit a report to the insurance commissioner the following year, and upon request of the commissioner for each year thereafter, that complies with the analysis requirements of the MHPAEA.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NEBRASKA</u>	
Parity statute(s) or regulations	NEB. REV. STAT. ANN. §§ 44-791 to 795 (West 2025) (mental health parity)
Effective date or most recent amendment	• January 1, 2002 (§§ 44-791, 794, 795) • August 28, 2021 (§§ 44-792, 793)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Partially. Health insurance plans that provide coverage for mental health conditions other than SUD must not place a greater financial burden on an insured person for access to mental health treatment than for access to physical health conditions.
State insurance authority reporting or enforcement requirements	The director of insurance may adopt and promulgate rules and regulations to carry out the state parity requirements, but none have currently been adopted.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NEVADA</u>	
Parity statute(s) or regulations	NEV. REV. STAT. ANN. § 687B.404 (West 2025)
Effective date or most recent amendment	January 1, 2022
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. An insurer providing health coverage in the state shall adhere to the applicable provisions of the MHPAEA.
State insurance authority reporting or enforcement requirements	On or before July 1 each year, the insurance commissioner shall issue a data request to each insurer for information necessary to evaluate compliance with the MHPAEA. On or before December 31 each year, the commissioner shall compile a report summarizing the requested data and submit it to the Patient Protection Commission, the governor, and the director of the Legislative Counsel Bureau. The commissioner may adopt regulations to carry out the provisions of the parity law, though none are currently in effect.
Insurer reporting or enforcement requirements	On or before October 1 each year, each insurer must submit data requested by the commissioner or submit a copy of a report submitted by the insurer to the federal government demonstrating compliance with the MHPAEA.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NEW HAMPSHIRE</u>	
Parity statute(s) or regulations	• N.H. REV. STAT. ANN. § 415:18-a (2025) (group insurance parity requirements) • N.H. REV. STAT. ANN. § 417-E:1 (2025) (parity requirements) • N.H. REV. STAT. ANN. § 420-G:4-d (2025) (essential health benefits) • N.H. CODE ADMIN. R. ANN. INS. 2702.01 to 09 (2025)
Effective date or most recent amendment	• December 3, 2018 (2702.01 to 09) • September 10, 2019 (§ 420-G:4-d) • September 17, 2019 (§ 415:18-a) • January 1, 2023 (§ 417-E:1)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Each insurer that issues health insurance providing benefits for disease or sickness must provide benefits for treatment and diagnosis of a set of biologically-based mental illnesses, not including SUD, under terms that are no less extensive than coverage provided for other physical illnesses. Group health insurance policies must include coverage for treatment for SUD up to specified limits that may be defined in days or dollar amounts. All health insurance coverage offered to individuals or small employers must include coverage for essential health benefits including mental health and SUD services. In contracts with providers, health insurers must include reimbursement terms for mental health and SUD treatment services that are on average at least as favorable as those for non-hospital affiliated primary care providers.
State insurance authority reporting or enforcement requirements	The state insurance commissioner has the authority to enforce provisions of the MHPAEA and may adopt rules to that effect. Existing rules provide more specific definitions to guide insurers in preparing compliance reports. Periodically, the commissioner must require insurers to submit comparative analyses of their plans to ensure compliance with the MHPAEA's NQTL provisions, and the commissioner shall make such analysis public to the extent permissible by law.
Insurer reporting or enforcement requirements	Insurers must submit to the state insurance commissioner comparative analyses of their plans that demonstrates compliance with the MHPAEA. Additional compliance guidance language is included in rules adopted by the insurance commissioner.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NEW JERSEY</u>	
Parity statute(s) or regulations	• N.J. STAT. ANN. § 26:2S-10.8 (West 2025) (general parity and enforcement requirements) • N.J. STAT. ANN. § 26:2J-4.20 (West 2025) (health maintenance organizations) • N.J. STAT. ANN. § 17B:26-2.1s (West 2025) (individual insurance) • N.J. STAT. ANN. § 17B:27-46.1v (West 2025) (group insurance) • N.J. STAT. ANN. § 17B:27A-7.5 (West 2025) (individual insurance) • N.J. STAT. ANN. § 17B:27A-19.7 (West 2025) (small employer insurance)
Effective date or most recent amendment	• June 10, 2019 (§ 26:2S-10.8) • August 29, 2022 (§§ 26:2J-4.20, 17B:26-2.1s, 17B:27-46.1v, 17B:27A-7.5, 17B:27A-19.7)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Individual, small group, and large group insurance policies and health maintenance organizations that provide hospital or medical benefits must provide benefits for mental health conditions and SUD under the same terms and conditions as provided for any other sickness under the policy and must meet the requirements of the MHPAEA.
State insurance authority reporting or enforcement requirements	The insurance department must enforce the MHPAEA by: • Ensuring insurer compliance with federal and New Jersey parity statutes; • Detecting violations of parity law in health insurance contracts; • Responding to complaints regarding violations; • Maintaining a publicly available consumer complaint log; and • Adopting any rules necessary to enforce New Jersey parity law and the MHPAEA. The commissioner must further issue an annual report to the legislature on department methodologies, market conduct examinations, educational or corrective actions, and public education efforts. Finally, the commissioner must post a report to its website disclosing conclusions as to whether analyses submitted by insurers comply with the MHPAEA.

<u>NEW JERSEY</u>	
Insurer reporting or enforcement requirements	Insurers must submit an annual report to the insurance department containing the processes used to develop medical necessity criteria, all NQTLs used in mental health and SUD benefits versus medical and surgical benefits, and the results of an analysis demonstrating that the limitations on mental health and SUD coverage were no more stringently applied than those for medical and surgical coverage, in compliance with the MHPAEA.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NEW MEXICO</u>	
Parity statute(s) or regulations	• N.M. STAT. ANN. §§ 13-7-30 to 39 (West 2025) (public health plans) • N.M. STAT. ANN. §§ 59a-46-61 to 70 (West 2025) (health maintenance organizations) • N.M. STAT. ANN. §§ 59a-47-56 to 65 (West 2025) (nonprofit health plans) • N.M. STAT. ANN. §§ 59a-23-22 to 31 (West 2025) (group insurance plans) • N.M. CODE R. 13.10.31.8 (2025) (prior authorization parity regulations)
Effective date or most recent amendment	• January 1, 2022 (prior authorization parity regulations) • June 16, 2023 (all statutes)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All public employee health plans, health maintenance organizations, nonprofits, and group health insurance plans must provide coverage for all mental health or SUD services required by generally recognized standards of care. Insurers may not impose quantitative limits or NQTLs, financial restrictions, limitations, or requirements on mental health or SUD services that are more restrictive than those imposed on benefits for other conditions.
State insurance authority reporting or enforcement requirements	The office of superintendent of insurance shall ensure that an insurer complies with federal and state parity laws. No more specificity is given in statute or regulation.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NEW YORK</u>	
Parity statute(s) or regulations	• N.Y. INS. LAW § 3216 (McKinney 2024) (individual health insurance) • N.Y. INS. LAW § 3217-a (McKinney 2024) (insurer disclosures) • N.Y. INS. LAW § 3221 (McKinney 2024) (group health insurance) • N.Y. INS. LAW § 4303 (McKinney 2024) (nonprofit health insurance) • N.Y. INS. LAW § 4324 (McKinney 2024) (insurer disclosures) • N.Y. INS. LAW § 344 (McKinney 2024) (penalties directed to Parity Compliance Fund) • N.Y. STATE FIN. LAW § 99-hh (McKinney 2024) (parity compliance fund) • N.Y. COMP. CODES R. & REGS. tit. 11, §§ 230.0 to 3 (2025)
Effective date or most recent amendment	• April 1, 2020 (§§ 344, 99-hh) • December 29, 2020 (§§ 230.0 to 3) • June 28, 2023 (§§ 3217-a, 4324) • May 3, 2024 (§§ 3216, 3221, 4303)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Every individual or group health insurance policy that provides coverage for inpatient hospital care or physician services must provide coverage for diagnosis and treatment of mental health conditions. No additional financial requirements or treatment limitations may be imposed that are not also applied to substantially all medical and surgical benefits. Every individual or group health insurance policy that provides medical, major medical, or similar comprehensive coverage must provide outpatient coverage for diagnosis and treatment of SUD. Such coverage cannot apply financial requirements or treatment limitations that are more restrictive than those for substantially all medical and surgical benefits. These policies must be consistent, at a minimum, with the MHPAEA.
State insurance authority reporting or enforcement requirements	The state superintendent of insurance may assess a penalty of no more than \$100 against insurers for each violation of parity statutes or regulations. The superintendent may also suspend or revoke the license of an insurer, agent, or broker for willful violations.

<u>NEW YORK</u>	
Insurer reporting or enforcement requirements	By regulation, insurers are required to establish a compliance program that must include: • A designated, experienced compliance officer; • Written policies and procedures describing how compliance is assessed, monitored, and managed; • Methods to identify and remedy improper practices; • A system for ongoing assessment of parity compliance; • A process for the actuarial certification of the data used in comparative analyses; • Training and education on federal and state parity law for all relevant employees; • Methods by which employees may report compliance issues to the compliance officer; and • A policy of non-intimidation and non-retaliation for good faith participation in the compliance program. Additionally, each insurer must supply to each insured person or prospective insured person written disclosures including the most recent comparative analysis performed to pass the requirements of the MHPAEA.
Other provisions of note	All penalties collected from insurers in violation of parity requirements are deposited into the behavioral health parity compliance fund. Moneys in the fund shall be expended only to support parity implementation and enforcement on behalf of consumers.
Recently proposed legislation	Yes. See Pending Federal and State Legislation .

<u>NORTH CAROLINA</u>	
Parity statute(s) or regulations	• N.C. GEN. STAT. ANN. § 58-3-220 (West 2025) (group insurance mental health coverage) • N.C. GEN. STAT. ANN. § 58-51-50 (West 2025) (group insurance chemical dependency coverage) • N.C. GEN. STAT. ANN. § 58-65-75 (West 2025) (nonprofit insurance chemical dependency coverage) • N.C. GEN. STAT. ANN. § 58-67-70 (West 2025) (health maintenance organization chemical dependency coverage) • N.C. GEN. STAT. ANN. § 135-48.50 (West 2025) (state employee insurance chemical dependency coverage)
Effective date or most recent amendment	October 1, 2009 (§§ 58-51-50, 58-65-75, 58-67-70) January 1, 2012 (§ 135-48.50) July 1, 2016 (§ 58-3-220)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Group health insurance plans must provide benefits for mental illness, defined as excluding SUD, that are no less favorable than benefits for physical illness generally, including application of the same limits. Group, nonprofit, health maintenance organization, and state employee health insurance plans must provide benefits for SUD treatment that are no less favorable than benefits for physical illness generally, including application of the same limits. All of these plans must comply with the applicable standards of the MHPAEA.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NORTH DAKOTA</u>	
Parity statute(s) or regulations	• N.D. CENT. CODE ANN. § 26.1-36-08 (West 2025) (SUD coverage requirements) • N.D. CENT. CODE ANN. § 26.1-36-09 (West 2025) (mental health coverage requirements)
Effective date or most recent amendment	March 15, 2005
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. An insurance company may not offer a group health insurance policy unless the policy provides benefits for mental illness and SUD of the same type offered for other illnesses. The statutes provide minimum benefit standards for inpatient, partial hospitalization, and outpatient treatment for mental health and SUD coverage.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>OHIO</u>	
Parity statute(s) or regulations	• OHIO REV. CODE ANN. § 3902.36 (West 2025) (general parity requirements) • OHIO REV. CODE ANN. § 3902.47 (West 2025) (Medicaid) • OHIO ADMIN. CODE 5160-26-03.1 (2025) (Medicaid regulations) • OHIO ADMIN. CODE 5160-58-03.1 (2025) (Medicaid regulations) • OHIO ADMIN. CODE 5160-59-03.1 (2025) (Medicaid regulations)
Effective date or most recent amendment	• March 24, 2021 (statutes) • July 18, 2022 (rules)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Each health plan issuer and health benefit plan subject to the MHPAEA must comply with all applicable requirements of the Act. Ohio Medicaid plans are subject to the same requirements.
State insurance authority reporting or enforcement requirements	The superintendent of insurance shall implement and enforce the MHPAEA and shall do the following: • Proactively ensure compliance by insurers; • Evaluate all consumer and provider complaints regarding parity violations; and • Adopt rules necessary to effectuate provisions of the MHPAEA or enforce compliance with the Act. Existing rules require Ohio Medicaid plans to document compliance with MHPAEA requirements.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>OKLAHOMA</u>	
Parity statute(s) or regulations	OKLA. STAT. ANN. tit. 36, §§ 6060.10 to 13 (West 2025) (parity requirements)
Effective date or most recent amendment	• November 1, 2010 (§ 6060.10a) • November 1, 2020 (§§ 6060.10, 13) • May 12, 2021 (§ 6060.12) • November 1, 2022 (§ 6060.11) • November 1, 2023 (§§ 6060.11a, 11b)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Any health benefit plan in the state must provide benefits for treatment of mental health and SUD. These benefits must be equal to the benefits, and subject to the same preauthorization and utilization review mechanisms, of all other physical diseases and disorders. All plans must meet the requirements of the MHPAEA. However, a health benefit plan that, at the end of its base period, experiences an increase in premium costs greater than two percent pursuant to providing mental health and SUD benefits shall be exempt from the above mandated benefits.
State insurance authority reporting or enforcement requirements	The insurance commissioner shall: • Implement and enforce any applicable provisions of the MHPAEA; • Issue guidance and standardized reporting templates to ensure insurer compliance; • Annually release reports submitted by insurers to the public and on the insurance department website; • Identify insurers that have failed to comply with reporting requirements and make reasonable attempts to obtain missing reports or information; and • Promulgate rules pursuant to Oklahoma and federal parity laws.
Insurer reporting or enforcement requirements	Each insurer must submit an annual report to the insurance commissioner to verify its compliance with the requirements of the MHPAEA, including details about its use of medical necessity criteria and NQTLs.
Other provisions of note	None.
Recently proposed legislation	None.

<u>OREGON</u>	
Parity statute(s) or regulations	• OR. REV. STAT. ANN. § 743A.168 (West 2025) (parity requirements and mandated benefits) • OR. REV. STAT. ANN. § 743B.427 (West 2025) (reporting requirements) • OR. REV. STAT. ANN. §§ 414.780 to 414.782 (West 2025) (coordinated care organizations) • OR. ADMIN. R. 836-053-1430 (2025) (insurer reporting) • OR. ADMIN. R. 836-053-1405 (2025) (coverage requirements)
Effective date or most recent amendment	• August 6, 2021 (§§ 414.781 and 782) • January 1, 2022 (§§ 743B.427, 414.780); certain amendments will take effect on January 1, 2025 • February 15, 2022 (836-053-1430) • January 1, 2023 (§ 743A.168; 836-053-1405); certain amendments will take effect on January 1, 2025
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Individual or group health insurance policies must provide coverage for expenses arising from behavioral health conditions at the same level as, and subject to limitations no more restrictive than, those imposed on coverage for expenses arising from treatment for other medical conditions. Annual reports from insurers verify compliance with the MHPAEA.
State insurance authority reporting or enforcement requirements	The director of the Department of Consumer and Business Services may adopt reasonable rules, after notice and hearing, that are necessary and proper for the proper administration of the parity requirements. Existing rules provide more specific standards for compliance, such as the standards for determining medical necessity, and prescribe the form and manner in which insurers must report their compliance. Annually, the director must report the information received from insurers to the relevant committees of the Legislative Assembly.
Insurer reporting or enforcement requirements	To ensure proper use of medical necessity criteria, insurers must provide an education program to educate the staff who conduct reviews of medical necessity. The insurer must further provide the criteria and any educational materials to providers and insureds.

<u>OREGON</u>	
Insurer reporting or enforcement requirements (cont'd)	Each year, insurers must conduct an analysis of whether the processes, strategies, evidentiary standards, and other factors used for NQTLs are comparable to, and applied no more stringently than, those for medical and surgical benefits. This and similar information must be submitted in a report to the Department of Consumer and Business Services to demonstrate compliance with the MHPAEA.
Other provisions of note	The Oregon Health Authority possesses similar authority over coordinated care organizations (cooperative groups of health care providers that provide Oregon Medicaid services) as the director of the Department of Consumer and Business Services does over insurers.
Recently proposed legislation	See Recent Federal and State Legislation , below.

<u>PENNSYLVANIA</u>	
Parity statute(s) or regulations	• 40 PA. STAT. AND CONS. STAT. ANN. §§ 4301 to 4304 (West 2025) (commissioner and insurer requirements) • 40 PA. STAT. AND CONS. STAT. ANN. §§ 908-12 to 908-16 (West 2025) (general parity requirements)
Effective date or most recent amendment	October 29, 2020
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. By statute, health insurers must comply with the MHPAEA.
State insurance authority reporting or enforcement requirements	The insurance department may promulgate regulations necessary to implement the parity requirements. Upon satisfactory evidence of violation of Pennsylvania parity requirements, the insurance commissioner may: (1) suspend, revoke or refuse to renew the license of the offender; (2) enter a cease and desist order; (3) impose a civil penalty of up to \$5000 per action in violation; or (4) impose a civil penalty of up to \$10,000 per action in willful violation. The penalties may not exceed \$500,000 in one year.
Insurer reporting or enforcement requirements	For each health policy, the insurer must annually file a statement with the insurance department attesting to the insurer's documented analyses of efforts to comply with the MHPAEA. If the MHPAEA does not apply, the insurer must file a statement attesting to its inapplicability.
Other provisions of note	None.
Recently proposed legislation	None.

<u>RHODE ISLAND</u>	
Parity statute(s) or regulations	• 27 R.I. GEN. LAWS ANN. §§ 27-38.2-1 to 27-38.2-4 (West 2025) (parity requirements) • 42 R.I. GEN. LAWS ANN. § 42-14.5-3 (West 2025) (powers and duties of health insurance commissioner)
Effective date or most recent amendment	• July 5, 2008 (§ 27-38.2-3) • June 16, 2014 (§§ 27-38.2-2, 27-38.2-4) • July 2, 2018 (§ 27-38.2-1) • June 22, 2023 (§ 42-14.5-3)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Group and individual health insurance plans shall provide coverage for the treatment of mental health and SUD under the same terms and conditions as that for other illnesses and diseases. This coverage may not impose any annual or lifetime limitations. Financial requirements, quantitative limitations, and NQTLs shall be no stricter or applied more stringently than those for medical or surgical benefits.
State insurance authority reporting or enforcement requirements	The health insurance commissioner has the authority to monitor the adequacy of each health plan's compliance with the provisions of the MHPAEA, including a review of related claims processing and reimbursement procedures. The commissioner's findings, recommendations, and assessments shall be made available to the public.
Insurer reporting or enforcement requirements	None.
Other provisions of note	Health plan subscribers who are aggrieved by a denial of benefits for mental health or SUD coverage may appeal a denial according to rules set by the department of health.
Recently proposed legislation	None.

<u>SOUTH CAROLINA</u>	
Parity statute(s) or regulations	• S.C. CODE ANN. § 1-11-780 (2025) (state employee insurance parity) • S.C. CODE ANN. § 38-71-290 (2025) (mental health parity requirements) • S.C. CODE ANN. § 38-71-880 (2025) (group insurance mental health and SUD parity)
Effective date or most recent amendment	• June 30, 2006 (§ 1-11-780) • June 3, 2009 (§§ 38-71-290, 38-71-880)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. With exceptions, health insurance plans must provide coverage for mental health treatment (defined as excluding SUD) and may not establish rates, terms, or conditions that create a greater financial burden than those for treatment of physical health conditions. These requirements do not apply to individual or small employer group plans. Additionally, for large employer group health insurance, any plans that offer both medical and surgical benefits and mental health or SUD benefits, there can be no annual or lifetime limits or other financial requirements applied to mental health and SUD coverage that do not also apply to medical and surgical benefits. These requirements do not apply, however, if their application causes a plan's total cost of coverage to increase by two or more percent in the first year or one or more percent in later years. Finally, the State Employee Insurance Program is required by statute to provide mental health parity in accordance with a plan set forth in 2002.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>SOUTH DAKOTA</u>	
Parity statute(s) or regulations	• S.D. CODIFIED LAWS § 58-17-98 (2025) (general parity requirements) • S.D. CODIFIED LAWS § 58-18-79 (2025) (rulemaking authority of director) • S.D. CODIFIED LAWS § 58-18-80 (2025) (group insurance parity) • S.D. CODIFIED LAWS § 58-38-40 (2025) (nonprofit plan parity) • S.D. CODIFIED LAWS § 58-41-115 (2025) (health maintenance organization parity) • S.D. CODIFIED LAWS § 58-18B-53 (2025) (small group insurance parity) • S.D. ADMIN. R. 20:06:58:01 to 45 (2025) (mental health parity)
Effective date or most recent amendment	• December 3, 2014 (administrative rules) • July 1, 2021 (all statutes)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Partially. Every health insurance policy for large or small group employers, nonprofit organizations, or health maintenance organizations, other than those specific plans exempted by statute, must provide coverage for treatment and diagnosis of biologically-based mental illnesses, defined to exclude SUD.
State insurance authority reporting or enforcement requirements	The director of the Division of Insurance is obligated to promulgate rules to implement health insurance statutory requirements. The director is further charged, when any federal standard requires additional steps beyond those required by South Dakota law, to promulgate rules to minimally meet those federal standards. Existing regulations provide more specific definitions of terms and guidance for the applicability of parity rules to different varieties of health insurance plans.
Insurer reporting or enforcement requirements	None. Compliance guidance can be found in administrative rules adopted by the director, but insurers have no obligation to submit documentation to verify their compliance.
Other provisions of note	None.
Recently proposed legislation	None.

<u>TENNESSEE</u>	
Parity statute(s) or regulations	• TENN. CODE ANN. § 56-7-1007 (West 2025) (market conduct examinations) • TENN. CODE ANN. § 56-7-2360 (West 2025) (parity requirements) • TENN. CODE ANN. § 56-7-2601 (West 2025) (mental health benefits) • TENN. CODE ANN. § 56-7-2602 (West 2025) (chemical dependency benefits) • TENN. CODE ANN. § 71-5-154 (West 2025) (managed care organization reporting requirements)
Effective date or most recent amendment	• July 1, 2012 (§ 56-7-2602) • July 10, 2016 (§ 56-7-2601) • July 1, 2017 (§ 71-5-154) • January 1, 2019 (§ 56-7-1007) • April 28, 2021 (§ 56-7-2360)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All individual, franchise, blanket, or group health insurance policies that include hospital or surgical expense coverage must provide benefits for mental health and SUD expenses, though the statutes requiring this do not mandate any parity in costs or limitations. Separately, all individual or group health insurance plans must provide mental health and SUD coverage in compliance with the MHPAEA, but these requirements do not apply to a group health plan if application of the requirements results in an increase of more than one percent in the plan's cost.
State insurance authority reporting or enforcement requirements	The Department of Commerce and Insurance shall implement and enforce the applicable provisions of the MHPAEA by: • Ensuring compliance by individual and group health plans; • Detecting possible violations of the law by individual and group health plans; • Accepting, evaluating, and responding to complaints regarding violations; and • Maintaining a publicly available consumer complaint log regarding mental health and SUD coverage.

<u>TENNESSEE</u>	
State insurance authority reporting or enforcement requirements (cont'd)	Annually, the department must issue a report to the General Assembly and provide an educational presentation. The report must explain the department's methodology for ensuring relevant plans' compliance with the MHPAEA and describe the past year's market conduct evaluations, educational or corrective actions, and efforts to respond to consumer or provider complaints. The insurance commissioner is authorized to promulgate rules to effectuate the purposes of the parity requirements. If an insurer claims exemption from parity requirements due to increased cost of a plan, the insurance commissioner must make a determination as to whether the parity requirements were the cause, and if so, issue a letter stating that the plan does not need to comply with them.
Insurer reporting or enforcement requirements	Insurers, including managed care organizations in the TennCare program, must provide information on medical necessity criteria, NQTLs, and other information required as part of the insurance commissioner's market conduct examinations.
Other provisions of note	None.
Recently proposed legislation	Yes. See Pending Federal and State Legislation .

<u>TEXAS</u>	
Parity statute(s) or regulations	• TEX. INS. CODE ANN. § 662.115 (West 2025) (Parity Awareness Month) • TEX. INS. CODE ANN. §§ 1355.001 to 015 (West 2025) (group mental health coverage) • TEX. INS. CODE ANN. §§ 1355.251 to 258 (West 2025) (parity for mental health conditions and SUD) • TEX. INS. CODE ANN. §§ 1368.001 to 008 (West 2025) (group chemical dependency coverage) • 28 TEX. ADMIN. CODE §§ 21.2401 to 2414 (2025)
Effective date or most recent amendment	• April 1, 2007 (§§ 1355.001 to 015, 1368.001 to 008) • September 1, 2017 (§§ 1355.251 to 258) • September 1, 2021 (§§ 662.115, 1355.2571, 1355.2572) • September 7, 2021 (§§ 21.2401 to 2414)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. For group health insurance plans, except for those of small employers, two separate statutes require minimum coverage for treatment for serious mental illness (excluding SUD) and for chemical dependency. These benefits may not be subject to limitations that are not also applied to physical illness. For all health insurance plans that provide coverage for medical or surgical expenses and for mental health conditions and SUD, mental health and SUD benefits must be provided on the same terms as medical and surgical benefits and may not impose more restrictive quantitative limits or NQTLs.
State insurance authority reporting or enforcement requirements	The insurance commissioner shall enforce Texas parity requirements by evaluating the benefits and coverage offered by plans for quantitative limits and NQTLs in in-network care, out-of-network care, emergency care, and prescription drugs. The commissioner shall also maintain a portal for health insurance enrollees to submit complaints about suspected parity violations. In collaboration with the Health and Human Services Commission, the insurance commissioner shall develop educational materials and parity law training sessions, to be made available to insurers and enrollees.

<u>TEXAS</u>	
State insurance authority reporting or enforcement requirements (cont'd)	Annually, the commissioner shall submit a report to the appropriate legislative committees on rights and responsibilities for mental health and SUD benefits and the status of complaints submitted through the portal. The commissioner shall adopt rules necessary to implement statutory parity requirements. Existing rules provide additional definitions and specificity for parity standards, explicitly tracking analogous federal regulations under the MHPAEA. Additionally, rules authorize the commissioner to compel insurers to submit corrective action plans in the event of noncompliance.
Insurer reporting or enforcement requirements	None.
Other provisions of note	• October is Mental Health Condition and Substance Use Disorder Parity Month. • The Health and Human Services Commission shall establish an ombudsman program to provide support and information services to consumers enrolled in, or apply for, a behavioral health program. The ombudsman shall interact with consumers, track potential violations of state or federal rules concerning benefits, receive and report complaints regarding inappropriate care, develop points of contact for referral to other agencies, and provide information to help consumers or providers file appeals or complaints with appropriate entities.
Recently proposed legislation	None.

<u>UTAH</u>	
Parity statute(s) or regulations	• UTAH CODE ANN. § 31A-22-625 (West 2025) (parity requirements) • UTAH CODE ANN. § 26B-3-904 (West 2025) (CHIP)
Effective date or most recent amendment	May 3, 2023
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Insurers shall offer mental health and SUD benefits to large employer health plans in compliance with the MHPAEA. For individual or small employer health plans, insurers shall provide mental health and SUD benefits in compliance with the MHPAEA.
State insurance authority reporting or enforcement requirements	The insurance commissioner may prohibit an insurance policy that provides mental health coverage in a manner inconsistent with parity laws and may adopt rules as necessary to ensure compliance. No such rules are currently in effect.
Insurer reporting or enforcement requirements	None.
Other provisions of note	The Utah CHIP program must benchmark its medical benefits to comply with the MHPAEA.
Recently proposed legislation	None.

<u>VERMONT</u>	
Parity statute(s) or regulations	• VT. STAT. ANN. tit. 8, § 4062 (West 2025) (commissioner responsibilities) • VT. STAT. ANN. tit. 8, § 4089b (West 2025) (parity requirements) • VT. STAT. ANN. tit. 8, § 4726 (West 2025) (commissioner powers) • VT. STAT. ANN. tit. 18, § 9551 (West 2025) (all-payer model) • 4-3 VT. CODE R. § 54 (2025) (parity regulations)
Effective date or most recent amendment	• October 1, 2013 (parity regulations) • January 1, 2018 (§ 9551) • January 1, 2020 (§ 4089b) • November 1, 2020 (§ 4062) • July 1, 2022 (§ 4726)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. A health insurance plan shall provide coverage for treatment of mental conditions (including SUD) and shall not establish any conditions placing a greater burden on the insured for access to mental health treatment than for access to treatment for other health conditions. Under regulations adopted by the commissioner of financial regulation, the most common mental health and SUD treatments are classified as “primary” and, thus, cannot be subject to financial costs greater than those for primary care medical services.
State insurance authority reporting or enforcement requirements	To enforce parity requirements, the commissioner of financial regulation may promulgate rules and impose the following sanctions against insurers in violation: • Assess a penalty of up to \$1000 for each violation or up to \$10,000 if willful; • Order the insurer to cease and desist in future violations; • Order the insurer to remediate its violations; and • Revoke or suspend the license of an insurer. Additionally, the commissioner, in deciding to approve or disapprove health insurance policy forms, must consider whether the policy ensures equal access to appropriate mental health care in a manner equivalent to other aspects of health care.

<u>VERMONT</u>	
Insurer reporting or enforcement requirements	None.
Other provisions of note	In implementing the state all-payer model allowing healthcare providers to be paid by Medicaid, Medicare, and commercial insurance using a common methodology, the Green Mountain Care Board and Agency of Administration shall ensure, among other things, that the model adheres to federal and state laws on parity of mental health and SUD treatment.
Recently proposed legislation	None.

<u>VIRGINIA</u>	
Parity statute(s) or regulations	VA. CODE ANN. § 38.2-3412.1 (West 2025)
Effective date or most recent amendment	July 1, 2023
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Group and individual health insurance coverage shall provide coverage for mental health and SUD benefits, and such benefits shall be in parity with the medical and surgical benefits contained in the coverage in accordance with the MHPAEA, even where those requirements would not otherwise apply directly. Limits on these benefits shall not be more restrictive than those for any other illness, with exceptions for a few older, grandfathered health care plans.
State insurance authority reporting or enforcement requirements	The Bureau of Insurance shall develop reporting requirements regarding denied claims, complaints, appeals, and network adequacy involving coverage required by this statute. Each year, the bureau shall produce a report containing summaries of all comparative analyses provided by insurers pursuant to the MHPAEA and explanations of whether the bureau accepted each analysis as compliant. For noncompliant analyses, the report shall include what corrective actions the bureau required the insurer to take. The bureau will release the report to the public and submit it to the House Committee on Commerce and Energy and the Senate Committee on Commerce and Labor.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>WASHINGTON</u>	
Parity statute and regulation	• WASH. REV. CODE ANN. § 48.44.050 (West 2025) (commissioner rulemaking authority) • WASH. REV. CODE ANN. § 48.21.241 (West 2025) (mandated benefits, pre-2027) • WASH. REV. CODE ANN. § 48.43 (West 2025) (post-2027 parity requirements) • WASH. ADMIN. CODE 284-43-7000 to 7120 (2025) (parity in mental health and substance use disorder benefits)
Effective date or most recent amendment	• June 11, 2020 (original mandated benefits statute) • December 24, 2020 (rules) • January 1, 2027 (new parity requirements passed in 2025)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All health insurance plans that provide coverage for medical and surgical services must provide coverage for medically necessary outpatient and inpatient services required to treat mental health and SUD. Any copayments or coinsurance may be no more than those required for medical and surgical services. Treatment limitations or other financial requirements are only allowed if the same limitations or requirements are imposed on medical and surgical services.
State insurance authority reporting or enforcement requirements	The insurance commissioner shall make reasonable regulations in aid of the administration of the state mental health and SUD parity statutes. Current regulations provide compliance guidance analogous to that in the MHPAEA regulations and impose reporting requirements on insurers.
Insurer reporting or enforcement requirements	Insurers are required by administrative rule to file a justification demonstrating the analysis of each health insurance plan's financial requirements and quantitative treatment limitations to demonstrate with state and federal parity requirements.
Other provisions of note	None.
Recently proposed legislation	None, other than legislation enacted in 2025

<u>WEST VIRGINIA</u>	
Parity statute(s) or regulations	• W. VA. CODE ANN. § 33-25-6 (West 2025) (insurers subject to commissioner supervision) • W. VA. CODE ANN. § 33-15-4u (West 2025) (mental health parity and enforcement) • W. VA. CODE ANN. § 33-16-3ff (West 2025) (mental health parity and enforcement) • W. VA. CODE ANN. § 33-24-7u (West 2025) (hospital service corporations mental health parity and enforcement) • W. VA. CODE ANN. § 33-25-8r (West 2025) (healthcare corporations mental health parity and enforcement) • W. VA. CODE ANN. § 33-25A-8u (West 2025) (health maintenance organization mental health parity and enforcement) • W. VA. CODE R. §§ 114-64-1 to 10 (2025) (mental health parity)
Effective date or most recent amendment	• June 5, 2020 (statutes) • May 1, 2021 (rules)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Insurance carriers are required to provide coverage for the prevention of, screening for, and treatment of behavioral health, mental health, and SUD that is no less extensive than coverage provided for any physical illness. They must comply with the parity regulations associated with the MHPAEA.
State insurance authority reporting or enforcement requirements	Annually, the insurance commissioner shall submit a written report to the Joint Committee on Government and Finance containing the following information regarding health insurance plans: • Data demonstrating parity compliance for adverse determinations regarding claims, including the total number of adverse determinations; • A description of the process used to develop and select medical necessity criteria for mental health and SUD benefits versus medical and surgical benefits; • Identification of all NQTLs applied to mental health and SUD benefits versus medical and surgical benefits; and • Results of analyses demonstrating that the limitations above were applied no more stringently to mental health and SUD benefits.

<u>WEST VIRGINIA</u>	
State insurance authority reporting or enforcement requirements (cont'd)	The commissioner shall also adopt legislative rules to comply with the provisions of the parity statute. Current rules establish the requirements, process, and forms for insurers to achieve and demonstrate compliance, analogous to similar rules for the MHPAEA. Finally, the commissioner may conduct financial examinations of carriers to determine if they are in compliance. If not in compliance, the commissioner may fine the carriers according to legislative rules.
Insurer reporting or enforcement requirements	Health insurance corporations are subject to the commissioner's supervision and regulation and shall comply with West Virginia statutory mental health parity requirements. Under insurance commissioner regulations, insurers must file an annual attestation demonstrating and certifying compliance with parity requirements, with the report signed by an officer appointed by the insurer's board of directors. If denying reimbursement for mental health or SUD services, carriers must include a statement that explains that the limit on coverage may be no greater than for medical or surgical benefits, provides information about the Consumer Services Division of the West Virginia Insurance Commissioner (if the covered person believes his or her rights have been violated), and explains that covered persons are entitled to a copy of medical necessity criteria for any mental health or SUD benefit.
Other provisions of note	None.
Recently proposed legislation	None.

<u>WISCONSIN</u>	
Parity statute(s) or regulations	• WIS. STAT. ANN. § 632.89 (West 2025) (coverage of mental disorders, alcoholism, and other diseases) • WIS. ADMIN. CODE INS. § 3.375 (2025) (coverage of nervous and mental disorders and substance use disorders)
Effective date or most recent amendment	• November 29, 2010 (§ 3.375) • December 8, 2023 (§ 632.89)
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. Group health benefit plans and self-insured health plans shall provide coverage for mental health and SUD, specifically for inpatient hospital services, outpatient services, and transitional treatment arrangements, if the plans provide coverage for anything in those treatment settings. Limitations may be no more restrictive than those for the most common or frequent type of treatment limitations applied to substantially all other coverage under the plan. However, an employer may claim exemption from these requirements if the employer's total cost for the plan increases by two percent or more in the first year or one percent or more in subsequent years, as a result of the parity requirements. An employer of fewer than 10 eligible employees may also claim exemption.
State insurance authority reporting or enforcement requirements	The insurance commissioner shall promulgate rules to: • Specify specific services for mental health and SUD that must be covered by insurance plans; and • Administer the parity statutes, including rules to specify information that must be provided in insurers' notices and the manner in which notices must be given. Existing rules focus primarily on which plans qualify for exemption from parity requirements and how the claim that exemption.
Insurer reporting or enforcement requirements	Upon plan subscribers' request, insurers must make available plan parity information and, in the event of a denial of coverage, the reasons for denial.
Other provisions of note	None.
Recently proposed legislation	None.

<u>WYOMING</u>	
Parity statute(s) or regulations	WYO. STAT. ANN. §§ 26-20-701 to 702 (West 2025) (mental health and substance use disorder insurance parity)
Effective date or most recent amendment	April 5, 2021
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. All individual or group health insurance policies shall meet the requirements of the MHPAEA. No policy providing mental health or SUD coverage shall deny coverage, impose financial conditions, or reduce reimbursements for services delivered using remote audio or audio-visual delivery systems, if those conditions would not be applied in person.
State insurance authority reporting or enforcement requirements	The state insurance commissioner may enforce the MHPAEA subject to the provisions of the Wyoming parity statute and may promulgate reasonable rules which establish exemptions from the application of the Wyoming statute. No such rules have yet been adopted.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>AMERICAN SAMOA</u>	
Parity statute(s) or regulations	None.
Effective date or most recent amendment	None.
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	No.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>GUAM</u>	
Parity statute(s) or regulations	22 G.C.A. §§ 28101 to 28103 (2025) (parity in health insurance for mental illness and chemical dependency)
Effective date or most recent amendment	February 26, 2021
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	Yes. A standard health plan developed and approved under Guam law shall provide coverage for the treatment of SUD and mental illness that is at least equal to the basic coverage offered. The benefits shall be no less favorable than benefits for physical illness generally, and they shall be subject to the same durational limits, dollar limits, deductibles, and coinsurance factors as benefits for physical illness generally.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>NORTHERN MARIANA ISLANDS</u>	
Parity statute(s) or regulations	None.
Effective date or most recent amendment	None.
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	No.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>PUERTO RICO</u>	
Parity statute(s) or regulations	None.
Effective date or most recent amendment	None.
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	No.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>U.S. VIRGIN ISLANDS</u>	
Parity statute(s) or regulations	None.
Effective date or most recent amendment	None.
Does the law require mental health and SUD coverage on the same terms as other medical coverage?	No.
State insurance authority reporting or enforcement requirements	None.
Insurer reporting or enforcement requirements	None.
Other provisions of note	None.
Recently proposed legislation	None.

<u>PENDING FEDERAL AND STATE LEGISLATION</u>	
<u>State/Bill Number/Status</u>	<u>Description</u>
<u>Connecticut</u> S.B. 402, 2024 Gen. Assemb. Feb. Sess. (Conn. 2024) (died in committee at end of 2024 session).	Would have required the state insurance commissioner to submit an annual report assessing the effectiveness of state parity requirement statutes.
<u>Hawaii</u> S.B. 46, 32nd Leg., 2023- 2024 Reg. Sess. (Haw. 2024) (died in committee at end of 2024 session).	Would have required insurance policies in the state to cover mental health wellness examinations in compliance with the MHPAEA.
<u>Indiana</u> H.B. 1141, 124th Gen. Assemb., 1st Reg. Sess. (Ind. 2025) (Introduced January 8, 2025).	Would require department of insurance to enforce parity requirements and submit a report to the legislature regarding compliance.
<u>Kentucky</u> H.B. 748, 2025 Gen. Assemb., Reg. Sess. (Ky. 2025) (introduced February 19, 2025, and referred to the Banking & Insurance Committee).	Would require insurers to submit parity reports to the Legislative Research Commission, authorize new parity enforcement powers for the Attorney General, and create a private right of action for violations of the parity act.
<u>Maryland</u> H.B. 173, 2024 Leg., Reg. Sess. (Md. 2024) (died in committee at end of 2024 session).	Would have modified insurer's reporting requirements to more closely comply with the provisions of the MHPAEA.
<u>New York</u> A.B. 8839, N.Y. 248 th Leg. Sess. (N.Y. 2025) (introduced June 9, 2025).	Would require the state insurance commissioner to promulgate rules to incorporate the regulatory requirements of the MHPAEA and federal regulations, in full.
<u>North Carolina</u> S.B. 566, North Carolina Gen. Assemb., 2025 Reg. Sess. (N.C. 2025) (passed first reading in the House referred to the Senate on March 26, 2025).	Would update existing state parity statutes to make them more congruent with current federal law.

<u>PENDING FEDERAL AND STATE LEGISLATION</u>	
<u>State/Bill Number/Status</u>	<u>Description</u>
<u>Oregon</u> H.B. 3725, 83d Gen. Assemb., 2025 Reg. Sess. (Ore. 2025) (introduced February 25, 2025).	Would establish an office of mental health parity ombudsman to advocate for beneficiaries by investigating and resolving violations of parity law.
<u>Tennessee</u> S.B. 1827, 113th Gen. Assemb., 2024 Reg. Sess. (Tenn. 2024) (died in committee at end of 2024 session).	Would have required insurance policies in the state to cover mental health wellness examinations, in compliance with the MHPAEA.

ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

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