Center on Addiction

UNCOVERING COVERAGE GAPS II

A Review and Comparison of Addiction Benefits in ACA Plans

March 2019

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TABLE OF CONTENTS

Acknowledgements 1
Introduction 2
Summary of Findings 3
Methods 4
Limitations 4
Description of Findings 5
Compliance with ACA Requirements for Coverage of SUD Benefits 5
1. Tobacco Cessation Services 6
2. Addiction Treatment Medications 7
3. Annual/Lifetime Limits 7
4. EHB Requirement for SUD Services 7
5. Transparency of Information in Plan Documents to Determine Compliance with ACA Requirements 8
Compliance with Parity Requirements for Coverage of SUD Benefits 9
1. Quantitative Treatment Limitations (QTLs) 10
2. Cumulative Financial Requirements 11
3. Possible Parity Violations Related to Coverage of Intermediate SUD Services 11
4. Non-quantitative Treatment Limitations (NQTLs) 12
5. Coverage of Benefits in All Classifications 14
6. Transparency of Information in Plan Documents to Determine Parity Compliance 14
Adequacy of Benefit Coverage for Effective SUD Care 15
1. Critical SUD Benefits 17
2. Prescription Drugs to Treat Opioid Use Disorder 17
3. Prior Authorization Requirements 19
4. Overly Restrictive Treatment Limitations 20
5. Tobacco Cessation Coverage 21
6. Intoxication Exclusions 21
7. High Cost-Sharing 22
Description of SUD Benefits in Plan Documents 23
Health Reform Updates 25
Recommendations 26
1. Cover all critical SUD benefits, including all FDA-approved SUD medications 26
2. Remove harmful/excessive treatment limitations 26
3. Prohibit the use of intoxication exclusions (a.k.a. Uniform Accident and Sickness Policy Provision Laws, UPPLs) 26
4. Eliminate exceedingly high cost-sharing 27
5. Ensure compliance in ACA plans 27
6. Require plan documents to contain sufficient and transparent information 27
Conclusion 28
Notes 29
Appendices 32

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INTRODUCTION

Increasing access to effective addiction treatment is a top priority in the midst of a persistent, deadly opioid epidemic. Treatment rates remain unacceptably low with less than one-third of people in need of treatment for opioid use disorder (OUD) receiving it and only 12 percent receiving specialty treatment for substance use disorders (SUD).[1]

Lack of access to effective treatment is a major contributor to soaring overdose rates. The opioid crisis will not be resolved until significantly more people obtain effective treatment. There are numerous barriers to treatment, but cost and/or lack of insurance coverage is a commonly cited reason people with a perceived treatment need forgo care.[2]

Many insurance plans are now legally required to pay for addiction* treatment the same way they cover treatment for other chronic diseases, like diabetes or cancer. The Mental Health Parity and Addiction Equity Act (the Parity Act) prohibits most public and private insurance plans from imposing more restrictive standards on mental health (MH) and substance use disorder (SUD) benefits than they impose on similar medical/surgical benefits. The Affordable Care Act (ACA) mandates coverage of SUD benefits as an Essential Health Benefit (EHB)† and requires parity with similar medical benefits, providing the strongest protections for individuals seeking addiction care covered by insurance. Several states require insurers under their jurisdiction to cover SUD treatment services.[3]

Nonetheless, such requirements and protections are largely meaningless if not well implemented and enforced. Despite being law for 10 years, non-compliance with the Parity Act persists, and the enforcement framework for identifying violations is ineffective.[4] The ACA's requirement to cover SUD treatment is also falling short of its potential to make effective addiction care more accessible and affordable. Unfortunately, the ACA did not define which SUD benefits must be covered. Instead, each state selects a benchmark plan (the "EHB benchmark plan") to serve as a template. The benefits offered in the EHB benchmark plan become the minimum level of SUD coverage that ACA plans sold in the state must cover.

In 2016, The National Center on Addiction and Substance Abuse (d/b/a Center on Addiction), undertook an extensive review of the 2017 EHB Benchmark Plans to evaluate the SUD benefits offered in each state, and we published our findings in *Uncovering Coverage Gaps: A Review of Addiction Benefits in ACA Plans*. The results were disheartening. We found that none of the plans covered the full range of medically necessary and effective SUD benefits without imposing harmful treatment limitations. Over two-thirds of the plans violated at least one of the ACA's requirements related to coverage of addiction treatment. Many plan documents contained vague descriptions of SUD benefits, making a comprehensive analysis of compliance and benefit adequacy impossible.

In 2017, we repeated our study and reviewed a national sample of commercial plans modeled on the 2017 EHB Benchmark Plans and sold to consumers on state and federal marketplaces in 2017 (hereinafter, the "2017 ACA Plans") to determine whether the benefits offered comported with the benchmark plan, complied with the ACA and offered adequate coverage for effective SUD treatment. In each state, we reviewed one to two individual plans sold on the federal or state marketplace in 2017. We found that there were only modest improvements with ACA compliance and benefit adequacy compared to the 2017 EHB Benchmark Plans.

* The terms addiction and substance use disorder (SUD) are used interchangeably throughout.
† The ten categories of benefits most individual and small group plans are required to cover, pursuant to the ACA.

SUMMARY OF FINDINGS

- **Over half of the states offered ACA Plans in 2017 that did not comply with the ACA's requirements for coverage of SUD benefits.** This is a slight improvement from the 2017 EHB Benchmark Plans, over two-thirds of which were determined to be noncompliant.

- **Twenty percent of the states offered ACA Plans in 2017 that violated parity requirements.** Compliance with parity was virtually unchanged, as 18 percent of the 2017 EHB Benchmark Plans contain parity violations.

- **One state (Rhode Island) provided comprehensive coverage for SUD treatment in the two 2017 ACA Plans reviewed, while three other states offered at least one plan in 2017 that provided comprehensive coverage for SUD treatment.** This is an improvement from the 2017 EHB Benchmark Plans, none of which was determined to provide comprehensive coverage for SUD by covering the full array of critical benefits without harmful treatment limitations. Of particular concern, we also found that discriminatory coverage worsened with regard to methadone, the medication that is considered the gold standard for OUD treatment.

- **Plan documents continue to lack transparency and specificity about covered SUD benefits.** Ninety percent of the 2017 EHB Benchmark Plans and 92 percent of states offered ACA Plans in 2017 that were identified as lacking sufficient information about SUD benefit coverage.

This report highlights the coverage gaps in ACA plans sold to Americans in 2017 and compares the benefits in these plans to the benefits in the 2017 EHB Benchmark Plans. In our first *Uncovering Coverage Gaps* report, we provided extensive background on the ACA's requirements, identified evidence-based treatment services and offered recommendations for how to resolve those coverage gaps. We refer the reader to that report for additional background information.

Once again, our research demonstrates the need to improve insurance coverage for addiction treatment. Commercial insurers tout their role in addressing the opioid epidemic, but most of their initiatives have addressed inappropriate prescribing of prescription opioids.[5] This is important but insufficient. Too many patients continue to be denied access to life-saving care, and their families are forced to battle with their insurance companies in a time of crisis. To mitigate the devastating harms caused by untreated addiction, we must use every tool at our disposal to intervene and provide the right type, intensity and duration of care in a timely manner. This includes improving implementation and enforcement of legal requirements intended to rectify discriminatory insurance practices and make effective addiction care accessible and affordable. This kind of health care discrimination would never be tolerated for any other life-threatening disease.

Comprehensive insurance coverage for addiction, alone, will not eradicate the opioid crisis – but it is essential. As described in our report, *Ending the Opioid Crisis: A Practical Guide for State Policymakers*, a sufficient response must be comprehensive and rooted in a public health approach, which prioritizes prevention and treatment. In light of the findings from this analysis, Center on Addiction is calling on states to ensure that insurance plans available to their residents comply with the law and offer comprehensive coverage of effective addiction treatments. We created a tool to help states identify best practices and improve SUD benefit coverage among commercial plans subject to the ACA's requirements. Adoption and enforcement of these best practices should promote improved coverage of evidence-based SUD interventions. Until we commit to fully treating addiction as a disease and making effective care accessible and affordable, patients and their families will continue to suffer needlessly.

METHODS

Center on Addiction reviewed a national sample of individual market plans sold on federal and state marketplaces in 2017. In early 2017, we requested information from each state's insurance department on the two largest individual market plans, by enrollment, based on the most recently available enrollment information.

Some states were able to provide enrollment information based on carrier and product, while other states were only able to provide enrollment information by carrier. In this case, we selected the carrier's lowest premium silver level plan for review because the majority of ACA plan enrollees select a silver level plan.[6] We reviewed each plan's Evidence of Coverage (EOC), Schedule of Benefits and Formulary (collectively, the "plan documents"). We reviewed plan documents for two plans in 43 states and the District of Columbia and reviewed only one plan in seven states. We reviewed only one plan when the state had only one carrier offering coverage in the individual market in 2017 or when we were unable to obtain full plan documents for two different carriers.

We reviewed each of the 2017 ACA Plans to evaluate SUD benefits and determine whether the plan: (1) satisfied the ACA's requirements regarding coverage of SUD benefits; (2) complied with parity requirements; (3) offered adequate coverage for SUD benefits by covering the full range of critical SUD services and medications without imposing harmful treatment limitations; and (4) provided enough information in plan documents to sufficiently evaluate compliance and adequacy of benefits. The information reviewed for the 2017 ACA Plans was the same information reviewed for the 2017 EHB Benchmark Plans. In addition, we also reviewed exclusions for coverage of court-ordered services. We also more closely reviewed (1) intoxication exclusions* and (2) each plan's formulary for coverage of Food and Drug Administration (FDA)-approved medications for SUD. For the 2017 EHB Benchmark Plans, we relied on information collected by the American Lung Association regarding coverage of smoking cessation medications and only reviewed the number of medications covered in the Opioid Dependence Treatment Class, as reported by the states to the Centers for Medicare and Medicaid Services (CMS). For the 2017 ACA Plans, we reviewed each plan's formulary to determine which FDA-approved SUD medications were covered.

LIMITATIONS

There are several limitations to this study. First, it only evaluates SUD benefits in individual market plans that are subject to the ACA's EHB requirement. This reflects the insurance coverage of approximately 12.2 million people who purchased their health insurance through federal or state marketplaces in 2017.[7] This report does not evaluate SUD benefit coverage in other health insurance products, including Medicaid or employer-sponsored plans, which cover the majority of Americans.†

Second, the evaluation is limited to the benefits listed in plan documents. We did not review requests for services or claims data and, therefore, were unable to determine whether individuals are able to obtain covered services.

Third, we were only able to conduct a cursory review for compliance with the Parity Act. Parity compliance cannot be determined from a review of plan documents because the required information is not available in these documents.[8] Importantly, plan documents contain very limited information about how non-quantitative treatment limitations (NQTLs)‡ are imposed and applied to SUD benefits, information that is essential for determining parity compliance.

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* Provisions that allow insurance providers to deny coverage for injuries sustained by a person who was under the influence of alcohol or other drugs at the time of the injury.

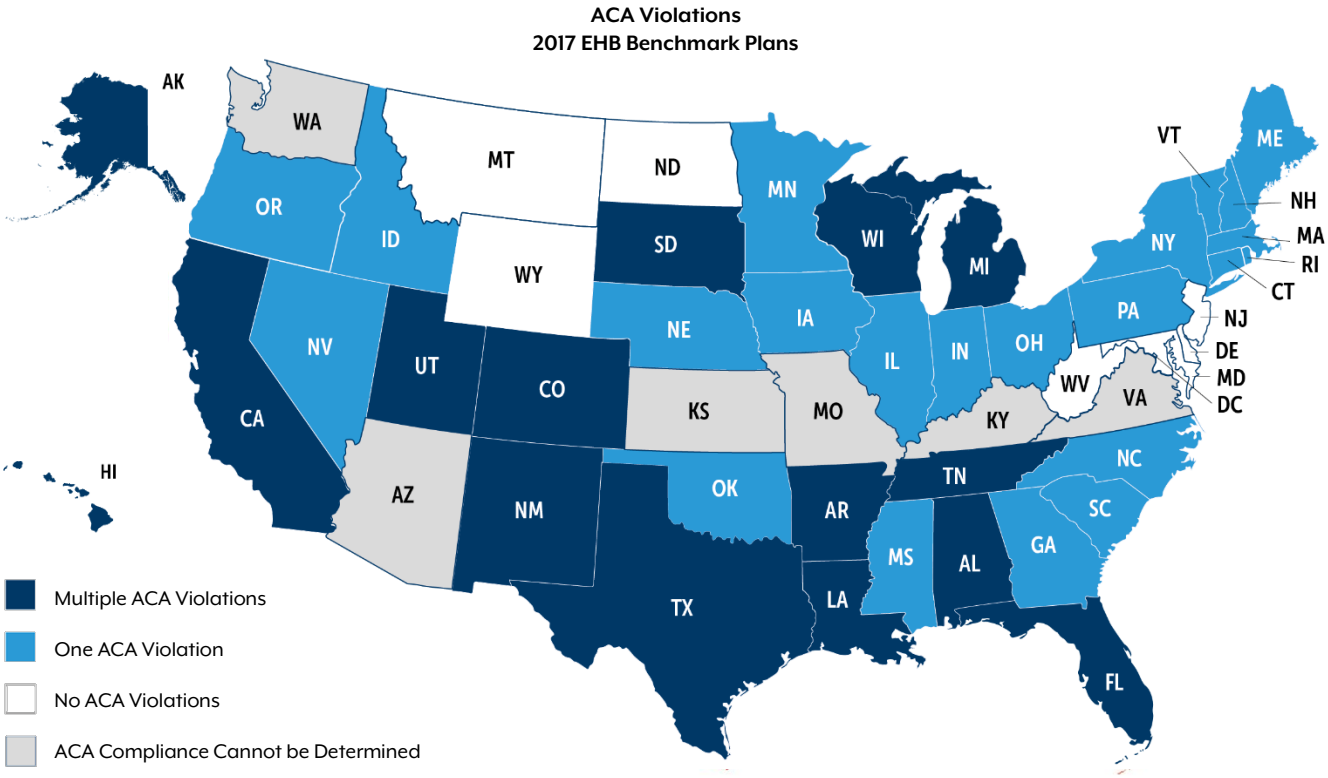
† In 2017, 49% of the U.S. population had employer-sponsored coverage and 21% was covered by Medicaid. [Kaiser Family Foundation. (2017). Health Insurance Coverage of the Total Population. Retrieved from https://www.kff.org.]

‡ Non-quantitative treatment limitations (NQTLs) are broadly defined as "non-numerical limits on the scope or duration" of treatment benefits and include, but are not limited to, utilization management requirements, availability of providers and the scope of covered benefits. [45 C.F.R. § 146.136(c)(2)(ii) (2013).]

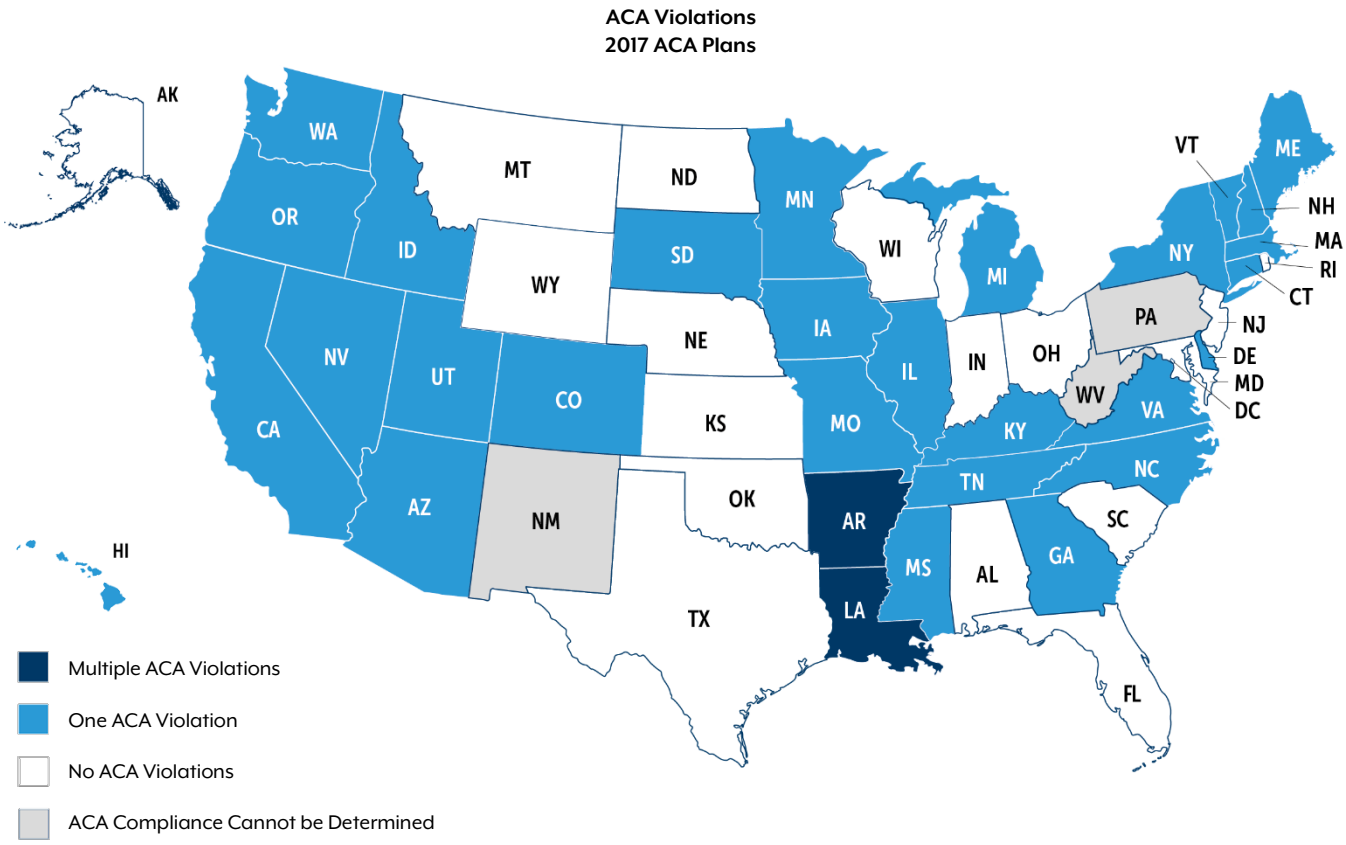
DESCRIPTION OF FINDINGS

Compliance with ACA Requirements for Coverage of SUD Benefits*

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison†
Plans must cover Essential Health Benefits (EHB), including: SUD services, preventive health services and prescription drugs.[9]	Over two-thirds of the plans do not comply with the ACA's requirements for coverage of SUD benefits.	More than half of the states offered plans that did not comply with the ACA's requirements for coverage of SUD benefits.	▲ Compliance with ACA requirements improved slightly.



* See *Appendix A* for detailed information about our findings.
† See *Appendix D* for detailed information comparing findings for the 2017 EHB Benchmark Plans to the 2017 ACA Plans for each state.



1. Tobacco Cessation Services

For the 2017 EHB Benchmark Plans, Center on Addiction utilized formulary data collected by the American Lung Association (ALA) to determine coverage of all FDA-approved tobacco cessation medications, in accordance with the ACA's requirement.*[10] For the 2017 ACA Plans, our Center reviewed each plan's formulary to evaluate coverage of all FDA-approved tobacco cessation medications.

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Under the ACA's preventive services requirement, plans must cover screenings for tobacco use and at least two tobacco cessation attempts per year, each consisting of four tobacco cessation counseling sessions (at least 10 minutes each) and one 90-day treatment regimen of any FDA-approved tobacco cessation medication.[11]	Twenty-six of the plans are not in compliance with the ACA's requirement to cover tobacco cessation services.†	Twenty-eight states offered plans that were not in compliance with the ACA's requirement to cover tobacco cessation services.‡	◀▶ Compliance with the ACA's requirement to cover tobacco cessation services was largely unchanged.

* Center on Addiction was unable to match the 2017 EHB Benchmark Plan to ALA's data for the following states: Arizona; Iowa; Kentucky; Louisiana; Mississippi; Missouri; New York; South Dakota; Utah; Virginia; and Washington.
† Alabama; Arkansas; California; Colorado; Connecticut; Florida; Georgia; Hawaii; Idaho; Indiana; Louisiana; Maine; Massachusetts; Nebraska; Nevada; New Hampshire; New Mexico; Ohio; Oregon; Rhode Island; South Carolina; South Dakota; Tennessee; Utah; Vermont; and Wisconsin.
‡ Arizona; Arkansas; California; Colorado; Connecticut; Delaware; Georgia; Hawaii; Idaho; Illinois; Iowa; Kentucky; Louisiana; Maine; Massachusetts; Michigan; Minnesota; Mississippi; Missouri; Nevada; New Hampshire; North Carolina; Oregon; South Dakota; Tennessee; Utah; Vermont; and Virginia.

2. Addiction Treatment Medications

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
The ACA requires coverage of at least one medication in each of the following classes within the United States Pharmacopeia (USP) Anti-Addiction/Substance Abuse Treatment Agents category: (1) Alcohol Deterrents/Anti-craving; (2) Opioid Dependence Treatments; (3) Opioid Reversal Agents; and (4) Smoking Cessation Agents.[12]	Forty-five percent of the plans (23/51) are in violation of the requirement to cover addiction treatment medications. • *Twenty EHB Benchmark Plans do not include coverage of at least one opioid reversal agent.*[*] • *Four plans do not include coverage of at least one smoking cessation agent.*[†]	Plans in four states violated this requirement. • *Four states offered at least one plan that did not cover at least one opioid reversal agent.*[‡]	▲ Compliance with the ACA's requirement for coverage of prescription drugs to treat addiction improved.

3. Annual/Lifetime Limits

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
The ACA prohibits the use of per-beneficiary annual or lifetime dollar limits for EHB.[13]	Two plans impose an annual or lifetime dollar limit on SUD benefits.[§]	None of the states offered a plan that imposed annual or lifetime limits.	▲ Compliance with the ACA's prohibition on annual and lifetime dollar limits on SUD benefits improved.

4. EHB Requirement for SUD Services

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plans must cover mental health and substance use disorder services including behavioral health treatment.[14]	Alaska's plan does not cover services and supplies relating to the diagnosis and treatment of addiction. It only covers medically necessary detoxification services on the same basis as any other emergency medical condition. Detoxification is a treatment for withdrawal symptoms, not for the disease of addiction. Alaska's plan violates the EHB requirement because no SUD treatment services are covered.	A plan offered in Louisiana contained a possible exclusion for SUD services.[**]	◀▶ Compliance with the EHB requirement for coverage of SUD services was unchanged.

[*] Alabama; Alaska; Arkansas; Florida; Hawaii; Illinois; Iowa; Louisiana; Michigan; Minnesota; Mississippi; New Mexico; New York; North Carolina; Oklahoma; Pennsylvania; Tennessee; Texas; Utah; and Wisconsin.
[†] California; Colorado; South Dakota; and Wisconsin.
[‡] Arkansas; Hawaii; New York; and Washington.
[§] Michigan and Texas. The plan documents for Michigan's 2017 EHB Benchmark Plan do not define "minimum annual benefit."
[**] The Evidence of Coverage (EOC) listed an exclusion for services or supplies for the treatment of alcohol and/or drug addiction, except as specifically provided in the EOC. The EOC made no other mention of SUD benefits, although they were listed in the plan's Summary of Benefits.

5. Transparency of Information in Plan Documents to Determine Compliance with ACA Requirements

2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plan documents for 11 states lack sufficient information to evaluate compliance with the ACA's requirements for coverage of SUD benefits. • *Plan documents for four states do not address coverage for smoking cessation services.* [*] • *Plan documents for eight states do not address coverage for either alcohol use screening for adults or alcohol and drug use screening for adolescents.* [†] • *Plan documents for three states cover alcohol screening for adults but do not address coverage for alcohol and drug use screening for adolescents.* [‡]	Plan documents for plans offered in 13 states lacked sufficient information to evaluate compliance with the ACA's requirements for coverage of SUD benefits. • *Plan documents for plans offered in four states did not address coverage for smoking cessation services.* [§] • *Plan documents for plans offered in seven states did not address coverage for either alcohol use screening for adults or alcohol and drug use screening for adolescents.* [**] • *Plan documents for plans offered in five states covered alcohol screening for adults but did not address coverage for alcohol and drug use screening for adolescents.* [††]	◀▶ Transparency and clarity of information in plan documents, as related to ACA compliance, was unchanged.

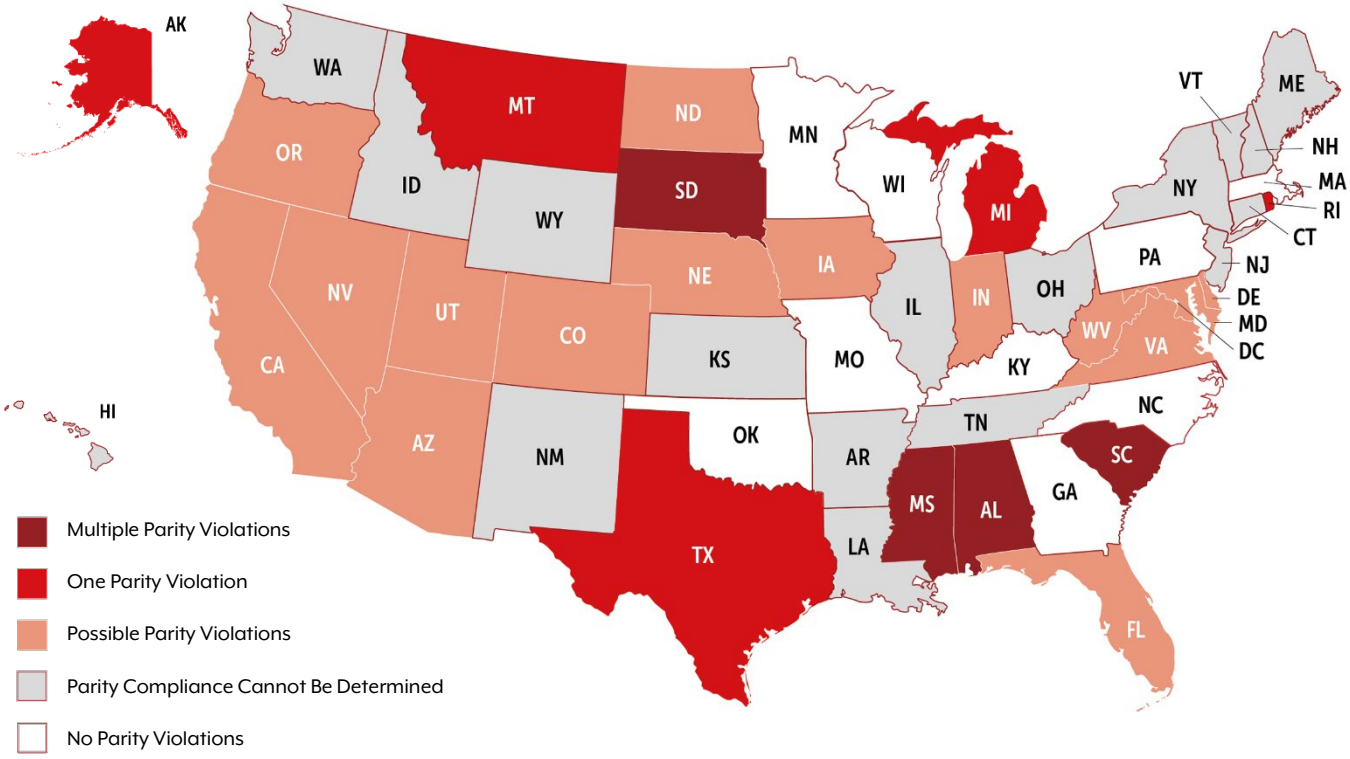
[*] Arizona; Kansas; Pennsylvania; and Washington.
[†] Arizona; Connecticut; Kansas; Louisiana; Nebraska; Pennsylvania; South Carolina; and Washington.
[‡] Hawaii; Idaho; and Vermont.
[§] Delaware; New Hampshire; Utah; and West Virginia.
[**] Delaware; Idaho; Louisiana; New Hampshire; Pennsylvania; South Dakota; and Utah.
[††] Arkansas; Colorado; Hawaii; New Mexico; and Vermont.

Compliance with Parity Requirements for Coverage of SUD Benefits*

As previously noted in the Limitations section, parity compliance cannot be fully determined from a review of plan documents. Our review of parity compliance is limited to those parity violations that are facial, meaning they are evident from the plan documents. We also identify parity violations or possible parity violations from "warning signs" for possible NQTL violations in the plan documents as well unequal coverage of intermediate services.†[15]

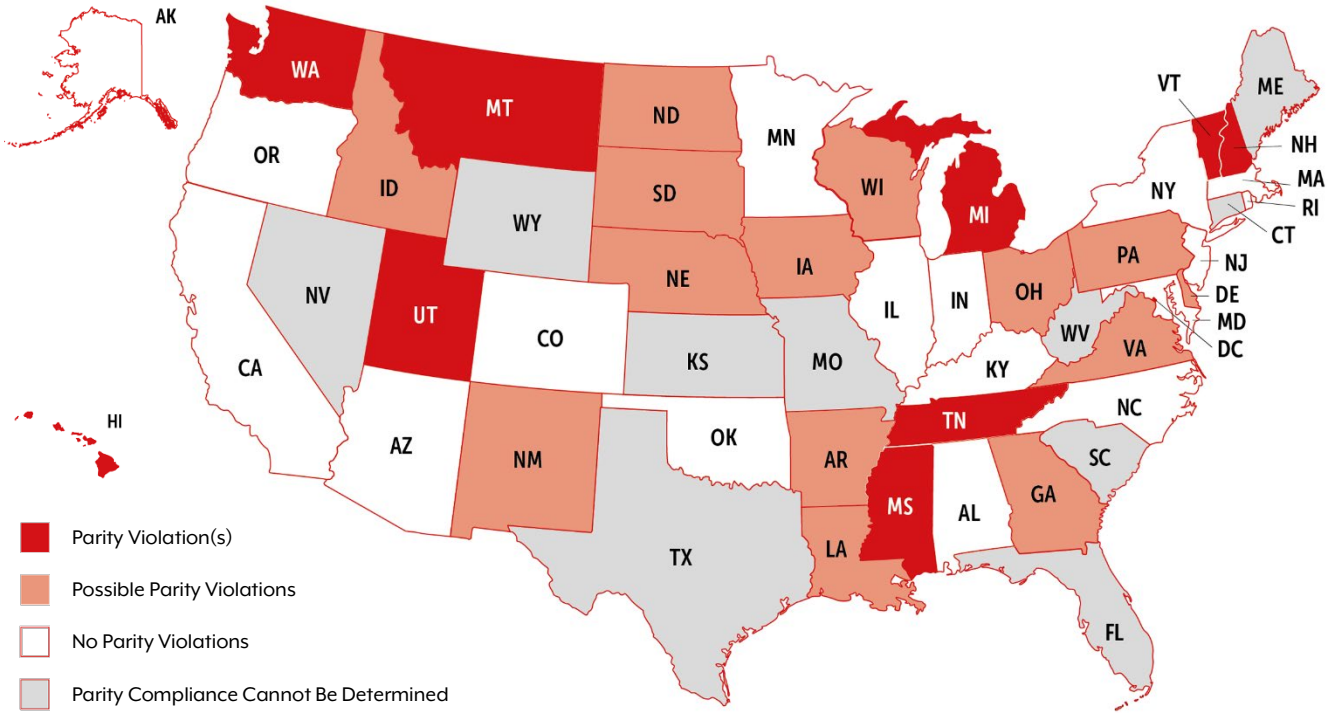
Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
To satisfy the EHB requirement, SUD benefits must comply with the Parity Act.[16]	Nine plans contain facial parity violations, and 18 plans contain possible parity violations relating to coverage of intermediate services.	Ten states offered plans that contained facial parity violations, and 18 states offered plans with possible parity violations relating to disparate coverage of intermediate services and methadone.	◀▶ Compliance with parity requirements was unchanged.

Parity Violations
2017 EHB Benchmark Plans



* See *Appendix B* for detailed information about our findings.
† Intermediate services are more intensive than outpatient treatment but less intensive than inpatient hospitalization. For SUD, intermediate services include intensive outpatient treatment, day/partial hospitalization and non-hospital residential treatment. For medical/surgical care, such services include home health care and skilled nursing facility care.

Parity Violations
2017 ACA Plans



1. Quantitative Treatment Limitations (QTLs)

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
The Parity Act prohibits the use of quantitative treatment limitations (QTLs) (e.g., limits on the number of visits) that apply only to SUD benefits or are more restrictive than the QTLs that apply to medical/surgical benefits in the same classification.[17] Further, cumulative QTLs (e.g., lifetime limits) cannot accumulate separately from limits on medical/surgical benefits when such benefits are in the same classification.[18]	Six plans contain QTLs and/or cumulative QTLs that violate parity requirements. • *Five plans violate parity requirements by imposing limits on the number of inpatient and/or outpatient visits for SUD services only.*[*] • *Two plans violate parity requirements because they impose lifetime limits on SUD services only.*[†]	One state offered a plan containing a QTL that may violate parity requirements.[‡]	▲ Compliance with the Parity Act's requirements regarding quantitative treatment limitations (QTLs) and/or cumulative QTLs improved.

[*] Alabama; Michigan; Mississippi; South Carolina; and South Dakota.
[†] South Dakota and Texas.
[‡] Utah offered a plan in 2017 that imposed a lifetime limit of three series of treatment for transitional residential recovery services.

2. Cumulative Financial Requirements

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Under the Parity Act, plans cannot require cumulative financial requirements (e.g., out-of-pocket maximums) for mental health and SUD benefits to accumulate separately from those for medical/surgical benefits when such benefits are in the same classification.[19]	Three plans violate parity requirements because coinsurance on SUD services does not apply toward the out-of-pocket maximum, but coinsurance for medical/surgical services does apply.*	No plans contained non-compliant cumulative financial requirements.	▲ Compliance with parity requirements regarding cumulative financial requirements improved.

3. Possible Parity Violations Related to Coverage of Intermediate SUD Services

Intermediate services are more intensive than outpatient treatment but less intensive than inpatient hospitalization. For SUD, intermediate services include intensive outpatient treatment, day/partial hospitalization and non-hospital residential treatment. For medical/surgical care, such services include home health care and skilled nursing facility care. The Parity Act does not require plans to cover intermediate services; rather, plans that cover intermediate SUD services must use a "comparable methodology" to place such services in the same benefit classification (e.g., outpatient/inpatient) as comparable intermediate medical services (e.g., skilled nursing facility and home health care).[20]

For example, if a plan covers residential treatment, partial hospitalization and intensive outpatient treatment for SUD and covers skilled nursing facilities and home health care as medical services, it must place residential treatment and skilled nursing facilities in the same benefit classification (e.g., inpatient) and partial hospitalization/intensive outpatient and home health care in the same benefit classification (e.g., outpatient).[21] Then, within each classification, the Parity Act's rules regarding financial requirements (e.g., copays), QTLs (e.g., visit limits) and NQTLs (e.g., prior authorization) apply.[22]

The parity rules are also ambiguous with respect to the exclusion of intermediate SUD services (i.e., residential treatment) when plans cover comparable intermediate medical services (i.e., skilled nursing facilities). Some plans interpret the Parity Act regulations strictly and believe the regulations allow such exclusions.[23] Many advocates believe that a broader reading of the Parity Act would not permit the scope of services to be covered in such an unequal manner. Advocates also argue that excluding intermediate SUD services while covering comparable intermediate medical services violates the ACA's non-discrimination requirement for EHB, as the exclusion is discriminatorily based on the patient's medical condition (addiction). In our review, plans that provide coverage for intermediate medical services but exclude comparable intermediate SUD services are labeled as having a possible parity violation.

Due to the limited information provided in plan documents, it is not possible to determine how the benefits are classified and thus whether there is parity among SUD benefits and medical/surgical benefits in the same classification. We identify possible parity violations where plans impose different cost-sharing requirements or treatment limitations for intermediate SUD services as compared to intermediate medical services and where plans exclude intermediate SUD services but cover comparable intermediate medical services.

* Alabama; Mississippi; and South Carolina.

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plans that cover intermediate SUD services must provide comparable coverage with intermediate medical services.[24]	Eighteen plans have possible parity violations related to disparate coverage of intermediate services. • *Five plans impose higher cost-sharing obligations (copays) on intermediate SUD services than on intermediate medical services.* [*] • *One plan imposes a more restrictive visit limit on intermediate SUD services than on intermediate medical services.* [†] • *Twelve plans have possible parity violations because the plans cover intermediate medical care in a skilled nursing facility, but exclude comparable intermediate SUD care in a residential treatment facility.* [‡]	Three states and D.C. offered plans with possible parity violations related to disparate coverage of intermediate services. • *One state offered a plan that may have imposed a more restrictive limit on intermediate SUD services than on intermediate medical services.* [§] • *Two states and D.C. offered plans with possible parity violations because they covered intermediate medical services but excluded comparable intermediate SUD services.* [**]	▲ Coverage of intermediate SUD services improved, thereby reducing the number of possible parity violations related to disparate coverage of intermediate services.

4. Non-quantitative Treatment Limitations (NQTLs)

Non-quantitative treatment limitations (NQTLs) are broadly defined as "non-numerical limits on the scope or duration" of treatment benefits and include, but are not limited to, utilization management requirements, availability of providers and the scope of covered benefits.[25] The Parity Act requires plans to use processes, strategies, evidentiary standards and other factors when applying NQTLs to mental health or SUD benefits that are comparable to, and applied no more stringently than, those used for the medical/surgical benefits in the same classification.[26]

NQTLs are generally described in documents not typically available to consumers or regulators (such as internal medical necessity and utilization management guidelines, provider contracts and plan operating practices), making it difficult for consumers and regulators to readily identify a NQTL violation.[27] We were also unable to access such plan documentation for our review. Nonetheless, through regulations and guidance, the federal agencies responsible for parity compliance have identified a non-exhaustive list of NQTL violations and "warning signs" that can be identified in plan documents.[28]

In 2016, the U.S. Department of Labor (DOL) clarified that examples of NQTLs include exclusions for court-ordered care that would otherwise be medically necessary.[29] Court-ordered treatment exclusions are not permissible under the Parity Act if the exclusion applies only to court-ordered treatment for SUDs.[30] In our review of the 2017 ACA Plans, we identified plans with a court-ordered treatment exclusion specific to SUD or MH as having a NQTL violation.

[*] Arizona; California; Colorado; Maryland; and Virginia.
[†] Oregon imposes a 45-day limit on residential treatment for SUDs, while care in a skilled nursing facility is subject to a 60-day limit.
[‡] Delaware; Florida; Indiana; Iowa; Mississippi; Nebraska; Nevada; North Dakota; South Carolina; Texas; Utah; and West Virginia.
[§] A plan offered in Utah limited coverage for SUD transitional residential recovery services to three series of treatment, while skilled nursing facility care was limited to 30 days per calendar year.
[**] Plans offered in New Mexico and D.C. in 2017 covered intermediate medical care in a skilled nursing facility, but excluded comparable intermediate SUD care in a residential treatment facility. Mississippi offered a plan in 2017 that explicitly covered partial hospitalization for mental health but excluded coverage for partial hospitalization for SUD while offering coverage for home health care services.

The process by which a plan determines which medications to cover and how cost-sharing will apply ("formulary design"), is an example of a NQTL.[31] In a self-compliance tool, DOL clarified the applicability of the Parity Act to coverage of methadone, a medication approved by the FDA for the treatment of pain and OUD.[32] However, it is frequently omitted from plan coverage for OUD.[33] When prescribed for pain management, methadone is covered under the plan's prescription drug benefit and dispensed under a prescription in a pharmacy like any other type of controlled substance. When used for OUD treatment, methadone is covered under the plan's medical benefit because it is subject to unique federal dispensing requirements and can only be dispensed by specially licensed Opioid Treatment Programs (OTPs).[34] The federal government clarified that if a plan covers methadone for pain but excludes coverage of methadone for OUD, it must "demonstrate that the processes, strategies, evidentiary standards, and other factors used to develop the methadone treatment exclusion for [OUD] are comparable to and applied no more stringently than those used for medical/surgical conditions."[35] The Department of Health and Human Services (HHS) recently clarified that excluding a treatment/medication for OUD while covering the treatment/medication for other conditions may also violate the ACA's prohibition on discrimination, unless supported by clinical guidelines or medical evidence.[36] In our review of the 2017 ACA Plans, we identified disparate coverage of methadone as a possible NQTL violation.

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plans must use non-quantitative treatment limitations (NQTLs) (e.g., medical necessity review, prior authorization requirement) for SUD benefits that are comparable to and applied no more stringently than NQTLs placed on medical/surgical benefits in the same classification (i.e., plans must use the same rules for creating and applying NQTLs for benefits in the same classification).[37] • *Exclusion of court-ordered services is an example of a NQTL, and exclusions for court-ordered treatment for mental health and SUD only are not permissible under the Parity Act.*[38] • *Plans that cover methadone for the treatment of pain but exclude methadone for the treatment of OUD must use processes, strategies, evidentiary standards and other factors in creating the methadone treatment exclusions for OUD that are comparable to and applied no more stringently than those used for medical/surgical conditions.*[39]	Two plans contain language that, on its face, would violate the Parity Act.*	Plans offered in 22 states and D.C. contained facial NQTL violations or "warning signs" for NQTL violations.† • *Plans offered in three states and D.C. imposed treatment standards for SUD services that did not exist for medical/surgical services.*‡ • *Vermont offered a plan that contained an ongoing concurrent review requirement for SUD services that did not exist for medical services.* • *Five states offered plans in 2017 that excluded court-mandated services for SUD only.*§ • *Fifteen states offered plans in 2017 that covered methadone for the treatment of pain but excluded coverage of methadone for opioid use disorder.***	▼ Compliance with the Parity Act's requirements for non-quantitative treatment limitations (NQTLs) worsened.

* Montana's 2017 EHB Benchmark Plan contains a NQTL standard for SUD services that does not exist for medical/surgical services ("The treatment must be reasonably expected to improve or restore the level of functioning that has been affected by the [SUD]."). Rhode Island's 2017 EHB Benchmark Plan contains a NQTL exception that is no longer permitted under the Parity Act ("Preauthorization is applied to behavioral health services in the same way as medical benefits. The only exception is where clinically appropriate standards of care may permit a difference."). This exception appeared in the interim rule but was removed from the final rule. [78 Fed. Reg. 68,240, 68,245 (Nov. 13, 2013).]

† Arkansas; Delaware; District of Columbia; Georgia; Hawaii; Idaho; Iowa; Louisiana; Michigan; Mississippi; Montana; Nebraska; New Hampshire; North Dakota; Ohio; Pennsylvania; South Dakota; Tennessee; Utah; Vermont; Virginia; Washington; and Wisconsin.

‡ District of Columbia; Michigan; Montana; and New Hampshire.

§ Hawaii; Mississippi; Montana; Tennessee; and Washington. Note Mississippi and Tennessee's court-ordered care exclusions are specific to mental health.

** Arkansas; Delaware; Georgia; Idaho; Iowa; Louisiana; Michigan; Nebraska; North Dakota; Ohio; Pennsylvania; South Dakota; Utah; Virginia; and Wisconsin.

5. Coverage of Benefits in All Classifications

If a plan provides MH/SUD benefits in at least one benefit classification, such as an emergency service or a prescription drug, it must offer MH/SUD benefits in every benefit classification where medical/surgical benefits are offered.[40] This standard ensures that a full range of MH/SUD benefits is offered, and additional standards limit the exclusion of specific services.

Requirement	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
The Parity Act requires coverage of MH and SUD benefits in every benefit classification where medical/surgical benefits are provided.[41]	The only SUD service covered in Alaska's plan is emergency detoxification under the emergency room care benefits. This is a violation of the Parity Act requirement because medical/surgical services are covered in other benefit classifications, such as inpatient and outpatient, but there are no SUD services covered in any benefit classifications other than emergency care.	No plans violated this requirement.	▲ Compliance with the requirement to cover SUD benefits in all classifications where medical services are covered improved.

6. Transparency of Information in Plan Documents to Determine Parity Compliance

2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Thirty-one percent of the plan documents (16/51) do not provide comprehensive detailed information about the specific SUD services that are covered, making it impossible to determine whether there is parity between SUD services and medical services. • *Plan documents for 10 states' EHB Benchmark Plans do not specify the SUD services that are covered.*[*] • *Plan documents for six states' EHB Benchmark Plans do not address coverage for intermediate SUD services (i.e., intensive outpatient, day/partial hospitalization and residential services).*[†]	Plan documents for plans offered in 43 percent of the states (22/51) did not provide comprehensive information about the SUD services that were covered, making it impossible to determine whether there was parity among SUD services and medical services.[‡]	▼ Transparency and clarity of information in plan documents, as related to parity compliance, worsened.

[*] Hawaii; Kansas; Mississippi; New Jersey; New Mexico; Ohio; Oregon; South Carolina; Utah; and Wyoming.
[†] Alabama; Arkansas; Connecticut; Montana; New York; and West Virginia.
[‡] Connecticut; Delaware; Florida; Hawaii; Kansas; Louisiana; Maine; Michigan; Mississippi; Missouri; Nevada; New Mexico; Ohio; Pennsylvania; South Carolina; South Dakota; Tennessee; Texas; Vermont; Washington; West Virginia; and Wyoming.

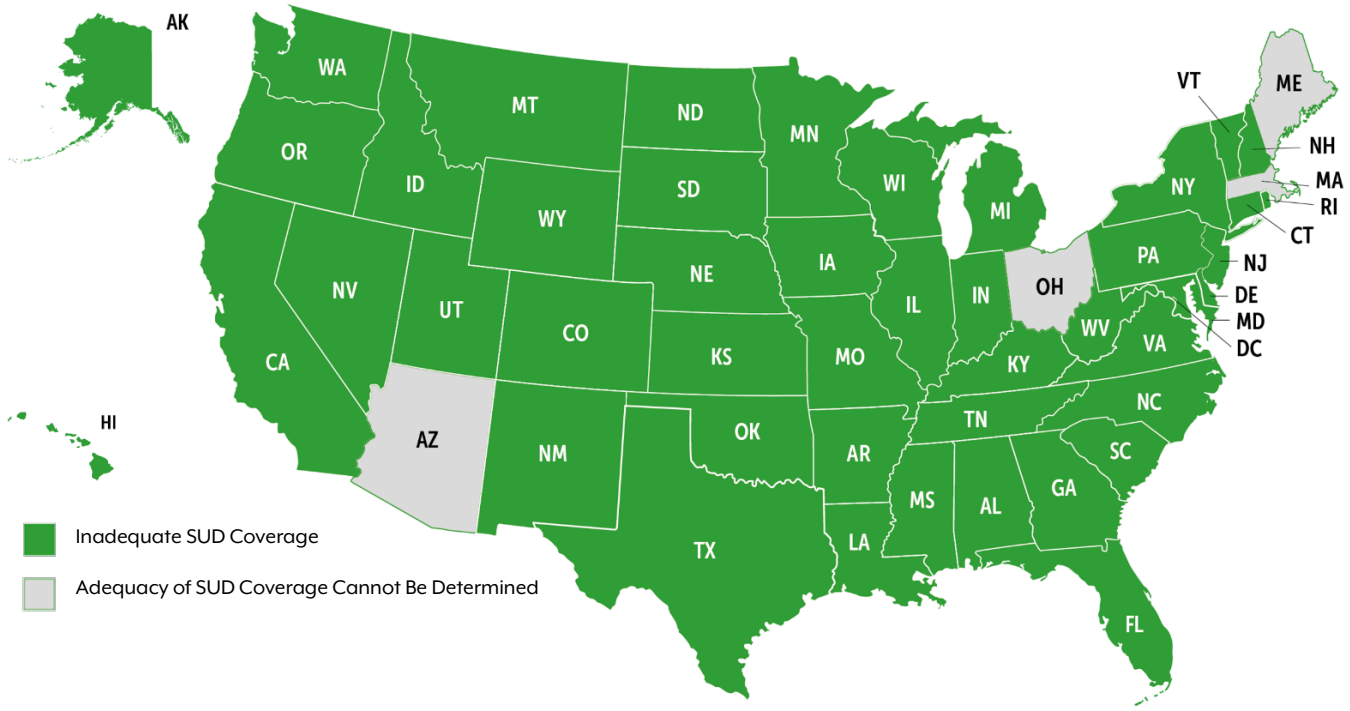
Adequacy of Benefit Coverage for Effective SUD Care*

In measuring the adequacy of benefits, we considered both the range of services and medications that are covered and the accessibility of those benefits. In our reviews of both the 2017 EHB Benchmark Plans and the 2017 ACA Plans, we found that a majority of the plans explicitly excluded critical SUD benefits and/or contained harmful treatment limitations. In the remainder of plans, the adequacy of SUD services covered could not be determined because plan documents lacked sufficient benefit information.

Among the 2017 EHB Benchmark Plans, the two critical benefits that are most frequently excluded or not explicitly covered are residential treatment and methadone treatment for OUD. Among the 2017 ACA Plans, coverage for residential treatment improved, but coverage for methadone worsened. The widespread exclusions and lack of coverage information in the EHB Benchmark and ACA Plan documents regarding methadone treatment are problematic given the dire need to expand treatment access and methadone's demonstrated efficacy for treatment of OUD.

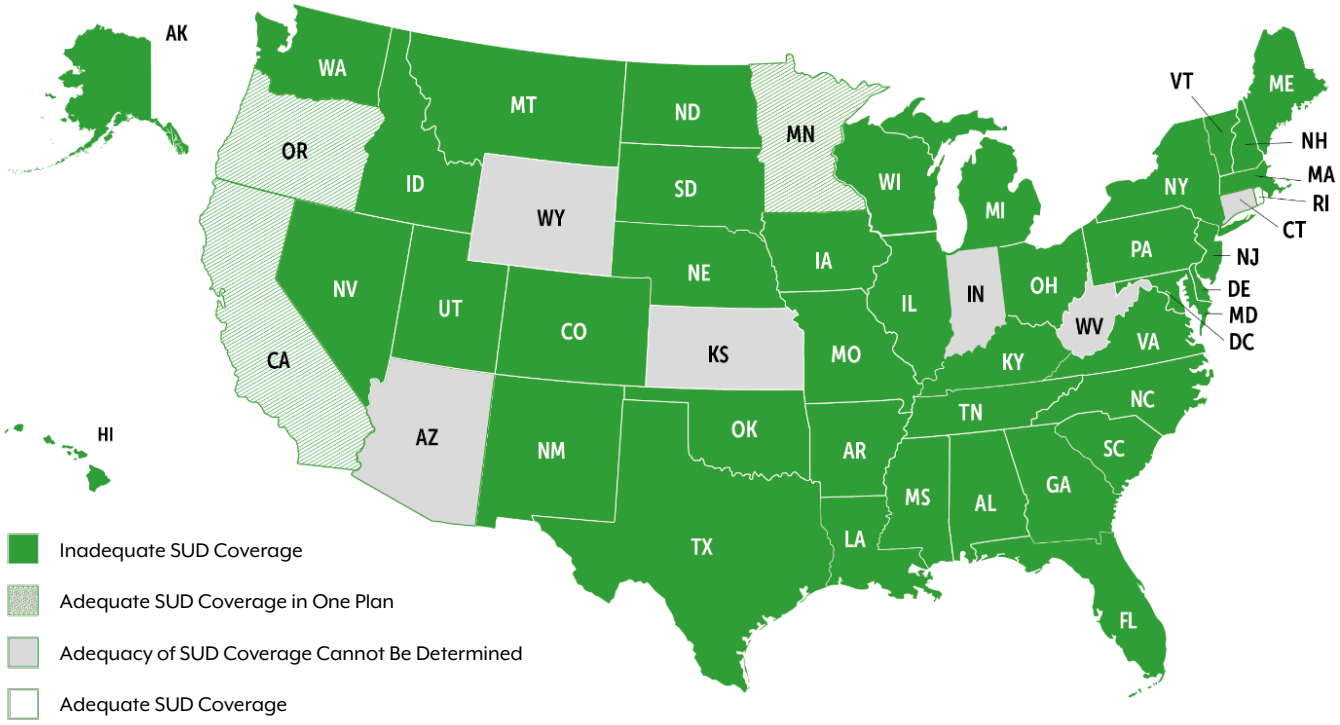
Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Cover the critical SUD benefits that are medically necessary to treat addiction. To ensure services and medications are accessible, covered benefits should not be subject to overly restrictive treatment limitations or utilization management practices that are not based on medical necessity or scientific evidence and unnecessarily restrict access to care.	None of the plans provide comprehensive coverage for SUD by covering the full array of critical benefits without harmful treatment limitations.	Rhode Island provided comprehensive coverage for SUD treatment in the two plans reviewed. Three other states offered at least one plan that provided comprehensive coverage for SUD treatment.†	▲ There was slight improvement in the adequacy of covered SUD benefits.

SUD Benefit Adequacy
2017 EHB Benchmark Plans



* See *Appendix C* for detailed information about our findings.
† California; Minnesota; and Oregon.

SUD Benefit Adequacy
2017 ACA Plans



1. Critical SUD Benefits

The EHB regulations do not define which SUD benefits must be covered in order to satisfy the EHB requirement; rather, states are allowed to define their own benefit packages. While some variation in benefit packages is to be expected, several states have excluded benefits that are essential to effective treatment.

Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Cover all critical SUD benefits, including: routine screening and brief intervention in health care settings, including primary and urgent care; diagnostic evaluation, comprehensive assessment and treatment planning; stabilization/withdrawal management; all FDA-approved pharmaceutical therapies; and evidence-based psychosocial therapies. Such benefits should be covered in all levels of care, including: inpatient hospitalization, non-hospital residential treatment, intensive outpatient, day/partial hospitalization treatment, and outpatient treatment in a variety of locations (e.g., office or clinic).[42]	Nearly 40 percent of plans (20/51) contain exclusions for critical SUD treatment and management services. • *Thirteen of the 2017 EHB Benchmark Plans exclude residential treatment.*[*] • *The only SUD service covered by Alaska's 2017 EHB Benchmark Plan is emergency detoxification.* • *Seven EHB Benchmark Plans exclude methadone for OUD.*[†]	Thirty-five percent of states (18/51) offered plans that contained exclusions for critical SUD treatment and management services. • *Two states and D.C. offered a plan that excluded residential treatment.*[‡] • *Louisiana offered a plan that contained a possible exclusion for SUD services.*[§] • *Mississippi offered a plan that excluded partial hospitalization.* • *Fourteen states offered a plan that excluded methadone for OUD.*[**] • *Two states offered plans that contained a possible methadone exclusion.*[††]	▲ Coverage for critical SUD treatment and management services improved slightly overall. ▼ Coverage for methadone treatment for OUD worsened.

2. Prescription Drugs to Treat Opioid Use Disorder

Medications for addiction treatment (MAT) are an effective, and for some conditions, critical component of addiction treatment.[43] There are currently three FDA-approved medications to treat opioid addiction – methadone, buprenorphine (alone or in combination with naloxone, as in Suboxone), and naltrexone (or its injectable form, Vivitrol). Each medication has a different mechanism of action, different side effects, different regulatory restrictions and different protocols for administration. The medications are typically prescribed or administered in distinct health care settings.

Plans subject to the EHB requirement are not required to cover all FDA-approved medications for the treatment of OUD. Instead, EHB benchmark plans are required to cover one of the medications in the United States Pharmacopeia (USP) Opioid Dependence Treatment class (buprenorphine, buprenorphine/naloxone and naltrexone), and ACA plans must cover the same medications covered by the EHB benchmark plan.[44] Importantly, methadone is not included in the USP Model Guidelines because methadone is excluded from

[*] Delaware; Florida; Indiana; Iowa; Mississippi; Nebraska; Nevada; North Dakota; South Carolina; South Dakota; Texas; Utah; and West Virginia.
[†] Alabama; Arkansas; Delaware; Kentucky; Rhode Island; Tennessee; and Wisconsin.
[‡] Alabama; District of Columbia; and New Mexico.
[§] According to the plan's Evidence of Coverage, one of Louisiana's plans excluded services to treat mental disorders or alcohol and/or drug addiction, as well as behavioral health services except as specifically provided in the plan contract. The plan documents made no other mention of MH or SUD services, though they were listed in the plan's Summary of Benefits.
[**] Arkansas; Delaware; Georgia; Idaho; Iowa; Louisiana; Michigan; Nebraska; North Dakota; Pennsylvania; South Dakota; Utah; Virginia; and Wisconsin.
[††] According to the plan's Evidence of Coverage (EOC), one of Ohio's plans contained an exclusion for services provided and expenses incurred for medications to be taken at the place where dispensed, which could be a methadone exclusion. The EOCs for both West Virginia plans contained exclusions for prescription drugs consumed or administered at the time and place where the prescription drug order is issued, which could be applicable to methadone.

Medicare prescription drug (Part D) coverage.[45] Medicare requires Part D prescription drugs to be dispensed upon a prescription at a pharmacy.[46] Methadone cannot be dispensed at a pharmacy; under federal law, it can only be dispensed by specially licensed Opioid Treatment Programs (OTPs).[47] The exclusion of methadone by Medicare Part D carries over to the ACA plans because of reliance on the USP Medicare Model Guidelines.

To ensure proper treatment, patients must have access to all of these medications and the settings in which they are administered, so that they can take the one that is most effective for them. Recently, HHS encouraged plans to cover all FDA-approved medications for OUD, including methadone, even if the EHB benchmark plan does not cover all medications.[48]

Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Cover all FDA-approved medications designed to treat and manage addiction. Benefits should include all clinical services required for patients to access these medications, such as physician visits for medical management of pharmaceutical therapies as well as coverage for OTPs.	Only eight plans cover all three medications in the USP Opioid Dependence Treatment class (buprenorphine, buprenorphine/naloxone and naltrexone).* Seven plans explicitly exclude methadone.† Three plans explicitly cover methadone.‡ Forty-one plans are silent on coverage for methadone.§ None of the plans cover all of the FDA-approved medications to treat OUD (methadone, naltrexone/ Vivitrol, buprenorphine and buprenorphine/naloxone).	Forty-eight states and D.C. offered at least one plan that covered all three medications in the USP Opioid Dependence Treatment Class.** Fourteen states offered a plan that excluded methadone.†† Ohio and West Virginia offered plans that contained a possible methadone exclusion.‡‡ Seven states and D.C. offered plans that explicitly covered methadone.§§ Forty-five states and D.C. offered at least one plan that was silent on coverage for methadone.*** In three states, both of the plans reviewed covered all of the FDA-approved medications to treat OUD.††† Four states and D.C. offered at least one plan that explicitly covered all FDA-approved medications to treat OUD.‡‡‡	▲ Coverage of most FDA-approved medications for treatment of OUD improved. ▼ Coverage of methadone worsened.

* Arizona; Indiana; Maine; Massachusetts; Michigan; Ohio; South Carolina; and Virginia.
† Alabama; Arkansas; Delaware; Kentucky; Rhode Island; Tennessee; and Wisconsin.
‡ District of Columbia; Maryland; and Minnesota.
§ Alaska; Arizona; California; Colorado; Connecticut; Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Louisiana; Maine; Massachusetts; Michigan; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; South Carolina; South Dakota; Texas; Utah; Vermont; Virginia; Washington; West Virginia; and Wyoming.
** Both of the plans reviewed for Colorado and Washington only offered two of the three medications in the USP Opioid Dependence Treatment class.
†† Arkansas; Delaware; Georgia; Idaho; Iowa; Louisiana; Michigan; Nebraska; North Dakota; Pennsylvania; South Dakota; Utah; Virginia; and Wisconsin.
‡‡ One of Ohio's plans included medication management as an outpatient SUD service, but it was not clear whether that included methadone and other forms of MAT. There was an exclusion for services provided and expenses incurred for medications to be taken at the place where dispensed, which could be a methadone exclusion. Both West Virginia plans contained exclusions for prescription drugs consumed or administered at the time and place where the prescription drug order is issued, which could be applicable to methadone.
§§ California; District of Columbia; Massachusetts; Minnesota; New Hampshire; New York; Oregon; and Rhode Island.
*** Alabama; Alaska; Arizona; California; Colorado; Connecticut; Delaware; District of Columbia; Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland; Michigan; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Virginia; Washington; West Virginia; Wisconsin; and Wyoming.
††† Massachusetts; New York; and Rhode Island.
‡‡‡ California; District of Columbia; Minnesota; New Hampshire; and Oregon.

3. Prior Authorization Requirements

Insurers frequently impose prior authorization requirements on covered health care services. Prior authorization requirements pose unique obstacles for individuals seeking SUD treatment because they can add a further barrier to the already complex process of motivating patients to begin and stay in treatment. Addiction affects the parts of the brain associated with motivation, decision-making, risk/reward assessment and impulse control; therefore, engaging and retaining patients in treatment can be difficult. Imposing delays in the initiation of care can result in serious consequences for the patient, including fatal overdose. Excessive prior authorization requirements for SUD benefits are not clinically appropriate and can interfere with a provider's ability to develop an appropriate treatment plan, based on a clinical assessment.

Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Make prior authorization requirements as unrestrictive as possible.	Thirty-three plans explicitly require prior authorization for a range of SUD services, including inpatient, outpatient, and intermediate SUD services (i.e., intensive outpatient, day/partial hospitalization and residential treatment).* Ten plans do not specify prior authorization requirements.† Six plans refer to the plan's website or customer service department for a list of services requiring prior authorization.‡ Rhode Island's plan recommends obtaining prior authorization for inpatient SUD treatment.	Forty-four states and D.C. offered at least one plan that explicitly required prior authorization for a range of SUD services.§ Both plans reviewed in five states did not specify prior authorization requirements.** New Jersey was the only state that offered plans that did not require prior authorization (per state law).††	▼ The use of prior authorization requirements for SUD services worsened.

* Alabama; Arizona; Arkansas; Connecticut; Delaware; District of Columbia; Florida; Hawaii; Idaho; Illinois; Kansas; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Mississippi; Montana; Nebraska; Nevada; New Jersey; New Mexico; North Carolina; North Dakota; Oklahoma; Oregon; South Carolina; Tennessee; Texas; Utah; Vermont; and Wisconsin.
† Alaska; Colorado; Indiana; Minnesota; New Hampshire; New York; Ohio; Virginia; Washington; and Wyoming.
‡ Georgia; Iowa; Missouri; Pennsylvania; South Dakota; and West Virginia.
§ Alabama; Alaska; Arizona; Arkansas; California; Connecticut; Delaware; District of Columbia; Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Kansas; Kentucky; Louisiana; Maryland; Massachusetts; Michigan; Minnesota; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Mexico; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Rhode Island; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Washington; West Virginia; and Wisconsin.
** Colorado; Iowa; Maine; Virginia; and Wyoming.
†† Per New Jersey law, the first 180 days per plan year of medically necessary inpatient and outpatient treatment cannot be subject to "prior authorization or other prospective utilization management requirements." [N.J. STAT. ANN. §§ 17B:26-2.1hh(b), 17B:27-46.1nn(b) (2018).]

4. Overly Restrictive Treatment Limitations

Blanket limitations on allowed visits or lengths of stay do not accord with best practices for treating cases of addiction that are chronic and relapsing. Length of treatment should be flexible and contingent on periodic evaluation of the patient's progress.

Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plans should not impose blanket limitations on number of allowed visits or lengths of stay.	Nine plans impose overly restrictive treatment limitations for SUD services.[*] • *Two plans impose lifetime limits on SUD services (also an ACA violation).*[†] • *Five plans place a limit on the number of days per contract/calendar year for inpatient and outpatient SUD services.*[‡] • *Oregon imposes a 45-day limit on residential treatment.* • *Vermont only provides coverage for short-term residential treatment, which is not defined.* • *Colorado's plan does not cover counseling services for a patient who is not responsive to therapeutic management.*	Six states offered plans with overly restrictive treatment limitations for SUD services.[§] • *Two states offered plans that imposed a limit on the number of days or treatment series per year for services.*[**] • *Four states offered plans that excluded long-term residential treatment.*[††] • *One of Colorado's plans did not cover counseling services for a patient who is not responsive to therapeutic management.*	▲ The use of overly restrictive treatment limitations on SUD services improved.

[*] Alabama; Colorado; Michigan; Mississippi; Oregon; South Carolina; South Dakota; Texas; and Vermont.
[†] South Dakota and Texas.
[‡] Alabama; Michigan; Mississippi; South Carolina; and South Dakota.
[§] Arkansas; Colorado; Massachusetts; South Dakota; Utah; and Vermont.
[**] Arkansas offered a plan that limited residential treatment to 60 days per calendar year.
Utah offered a plan that limited Substance Abuse/Chemical Dependency Transitional Residential Recovery Services to three series of treatment.
Nevada offered a plan that imposed a 100-day limit per calendar year on residential treatment (also required for Skilled Nursing Facilities). However, it was not clear from plan documents whether residential treatment was covered for SUD.
[††] Massachusetts; South Dakota; Utah; and Vermont.

5. Tobacco Cessation Coverage

Like individuals with other types of SUDs, individuals with tobacco dependence are prone to relapse and may make multiple quit attempts before achieving long-term abstinence.[49] Placing annual limits on quit attempts and on the use of evidence-based treatment can lead to prolonged tobacco use for individuals seeking to quit.[50]

Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plans should not place limits on medication quantities or quit attempts.	Fifty-three percent of plans (27/51) provide insufficient coverage for tobacco cessation. • *Plans for 26 states fail to comply with ACA requirements for coverage of tobacco cessation (see ACA Compliance section).* • *Plans for two states place limits on smoking cessation services and products that, while compliant with the ACA's requirement for tobacco cessation coverage, are not consistent with best practices.*[*]	Sixty-five percent of states (33/51) offered at least one plan that provided insufficient coverage for tobacco cessation. • *Twenty-eight states offered at least one plan that was non-compliant with ACA requirements for coverage of tobacco cessation (see ACA Compliance section).* • *Nineteen states offered at least one plan that placed limits on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, were* not consistent with best practices.[†]	▼ Coverage for tobacco cessation worsened.

6. Intoxication Exclusions

Intoxication exclusions (or, Uniform Individual Accident and Sickness Policy Provision Laws, UPPLs) allow insurance providers to deny coverage for the treatment of injuries sustained by a person who was under the influence of alcohol or other drugs at the time of the injury. These laws are harmful to patients because they deter health care providers from identifying and treating SUDs.

Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
There is no medical or ethical justification for intoxication exclusions; they should be eliminated.	Two plans impose intoxication exclusions.[‡]	Fourteen states offered at least one plan with an exclusion for services related to intoxication.[§]	▼ The use of intoxication exclusions worsened.

[*] New Mexico and North Dakota.
[†] Colorado; Georgia; Hawaii; Illinois; Kentucky; Louisiana; Maine; Minnesota; Nevada; New Mexico; New York; North Carolina; North Dakota; Ohio; South Carolina; South Dakota; Tennessee; Vermont; and Virginia.
[‡] Mississippi and South Carolina.
[§] Arkansas; Colorado; Delaware; Georgia; Kentucky; Louisiana; Maine; Mississippi; Missouri; Nevada; Pennsylvania; Tennessee; Utah; and Virginia.

7. High Cost-Sharing

Cost is a significant barrier to SUD treatment, even for people who have insurance.[51] High daily or per-admission copayments may deter patients from seeking treatment. Even if these requirements are in parity with cost-sharing requirements for comparable medical services, high cost-sharing impedes access to care.

Best Practice	2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plans should make out-of-pocket cost-sharing as affordable as possible to encourage patients to seek SUD care.	Four plans require excessively high daily (e.g., $500 per day up to $2,500) or per-admission ($750) copayments for inpatient and/or residential SUD services.*	Eleven states offered at least one plan with high cost-sharing requirements on SUD services.†	▼ High cost-sharing requirements for SUD services worsened.

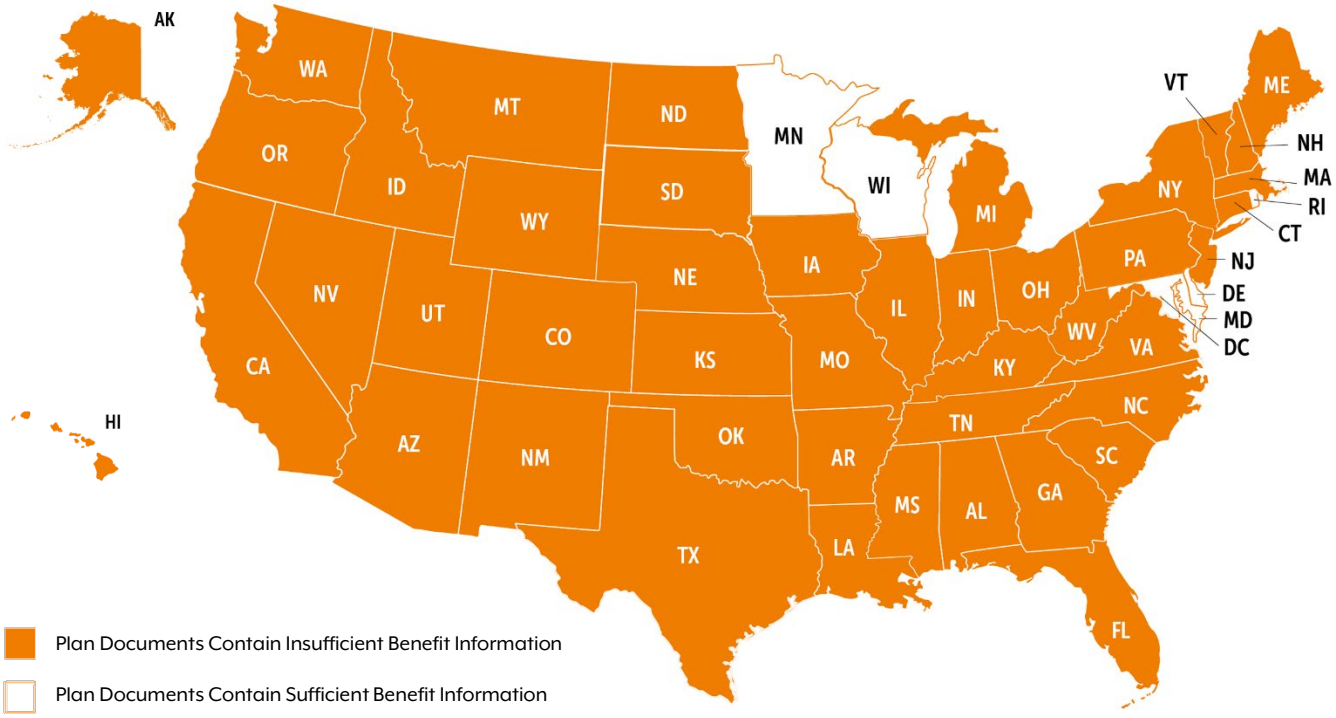
* California; Colorado; Pennsylvania; and Virginia.
† Alaska; Florida; Maryland; Massachusetts; Montana; Nebraska; New Jersey; Oklahoma; Pennsylvania; Texas; and Utah.
Alaska, Florida, Massachusetts, New Jersey, Pennsylvania, and Utah required high per-visit copayments (e.g. $65) and/or coinsurance for outpatient and/or methadone services. Florida, Maryland, Montana, Oklahoma, Texas, and Utah required high coinsurance, daily or per-admission copayments, and/or per-occurrence deductibles for inpatient and/or residential SUD services. Nebraska required 40 percent cost-sharing.

Description of SUD Benefits in Plan Documents

In order to determine whether ACA plans comply with EHB and parity requirements and to assess whether covered benefits provide adequate SUD care, the plan documents must provide detailed information about the specific SUD benefits that are covered and applicable cost-sharing requirements and treatment limitations. Detailed descriptions of the SUD benefits and limitations are also essential for consumers who are purchasing insurance and need to know whether a plan will pay for specific health services or medications.

2017 EHB Benchmark Plans Finding	2017 ACA Plans Finding	Comparison
Plan documents for 90 percent of the plans (46/51) lack sufficient detail to fully evaluate compliance with the ACA and/or the adequacy of SUD benefits.* Only five plans provide complete, detailed information regarding covered SUD benefits and applicable limitations.†	Ninety-two percent (47/51) of states offered a plan with plan documents that lacked sufficient detail.‡ Plan documents for both plans reviewed in four states provided complete information regarding SUD benefits and limitations.§	◀▶ Transparency of information in plan documents was unchanged.

Description of SUD Benefits in Plan Documents
2017 EHB Benchmark Plans



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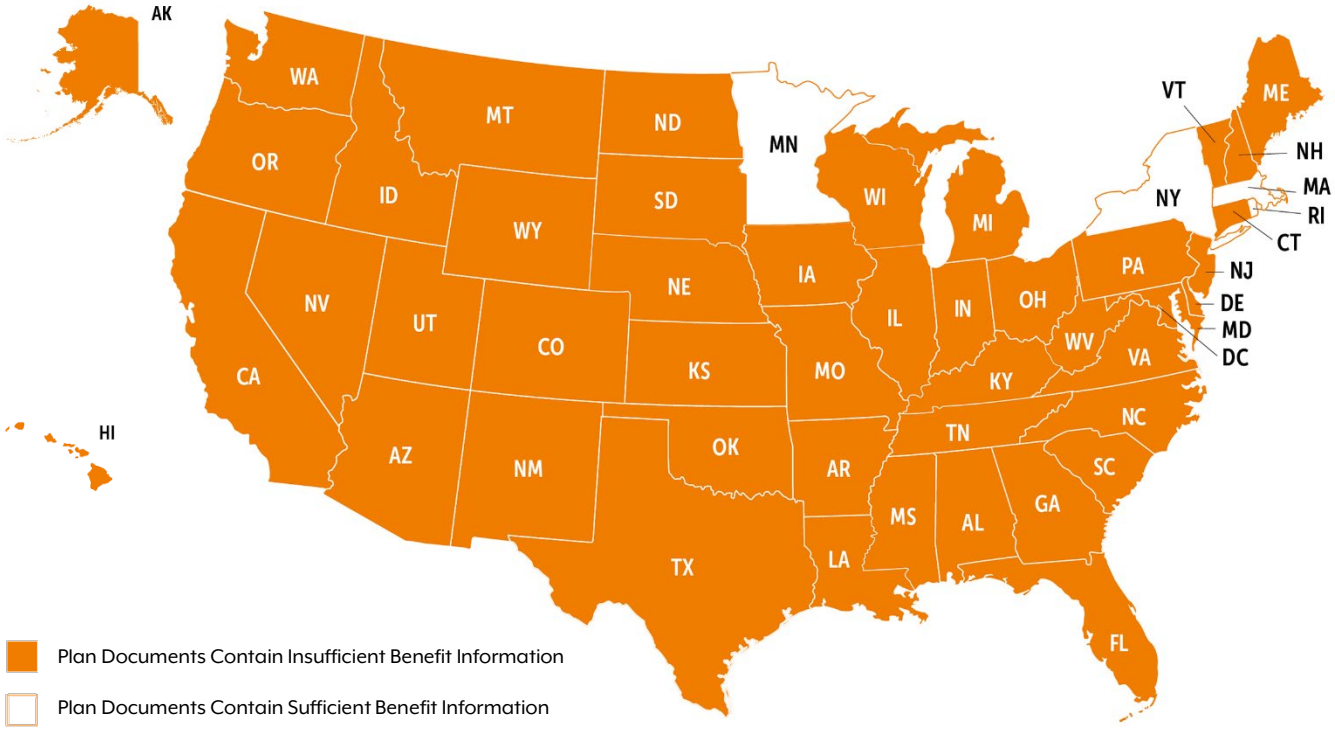
† Delaware; Maryland; Minnesota; Rhode Island; and Wisconsin.
‡ Alabama; Alaska; Arizona; Arkansas; California; Colorado; Connecticut; Delaware; District of Columbia; Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland; Michigan; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Virginia; Washington; West Virginia; Wisconsin; and Wyoming.
§ Massachusetts; Minnesota; New York; and Rhode Island.

Description of SUD Benefits in Plan Documents
2017 ACA Plans



HEALTH REFORM UPDATES

Over the past two years, the ACA and the EHB requirement have come under significant threat. While full repeal of the ACA was unsuccessful, the federal government has taken several actions to undermine the law, including repealing the individual mandate; allowing the sale of non-ACA-compliant plans; reducing advertising on the marketplaces during open enrollment; and joining a lawsuit challenging the law's constitutionality.[52] Despite these changes, the ACA and the EHB requirement remain the law of the land.[53]

While the EHB requirement cannot be eliminated absent legislative action, CMS made regulatory changes to the EHB benchmark process that will be effective for the 2020 plan year.[54] Center on Addiction is most concerned that the new approach allows more benchmark plan options, including allowing a state to select another state's 2017 EHB Benchmark Plan and allowing states to replace any EHB category or categories of benefits in its EHB benchmark plan with the same category or categories of benefits from another state's 2017 EHB Benchmark Plan.[55] Based on our findings that the 2017 EHB Benchmark Plans are non-compliant with ACA requirements and offer woefully inadequate SUD benefit coverage, these are not suitable benchmark plan options.

CMS' stated goals in changing the benchmark approach are to provide additional flexibility to states in defining EHB and to allow states to modify EHB to increase affordability.[56] Neither of these goals align with the purpose of the EHB requirement: to correct historically limited benefit coverage in the small group and individual markets.[57] Further, the issues that CMS raises – that the EHB requirement makes coverage unaffordable and that states need additional flexibility to define EHB – are not genuine problems with the EHB benchmark approach or the EHB requirement.

States already had full authority to define EHB, and some of the changes would actually constrain states, not provide additional flexibility.* With respect to the goal of increasing affordability, CMS is shifting the purpose of the EHB requirement to prioritize affordability over ensuring that the plans purchased by consumers provide comprehensive coverage of critical health care services. Further, removing the requirement for plans to cover MH and SUD benefits would only reduce premium prices by one percent while significantly increasing out-of-pocket costs for individuals who require such services.[58] Lack of health care coverage and being unable to afford the cost of care are significant treatment barriers.[59] Requiring plans to cover treatment lowers the financial burden for those who need care without shifting the costs to other health care consumers. Furthermore, the majority of the huge economic burden of untreated SUD is borne by the health care system.[60] It would be far more cost-effective and affordable to require coverage of effective treatment and ensure that people get needed care.

* States can select another "set of benefits" as the EHB benchmark plan so long as the benefits do "not exceed the generosity of the most generous of among a set of comparison plans." [45 C.F.R. § 156.111(b)(2)(B)(4)(ii)]. While CMS purported this "generosity limit" increases state flexibility, it restrains the state's ability to provide more generous plans.

RECOMMENDATIONS

In our earlier report, *Uncovering Coverage Gaps: A Review of Addiction Benefits in ACA Plans*, we offered several recommendations to implement, strengthen and enforce the EHB requirement and improve coverage for evidence-based SUD care. Many of these recommendations, which are listed below, are still applicable and should be adopted by states seeking to improve SUD benefit coverage. We developed a tool to help states implement these recommendations and improve SUD benefit coverage among commercial plans subject to the ACA's requirements.

1. Cover all critical SUD benefits, including all FDA-approved SUD medications

While coverage for some critical SUD benefits improved among the plans offered in 2017, many states still offered plans that excluded, or did not explicitly cover, methadone treatment for OUD. Excluding methadone for OUD while covering it for pain may violate the Parity Act. Further, there is no medical justification for excluding coverage of methadone when it has been used to treat opioid addiction for the past 50 years and its efficacy is well demonstrated. Patients on methadone cannot be easily switched to another type of medication without risk of harm. All plans should be covering methadone for the treatment of OUD.

2. Remove harmful/excessive treatment limitations

Tailoring treatment to the specific needs of patients by matching the patient to the appropriate level of care and flexibility in length of treatment are crucial components when treating patients with chronic SUD. Treatment limitations should be as unrestrictive as possible to ensure patients can access care when they need it. Some states have passed laws prohibiting the use of prior authorization.*

3. Prohibit the use of intoxication exclusions (a.k.a. Uniform Accident and Sickness Policy Provision Laws, UPPLs)

Intoxication exclusions allow insurers to deny coverage for the treatment of injuries sustained by a person who was under the influence of alcohol or other drugs at the time of the injury. They provide physicians with disincentives to screen patients for substance problems or document substance-involved injuries, thereby reducing the likelihood that those who are at risk will get the help they need. As of January 1, 2018, 16 states have prohibited the use of UPPLs.[61] The use of UPPLs should be prohibited in all plans.

* Maryland and New Jersey prohibit the use of prior authorization for FDA-approved medications to treat opioid addiction. [MD. CODE ANN. INS. § 15-851 (2017); N.J. STAT. ANN. §§ 17B:26-2.1hh(b), 17B:27-46.1nn(b) (2018).]
Massachusetts prohibits prior authorization for certain services and requires coverage of up to 14 days for acute treatment and clinical stabilization without prior authorization. [MASS. GEN. LAWS ch. 175 §§ 47FF- GG; ch. 176A §§ 8HH- II; ch. 176B §§ 4HH- II; ch. 176G §§ 4Z-4AA (2016); Massachusetts Division of Insurance. (2015). Bulletin 2015-05: Access to services to treat substance use disorders; Issued July 31, 2015. Retrieved from https://www.mass.gov.]
New Jersey prohibits prior authorization for the first 180 days of medically necessary inpatient and outpatient treatment and limits the use of concurrent and retrospective review. [New Jersey Legislature. (2017). Assembly, No. 3, 217th Legislature. Retrieved from http://www.njleg.state.nj.us.]
New York requires coverage of a five-day emergency supply of FDA-approved medications to treat addiction without prior authorization [N.Y. INS. LAW § 3216(i)(31-a)(A); N.Y. INS. LAW § 3221(l)(7-b)(A); N.Y. INS. LAW § 4303(l-2)(1) (2017).]
New York also prohibits prior authorization for the first 14 days for inpatient and outpatient treatment. [N.Y. INS. LAW § 3216(i)(30)(D), (i)(31)(E); N.Y. INS. LAW § 3221(l)(6)(D), (l)(7)(E); N.Y. INS. LAW § 4303(k)(4), (l)(5) (2017).]

4. Eliminate exceedingly high cost-sharing

Remove high daily or per-admission copayments for SUD services, and find ways to ensure that cost-sharing obligations do not deter patients from seeking necessary care.

5. Ensure compliance in ACA plans

States should ensure that all ACA plans sold in their state are compliant with all legal requirements and offer a comprehensive array of SUD benefits. When a state has declined to enforce the ACA, the federal government must accept this obligation.

Regulators should carefully review all plans sold to consumers on federal and state marketplaces for ACA and parity compliance and for benefit adequacy. Issuers of non-compliant plans should be required to correct deficiencies and revise their plan documents to ensure transparency, compliance with the law and access to the full range of critical SUD benefits.

6. Require plan documents to contain sufficient and transparent information

Plan documents should be thorough and comprehensive and provide easily understood information about the scope of benefits and cost-sharing obligations. Such detail is required for consumers to make informed decisions when choosing their health plan. Despite the importance of thorough benefit information, nearly all of the 2017 EHB Benchmark Plans and 2017 ACA Plans lacked sufficient information regarding covered SUD benefits. Insurers should be required to ensure that benefit information is detailed and comprehensive and includes information about the types and levels of SUD services and medications that are covered, as well as applicable cost-sharing requirements.

CONCLUSION

Addiction is a disease and, like other diseases, it should be identified, treated and managed by the health care system. Insurance coverage is essential to access our nation's health care system. While millions of people with SUDs have gained insurance coverage through the federal and state marketplaces and Medicaid expansion, many are still unable to obtain care.[62] Unquestionably, more needs to be done to increase treatment capacity and access to evidence-based care, but improving insurance coverage will save lives.

Lawmakers seem to understand the need and urgency to increase treatment availability but do not appreciate how treatment access is intrinsically tied to insurance coverage. Important tools such as the ACA's EHB requirement and the Parity Act continue to be underutilized. These laws provide important protections for consumers, and their purpose is to make addiction treatment accessible and affordable. Failing to use these tools undermines other legislative or funding initiatives and exacerbates the current crisis.

Our research found little improvement in ACA compliance and only a slight improvement in benefit adequacy between the 2017 EHB Benchmark Plans and ACA Plans sold in 2017. More must be done to guarantee that insurers are fulfilling their obligation to address our country's addiction crisis by providing services for a disease that is both preventable and treatable. For the past three years, national life expectancy has declined, largely due to the opioid epidemic. Unfortunately, stigma against addiction continues to prevent the type of response that would be provided for other diseases.

If we commit to treating addiction as a disease, we can reverse the current opioid crisis and prevent future epidemics. There has been progress, but much work lies ahead. Improving insurance coverage will enable more people to access effective and affordable care, lives will be saved, and this crisis will be overcome.

NOTES

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Appendix A

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Alabama (AL) EHB Benchmark Plan	2		• The plan documents state services related to nicotine addiction, such as smoking cessation treatment, are excluded; but, "expenses for nicotine withdrawal drugs prescribed by a physician and dispensed by a licensed pharmacist from an in-network pharmacy" are covered. While Alabama's 2017 EHB Benchmark Plan provides coverage for tobacco cessation medications, at least four tobacco cessation counseling sessions per tobacco cessation attempt must also be covered to comply with the requirement.		• No coverage for opioid reversal drug.	
Alabama (AL) 2017 ACA Plan 1	0					
Alaska (AK) EHB Benchmark Plan	2	• Treatment of chemical dependency is not covered under Hospital Inpatient Care Treatment or Emergency Room Care benefits, but the medically necessary detoxification services are covered on the same basis as any other emergency medical condition. • Services and supplies relating to diagnosis and treatment of chemical dependency and non-dependent alcohol/drug use/abuse are not covered.			• No coverage for opioid reversal drug.	
Alaska (AK) 2017 ACA Plan 1	0					
Arizona (AZ) EHB Benchmark Plan	Cannot be determined		• Plan documents are silent on coverage for tobacco cessation services. • *Cannot match ALA Data to EHB Plan.*	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Arizona (AZ) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine gum and lozenge are not covered.			
Arizona (AZ) 2017 ACA Plan 2	0					
Arkansas (AR) EHB Benchmark Plan	2		• The plan documents state that the treatment of nicotine addiction is excluded and that smoking cessation products not on the plan's formulary are not covered. While Arkansas's 2017 EHB Benchmark Plan provides coverage for tobacco cessation medications, at least four tobacco cessation counseling sessions per tobacco cessation attempt must also be covered to comply with the requirement.		• No coverage for opioid reversal drug.	
Arkansas (AR) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum, lozenge and nasal spray are not covered.			
Arkansas (AR) 2017 ACA Plan 2	2		• According to the plan's formulary, nicotine patch, gum, lozenge, nasal spray and inhaler are not covered.	• Plan documents are silent on coverage for alcohol and drug use screening for adolescents.	• No coverage for opioid reversal drug.	

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
California (CA) EHB Benchmark Plan	2		• According to ALA's formulary data, California's 2017 EHB Benchmark Plan does not include three FDA-approved tobacco cessation medications on its formulary: nicotine nasal spray, nicotine inhaler and Varenicline.		• No coverage for smoking cessation agents.	
California (CA) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, nasal spray and inhaler are not covered.			
California (CA) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, nasal spray and inhaler are not covered.			
Colorado (CO) EHB Benchmark Plan	2		• According to ALA's formulary data, Colorado's 2017 EHB Benchmark Plan does not include six FDA-approved tobacco cessation medications on its formulary: nicotine patch, nicotine gum, nicotine lozenge, nicotine nasal spray, nicotine inhaler and Varenicline.		• No coverage for smoking cessation agents.	
Colorado (CO) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum, lozenge, nasal spray and inhaler are not covered.			
Colorado (CO) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, nicotine nasal spray, nicotine inhaler and Varenicline are not covered.	• Plan documents are silent on coverage for alcohol and drug use screening for adolescents.		
Connecticut (CT) EHB Benchmark Plan	1		• According to ALA's formulary data, Connecticut's 2017 EHB Benchmark Plan does not include five FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum, lozenge, nasal spray and inhaler.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Connecticut (CT) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Delaware (DE) EHB Benchmark Plan	0					
Delaware (DE) 2017 ACA Plan 1	1		• Plan documents are silent on coverage for tobacco cessation services. • According to the plan's formulary, nicotine nasal spray and inhaler are not covered.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Delaware (DE) 2017 ACA Plan 2	1		• Plan documents are silent on coverage for tobacco cessation services. • According to the plan's formulary, nicotine nasal spray and inhaler are not covered.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
District of Columbia (DC) EHB Benchmark Plan	0					
District of Columbia (DC) 2017 ACA Plan 1	0					
District of Columbia (DC) 2017 ACA Plan 2	0					

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Florida (FL) EHB Benchmark Plan	2		• The plan documents state, "smoking cessation programs including any Service to eliminate or reduce the dependency on, or addiction to, tobacco, including but not limited to nicotine withdrawal programs and nicotine products (e.g., gum, transdermal patches, etc.)" are excluded. • According to ALA's formulary data, Florida's 2017 EHB Benchmark Plan does not include one FDA-approved tobacco cessation medication on its formulary: nicotine lozenge.		• No coverage for opioid reversal drug.	
Florida (FL) 2017 ACA Plan 1	0					
Florida (FL) 2017 ACA Plan 2	0					
Georgia (GA) EHB Benchmark Plan	1		• The plan documents state, "treatment of nicotine habit or addiction, including, but not limited to, nicotine patches, hypnosis, or electronic media" is not covered.			
Georgia (GA) 2017 ACA Plan 1	0					
Georgia (GA) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Hawaii (HI) EHB Benchmark Plan	2		• According to ALA's formulary data, Hawaii's 2017 EHB Benchmark Plan does not include one FDA-approved tobacco cessation medication on its formulary: nicotine lozenge.	• Plan documents are silent regarding coverage for HRSA-supported preventive services and screenings for children and adolescents.	• No coverage for opioid reversal drug.	
Hawaii (HI) 2017 ACA Plan 1	1				• No coverage for opioid reversal drug.	
Hawaii (HI) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine lozenge, nasal spray and inhaler are not covered.	• Plan documents are silent regarding coverage for drug use screening for adolescents.		
Idaho (ID) EHB Benchmark Plan	1		• Plan documents state a limit of a 90-day supply per benefit period for Chantix Smoking Cessation Prescription Drugs. A 90-day supply is required per tobacco cessation attempt and at least two attempts must be covered each year. Finally, the plan documents limit covered prescription drugs for smoking cessation to Chantix and/or Bupropion SR (Zyban). Plans must cover all FDA-approved tobacco cessation medications. • According to ALA's formulary data, Idaho's 2017 EHB Benchmark Plan does not include three FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum and lozenge.	• Plan documents are silent regarding coverage for drug use screening for adolescents.		
Idaho (ID) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine nasal spray and inhaler are not covered.			
Idaho (ID) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Illinois (IL) EHB Benchmark Plan	1				• No coverage for opioid reversal drug.	
Illinois (IL) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Illinois (IL) 2017 ACA Plan 2	0					
Indiana (IN) EHB Benchmark Plan	1		• According to ALA's formulary data, Indiana's 2017 EHB Benchmark Plan does not include four FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum, lozenge and nasal spray.			
Indiana (IN) 2017 ACA Plan 1	0					
Indiana (IN) 2017 ACA Plan 2	0					
Iowa (IA) EHB Benchmark Plan	1		• *Cannot match ALA Data to EHB Plan.*		• No coverage for opioid reversal drug.	
Iowa (IA) 2017 ACA Plan 1	1		• Note contradictory language regarding smoking cessation services. Despite references to coverage of tobacco cessation services, plan documents contain an exclusion for "Tobacco use disorders" under Exclusions: Mental Health Treatment and "Tobacco cessation exclusion," which includes exclusions for nicotine patches and gum, which must be covered pursuant to the ACA. • According to the plan's formulary, nicotine nasal spray and inhaler are not covered.			
Iowa (IA) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine nasal spray and inhaler are not covered.			
Kansas (KS) EHB Benchmark Plan	Cannot be determined		• Plan documents are silent on coverage for tobacco cessation services.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Kansas (KS) 2017 ACA Plan 1	0					
Kansas (KS) 2017 ACA Plan 2	0					
Kentucky (KY) EHB Benchmark Plan	Cannot be determined		• *Cannot match ALA Data to EHB Plan.*			
Kentucky (KY) 2017 ACA Plan 1	0					
Kentucky (KY) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Louisiana (LA) EHB Benchmark Plan	2		• The plan documents state that smoking cessation programs and products, except Zyban, are excluded. Plans must cover all FDA-approved tobacco cessation medications. • *Cannot match ALA Data to EHB Plan.*	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.	• No coverage for opioid reversal drug.	

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Louisiana (LA) 2017 ACA Plan 1	2	• Excludes services to treat mental disorders or alcohol and/or drug abuse, as well as behavioral health services except as specifically provided in the plan contract. The plan documents make no other mention of mental health or SUD services, though they are listed in the summary of benefits.	• Plan documents contain a possible exclusion for smoking cessation programs, and any drugs used for smoking cessation, except Zyban, are excluded. Plan documents are otherwise silent on coverage of smoking cessation services, but other medications are covered on the plan's formulary.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Louisiana (LA) 2017 ACA Plan 2	Cannot be determined		• Note contradictory language in plan documents regarding smoking cessation medications. The Evidence of Coverage contains an exclusion for over-the-counter medications, including tobacco cessation medications, but medications are covered on the plan's formulary.			
Maine (ME) EHB Benchmark Plan	1		• According to ALA's formulary data, Maine's 2017 EHB Benchmark Plan does not include four FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum, lozenge and inhaler.			
Maine (ME) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Maine (ME) 2017 ACA Plan 2	0					
Maryland (MD) EHB Benchmark Plan	0					
Maryland (MD) 2017 ACA Plan 1	0					
Maryland (MD) 2017 ACA Plan 2	0					
Massachusetts (MA) EHB Benchmark Plan	1		• Plan documents state coverage of smoking cessation aids is limited to one 90-day supply per member per calendar year. A 90-day supply is required per tobacco cessation attempt and at least two attempts must be covered each year.			
Massachusetts (MA) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Massachusetts (MA) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine nasal spray and inhaler are not covered.			
Michigan (MI) EHB Benchmark Plan	2				• No coverage for opioid reversal drug.	• Annual limit violation: Inpatient and outpatient services for substance abuse care are covered up to a minimum annual benefit of $3,671 (language appears in certificate rider and term is not defined).
Michigan (MI) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch and inhaler are not covered.			
Michigan (MI) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine inhaler is not covered.			

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Minnesota (MN) EHB Benchmark Plan	1				• No coverage for opioid reversal drug.	
Minnesota (MN) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Minnesota (MN) 2017 ACA Plan 2	0					
Mississippi (MS) EHB Benchmark Plan	1		• *Cannot match ALA Data to EHB Plan.*		• No coverage for opioid reversal drug.	
Mississippi (MS) 2017 ACA Plan 1	0					
Mississippi (MS) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Missouri (MO) EHB Benchmark Plan	Cannot be determined		• *Cannot match ALA Data to EHB Plan.*			
Missouri (MO) 2017 ACA Plan 1	0					
Missouri (MO) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Montana (MT) EHB Benchmark Plan	0					
Montana (MT) 2017 ACA Plan 1	0					
Montana (MT) 2017 ACA Plan 2	0					
Nebraska (NE) EHB Benchmark Plan	1		• The plan documents state, “services, supplies, equipment, procedures, drugs or programs for treatment of nicotine addiction” are excluded.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Nebraska (NE) 2017 ACA Plan 1	0					
Nebraska (NE) 2017 ACA Plan 2	0					
Nevada (NV) EHB Benchmark Plan	1		• According to ALA’s formulary data, Nevada’s 2017 EHB Benchmark Plan does not include three FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum and lozenge.			
Nevada (NV) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Nevada (NV) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
New Hampshire (NH) EHB Benchmark Plan	1		• According to ALA’s formulary data, New Hampshire’s 2017 EHB Benchmark Plan does not include three FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum and lozenge.			
New Hampshire (NH) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
New Hampshire (NH) 2017 ACA Plan 2	Cannot be determined		• Plan documents are silent on coverage of tobacco cessation services.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
New Jersey (NJ) EHB Benchmark Plan	0					

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
New Jersey (NJ) 2017 ACA Plan 1	0					
New Jersey (NJ) 2017 ACA Plan 2	0					
New Mexico (NM) EHB Benchmark Plan	2		• According to ALA's formulary data, New Mexico's 2017 EHB Benchmark Plan does not include three FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum and lozenge.		• No coverage for opioid reversal drug.	
New Mexico (NM) 2017 ACA Plan 1	0					
New Mexico (NM) 2017 ACA Plan 2	Cannot be determined			• Plan documents are silent on coverage for alcohol and drug use screening for adolescents.		
New York (NY) EHB Benchmark Plan	1		• *Cannot match ALA Data to EHB Plan.*		• No coverage for opioid reversal drug.	
New York (NY) 2017 ACA Plan 1	1				• No coverage for opioid reversal drug.	
New York (NY) 2017 ACA Plan 2	0					
North Carolina (NC) EHB Benchmark Plan	1				• No coverage for opioid reversal drug.	
North Carolina (NC) 2017 ACA Plan 1	0					
North Carolina (NC) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
North Dakota (ND) EHB Benchmark Plan	0					
North Dakota (ND) 2017 ACA Plan 1	0					
North Dakota (ND) 2017 ACA Plan 2	0					
Ohio (OH) EHB Benchmark Plan	1		• The plan documents state that there is no coverage for "drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products." • According to ALA's formulary data, Ohio's 2017 EHB Benchmark Plan does not include four FDA-approved tobacco cessation medications on its formulary: nicotine gum, patch, lozenge and nasal spray.			
Ohio (OH) 2017 ACA Plan 1	0					
Ohio (OH) 2017 ACA Plan 2	0					
Oklahoma (OK) EHB Benchmark Plan	1				• No coverage for opioid reversal drug.	
Oklahoma (OK) 2017 ACA Plan 1	0					
Oregon (OR) EHB Benchmark Plan	1		• Plan documents state that there is a maximum lifetime benefit of 2 quit attempts for tobacco cessation, but the ACA requires coverage of 2 quit attempts per year.			

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Oregon (OR) 2017 ACA Plan 1	0					
Oregon (OR) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Pennsylvania (PA) EHB Benchmark Plan	1		• Plan documents are silent on coverage for tobacco cessation services.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.	• No coverage for opioid reversal drug.	
Pennsylvania (PA) 2017 ACA Plan 1	Cannot be determined			• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Pennsylvania (PA) 2017 ACA Plan 2	0					
Rhode Island (RI) EHB Benchmark Plan	1		• According to ALA's formulary data, Rhode Island's 2017 EHB Benchmark Plan does not include six FDA-approved tobacco cessation medications on its formulary: nicotine patch, nicotine gum, nicotine lozenge, nicotine nasal spray, nicotine inhaler and Varenicline.			
Rhode Island (RI) 2017 ACA Plan 1	0					
Rhode Island (RI) 2017 ACA Plan 2	0					
South Carolina (SC) EHB Benchmark Plan	1		• The plan documents state, "prescription drugs used for . . . smoking cessation" are not covered.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
South Carolina (SC) 2017 ACA Plan 1	0					
South Dakota (SD) EHB Benchmark Plan	2		• The plan documents state, "tobacco dependency drugs are not covered." • *Cannot match ALA Data to EHB Plan.*		• No coverage for smoking cessation agents.	
South Dakota (SD) 2017 ACA Plan 1	1		• According to the plan documents, nicotine nasal spray and inhaler are excluded.	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
South Dakota (SD) 2017 ACA Plan 2	0					
Tennessee (TN) EHB Benchmark Plan	2		• Plan documents do not describe coverage for smoking cessation programs/products outside screening and counseling in primary care settings. • According to ALA's formulary data, Tennessee's 2017 EHB Benchmark Plan does not include three FDA-approved tobacco cessation medications on its formulary: nicotine gum, lozenge and nasal spray.		• No coverage for opioid reversal drug.	
Tennessee (TN) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Tennessee (TN) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Texas (TX) EHB Benchmark Plan	2				• No coverage for opioid reversal drug.	• All payments for SUD services apply toward a "Maximum Lifetime Benefit" of $5,000,000 per participant.
Texas (TX) 2017 ACA Plan 1	0					
Utah (UT) EHB Benchmark Plan	2		• Plan documents state that tobacco abuse is excluded from the mental health benefit, but tobacco use cessation interventions are covered under the pharmacy plan. It is not clear whether such coverage includes all FDA-approved tobacco cessation medications and at least four counseling sessions per tobacco cessation attempt, as required. • *Cannot match ALA Data to EHB Plan.*		• No coverage for opioid reversal drug.	
Utah (UT) 2017 ACA Plan 1	1		• Plan documents are silent on coverage of smoking cessation services. (Plan documents do not contain language about covering preventive services recommended by the USPSTF or in HRSA-supported guidelines.) • According to the plan's formulary, nicotine patch, gum and lozenge are not covered.	• Plan documents are silent on coverage of alcohol use screening for adults and adolescents and drug use screening for adolescents. (Plan documents do not contain language about covering preventive services recommended by the USPSTF or in HRSA-supported guidelines.)		
Utah (UT) 2017 ACA Plan 2	0					
Vermont (VT) EHB Benchmark Plan	1		• Plan documents state that tobacco cessation drugs are limited to a three-month supply per plan year. A 90-day supply is required per tobacco cessation attempt and at least two attempts must be covered each year. • According to ALA's formulary data, Vermont's 2017 EHB Benchmark Plan does not include five FDA-approved tobacco cessation medications on its formulary: nicotine patch, gum, lozenge, nasal spray and inhaler.	• Plan documents are silent regarding coverage for HRSA-supported preventive services and screenings for children and adolescents.		
Vermont (VT) 2017 ACA Plan 1	Cannot be determined			• Plan documents are silent on coverage for alcohol and drug use screening for adolescents. • Plan documents contain USPSTF but not HRSA boilerplate language.		
Vermont (VT) 2017 ACA Plan 2	1		• According to the plan's formulary, nicotine patch, gum, lozenge and nasal spray are not covered.			
Virginia (VA) EHB Benchmark Plan	Cannot be determined		• *Cannot match ALA Data to EHB Plan.*			
Virginia (VA) 2017 ACA Plan 1	1		• According to the plan's formulary, nicotine patch, gum and lozenge are not covered.			
Virginia (VA) 2017 ACA Plan 2	0					
Washington (WA) EHB Benchmark Plan	Cannot be determined		• Plan documents are silent on coverage for tobacco cessation services. • *Cannot match ALA Data to EHB Plan.*	• Plan documents are silent on coverage for alcohol use screening for adults and adolescents and drug use screening for adolescents.		
Washington (WA) 2017 ACA Plan 1	1				• No coverage for opioid reversal drug.	

State	# of violations	ACA Violations				
		SUD	Tobacco Cessation (*data from plan documents and ALA Data (2017 EHB Benchmark Plans)*)	Alcohol Use Screening (and drug use screening for adolescents)	Prescription Drug Coverage	Lifetime/Annual Limits
Washington (WA) 2017 ACA Plan 2	0					
West Virginia (WV) EHB Benchmark Plan	0					
West Virginia (WV) 2017 ACA Plan 1	0					
West Virginia (WV) 2017 ACA Plan 2	Cannot be determined		• Plan documents contain exclusions for smoking cessation programs or classes [bracketed language]. "Nicotine Cessation Programs" are not covered according to the schedule at the end of the Evidence of Coverage. Plan documents are otherwise silent on coverage for tobacco cessation services.			
Wisconsin (WI) EHB Benchmark Plan	2		• The plan documents state, “Prescription Drug Products for smoking cessation” and “stand-alone multi-disciplinary smoking cessation programs” are excluded.		• No coverage for smoking cessation agents. • No coverage for opioid reversal drug.	
Wisconsin (WI) 2017 ACA Plan 1	0					
Wisconsin (WI) 2017 ACA Plan 2	0					
Wyoming (WY) EHB Benchmark Plan	0					
Wyoming (WY) 2017 ACA Plan 1	0					

Appendix B

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Alabama (AL) EHB Benchmark Plan	2 violations	• Limit on inpatient services of 30 days per calendar year (Expanded Psychiatric Services (EPS) provider) or 30 days per 12 consecutive months (non-EPS provider) and limit on outpatient services to 30 days per calendar year (EPS provider) and 20 visits per calendar year (non-EPS provider); no calendar year limit for inpatient medical/surgical services or physician outpatient visits.	• Facility and physician expenses for mental health and substance abuse do not count toward out-of-pocket maximum.					• Plan documents are silent on intensive outpatient and partial hospitalization. • Unclear whether residential treatment is always excluded or only when care is coordinated by a non-EPS provider.
Alabama (AL) 2017 ACA Plan 1	None						• Outpatient SUD treatment subject to specialist provider copay.	
Alaska (AK) EHB Benchmark Plan	1 violation						• SUD treatment is limited to emergency treatment.	
Alaska (AK) 2017 ACA Plan 1	None						• Outpatient SUD treatment subject to specialist provider copay.	
Arizona (AZ) EHB Benchmark Plan	Possible violation			• $150 copayment for residential substance abuse services, but skilled nursing facility services are not subject to cost-sharing *(possible violation)* .				
Arizona (AZ) 2017 ACA Plan 1	None							
Arizona (AZ) 2017 ACA Plan 2	None							
Arkansas (AR) EHB Benchmark Plan	Cannot be determined						• Outpatient SUD treatment subject to specialist provider copay.	• Coverage for long-term residential treatment for mental health is excluded; plan documents silent on coverage for SUD residential treatment. • Schedule of benefits not provided.
Arkansas (AR) 2017 ACA Plan 1	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Arkansas (AR) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
California (CA) EHB Benchmark Plan	Possible violation			• $100 copayment per admission to a nonmedical transitional recovery setting, but skilled nursing facility admissions are not subject to cost-sharing *(possible violation)* .				
California (CA) 2017 ACA Plan 1	None							
California (CA) 2017 ACA Plan 2	None							
Colorado (CO) EHB Benchmark Plan	Possible violations			• $750 copayment per admission for residential treatment while skilled nursing facility services are not subject to cost-sharing *(possible violation)* . • $30 copayment per partial hospitalization day while home health care services are not subject to cost-sharing *(possible violation)* .				
Colorado (CO) 2017 ACA Plan 1	None							
Colorado (CO) 2017 ACA Plan 2	None							
Connecticut (CT) EHB Benchmark Plan	Cannot be determined							• Unclear whether residential treatment is covered for SUD - appears to only be covered for individuals with "emotional disturbances." • Cost-sharing obligations cannot be determined.
Connecticut (CT) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on residential. Skilled Nursing Facility services are covered.
Delaware (DE) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services (*possible violation)* .			• Outpatient SUD treatment subject to specialist provider copay.	
Delaware (DE) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on intensive outpatient and partial hospitalization. Home Health Care services are covered.
Delaware (DE) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		
District of Columbia (DC) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
District of Columbia (DC) 2017 ACA Plan 1	None							
District of Columbia (DC) 2017 ACA Plan 2	1 violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .			• NQTL Violation: "We cover the treatment of a treatable mental illness, emotional disorders, drug abuse and alcohol abuse for conditions, that in the opinion of a Plan Provider, would be responsive to therapeutic management." No similar standard exists for medical benefit (same standards/processes must apply).	
Florida (FL) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				• Cost-sharing obligations cannot be determined.
Florida (FL) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on partial hospitalization, intensive outpatient, and residential treatment (although explicitly covered for mental health). Home Health Care and Skilled Nursing Facility services are covered.
Florida (FL) 2017 ACA Plan 2	None							
Georgia (GA) EHB Benchmark Plan	None							
Georgia (GA) 2017 ACA Plan 1	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Georgia (GA) 2017 ACA Plan 2	None							
Hawaii (HI) EHB Benchmark Plan	Cannot be determined							• Not clear what specific levels of care are covered.
Hawaii (HI) 2017 ACA Plan 1	1 violation				• NQTL Violation: SUD-specific court-ordered treatment exclusion.			• Plan documents are silent on partial hospitalization and intensive outpatient. Home Health Care services are covered.
Hawaii (HI) 2017 ACA Plan 2	None							
Idaho (ID) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Idaho (ID) 2017 ACA Plan 1	None							
Idaho (ID) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Illinois (IL) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.
Illinois (IL) 2017 ACA Plan 1	None							
Illinois (IL) 2017 ACA Plan 2	None							
Indiana (IN) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				
Indiana (IN) 2017 ACA Plan 1	None							
Indiana (IN) 2017 ACA Plan 2	None							
Iowa (IA) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				• Cost-sharing obligations cannot be determined for inpatient or intermediate treatment.
Iowa (IA) 2017 ACA Plan 1	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Iowa (IA) 2017 ACA Plan 2	None							
Kansas (KS) EHB Benchmark Plan	Cannot be determined							• Not clear what specific levels of care are covered.
Kansas (KS) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on partial hospitalization and intensive outpatient. Home Health Care services are covered.
Kansas (KS) 2017 ACA Plan 2	None							
Kentucky (KY) EHB Benchmark Plan	None							
Kentucky (KY) 2017 ACA Plan 1	None							
Kentucky (KY) 2017 ACA Plan 2	None							
Louisiana (LA) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Louisiana (LA) 2017 ACA Plan 1	Possible violation							• Possible SUD exclusion. • Plan documents are silent on residential, intensive outpatient, and partial hospitalization. Home Health Care and Skilled Nursing Facility services are covered.
Louisiana (LA) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		• Plan documents are silent on residential, intensive outpatient, and partial hospitalization. Home Health Care and Skilled Nursing Facility services are covered.
Maine (ME) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.
Maine (ME) 2017 ACA Plan 1	None							
Maine (ME) 2017 ACA Plan 2	Cannot be determined							• Plan documents are silent on residential treatment. Skilled Nursing Facility services are covered.
Maryland (MD) EHB Benchmark Plan	Possible violations			• $250 copayment per admission to a residential facility and $20–$30 copayments for professional services, while a skilled nursing facility is subject to a $30 copayment per admission *(possible violation)* . • Partial hospitalization services are subject to a $30 copayment per visit and $30 copayment per provider per date of service, while home health care services are not subject to cost-sharing *(possible violation)* .				
Maryland (MD) 2017 ACA Plan 1	None							
Maryland (MD) 2017 ACA Plan 2	None							
Massachusetts (MA) EHB Benchmark Plan	None							
Massachusetts (MA) 2017 ACA Plan 1	None							
Massachusetts (MA) 2017 ACA Plan 2	None							

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Michigan (MI) EHB Benchmark Plan	1 violation	• Limit of 10 days per year for inpatient SUD services and 30 visits per year for outpatient SUD services; no similar limit on medical/surgical benefits. *Note this information appears on the Michigan 2017 EHB Benchmark Plan Summary but does not appear in the Plan Documents*.						
Michigan (MI) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on intensive outpatient and partial hospitalization. Home Health Care services are covered.
Michigan (MI) 2017 ACA Plan 2	1 violation					• Methadone is covered for pain but excluded for OUD.	NQTL Violations: • Coverage is limited to solution-focused treatment and crisis intervention. Only treatments that are expected to result in measurable, substantial and functional improvement are covered. Coverage is limited to the least restrictive and most cost-effective treatment necessary for restoring reasonable function. Coverage is limited to Acute Illnesses or Acute episodes of Chronic illnesses that are Medically Necessary or to those Outpatient services needed to prevent an Acute episode of a Chronic illness. These standards only apply for MH/SUD benefits, not medical benefits.	
Minnesota (MN) EHB Benchmark Plan	None							
Minnesota (MN) 2017 ACA Plan 1	None							
Minnesota (MN) 2017 ACA Plan 2	None							

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Mississippi (MS) EHB Benchmark Plan	2 violations	• Annual limit of 7 days per year for inpatient care and 20 days per year for outpatient care; no similar limit on medical/surgical benefits.	• Coinsurance for Covered Services incurred for treatment of alcohol abuse and drug abuse cannot be used to satisfy the Medical out-of-pocket amount, and once the Medical out-of-pocket amount has been satisfied, services incurred for treatment of alcohol and drug abuse will not be paid at 100% of Allowable Charges.	• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				• Not clear what specific levels of care are covered.
Mississippi (MS) 2017 ACA Plan 1	Possible violation			• Partial hospitalization is excluded for SUD but is explicitly covered for MH.				• Plan documents are silent on intensive outpatient. Home Health Care services are covered.
Mississippi (MS) 2017 ACA Plan 2	1 violation				• NQTL Violation: MH-specific court-ordered treatment exclusion.			
Missouri (MO) EHB Benchmark Plan	None							
Missouri (MO) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on intensive outpatient and partial hospitalization. Home Health Care services are covered.
Missouri (MO) 2017 ACA Plan 2	None							
Montana (MT) EHB Benchmark Plan	1 violation						• NQTL Violation: Plan documents state, "the treatment must be reasonably expected to improve or restore the level of functioning that has been affected by the Chemical Dependency," but no similar condition exists for medical/surgical (same standards/processes must apply).	• Not clear what intermediate services are covered.
Montana (MT) 2017 ACA Plan 1	1 violation						• NQTL Violation: Treatment improvement standard applied to outpatient services for MH/SUD, but no such standard applies for medical services (same standards/processes must apply).	
Montana (MT) 2017 ACA Plan 2	1 violation				• NQTL Violation: SUD-specific court-ordered treatment exclusion.			

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Nebraska (NE) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				• Cost-sharing obligations cannot be determined.
Nebraska (NE) 2017 ACA Plan 1	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Nebraska (NE) 2017 ACA Plan 2	None							
Nevada (NV) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				• Cost-sharing obligations cannot be determined.
Nevada (NV) 2017 ACA Plan 1	None							
Nevada (NV) 2017 ACA Plan 2	Cannot be determined							• Plan documents are silent on residential treatment. Skilled Nursing Facility services are covered.
New Hampshire (NH) EHB Benchmark Plan	Cannot be determined						• Text in plan documents suggests there may be visit limitations ("if you exhaust any annual limits showing on the Schedule of Benefits for mental illness") but the Schedule of Benefits included in the plan documents is blank.	• Cost-sharing obligations cannot be determined.
New Hampshire (NH) 2017 ACA Plan 1	None							
New Hampshire (NH) 2017 ACA Plan 2	1 violation						NQTL Violation: • Mental health and drug and alcohol rehabilitation services must have a measurable and beneficial health outcome and result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective. Standards only apply for MH/SUD, not medical/surgical benefits (same standards/processes must apply).	

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
New Jersey (NJ) EHB Benchmark Plan	Cannot be determined							• Not clear what specific levels of services are covered. • Cost-sharing obligations cannot be determined.
New Jersey (NJ) 2017 ACA Plan 1	None						• Cost-sharing for outpatient SUD visit ($60) is higher than PCP ($50) but lower than specialist provider copay ($75).	
New Jersey (NJ) 2017 ACA Plan 2	None							
New Mexico (NM) EHB Benchmark Plan	Cannot be determined							• Acute detoxification as an inpatient hospital benefit and residential treatment are the only services mentioned - not clear what other SUD services are covered. • Cost-sharing obligations cannot be determined. • Plan documents reference maximum episodes of treatment for Alcoholism and/or Substance Abuse services but “maximum episodes of treatment” is not defined or quantified.
New Mexico (NM) 2017 ACA Plan 1	None							
New Mexico (NM) 2017 ACA Plan 2	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				• Plan documents are silent on intensive outpatient treatment. Home Health Care services are covered.
New York (NY) EHB Benchmark Plan	Cannot be determined							• Plan documents are silent on intermediate level services. Plan documents state that inpatient rehabilitation services are covered but do not explicitly address residential services. • Cost-sharing obligations cannot be determined.

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
New York (NY) 2017 ACA Plan 1	None						• Limit of 20 outpatient visits per calendar year for family counseling. QTLs also apply to outpatient medical benefits (home health care, rehabilitation services and habilitation services). Plan cost data needed for analysis.	
New York (NY) 2017 ACA Plan 2	None						• Limit of 20 outpatient visits per calendar year for family counseling. QTLs also apply to outpatient medical benefits (rehabilitation services and habilitation services). Plan cost data needed for analysis.	
North Carolina (NC) EHB Benchmark Plan	None							
North Carolina (NC) 2017 ACA Plan 1	None							
North Carolina (NC) 2017 ACA Plan 2	None							
North Dakota (ND) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services (residential treatment excluded over age 21) *(possible violation)* .				
North Dakota (ND) 2017 ACA Plan 1	None							
North Dakota (ND) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Ohio (OH) EHB Benchmark Plan	Cannot be determined							• Not clear what specific levels of care are covered. • Plan documents are silent on residential, intensive outpatient, and partial hospitalization. Skilled Nursing Facilities and Home Health Care services are covered.
Ohio (OH) 2017 ACA Plan 1	Possible violation					• Methadone is covered for pain but excluded for OUD.		• Plan documents are silent on residential treatment. Skilled Nursing Facility services are covered.
Ohio (OH) 2017 ACA Plan 2	None							

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Oklahoma (OK) EHB Benchmark Plan	None							
Oklahoma (OK) 2017 ACA Plan 1	None							
Oregon (OR) EHB Benchmark Plan	Possible violation			• 45-day limit on residential treatment; Skilled nursing days limited to 60 days per year *(possible violation)* .				• Not clear what specific levels of care are covered.
Oregon (OR) 2017 ACA Plan 1	None							
Oregon (OR) 2017 ACA Plan 2	None							
Pennsylvania (PA) EHB Benchmark Plan	None						• Outpatient SUD treatment subject to specialist provider copayment.	
Pennsylvania (PA) 2017 ACA Plan 1	None							
Pennsylvania (PA) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		• Plan documents are silent on partial hospitalization and intensive outpatient. Home Health Care services are covered.
Rhode Island (RI) EHB Benchmark Plan	1 violation						NQTL Violation: • The plan documents state: “Preauthorization is applied to behavioral health services in the same way as medical benefits. The only exception is except where clinically appropriate standards of care may permit a difference.” This exception appeared in the MHPAEA Interim Rule but was removed from the Final Rule.	
Rhode Island (RI) 2017 ACA Plan 1	None							
Rhode Island (RI) 2017 ACA Plan 2	None							

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
South Carolina (SC) EHB Benchmark Plan	2 violations	• Imposes a limit of seven days per benefit period for inpatient SUD services and 25 visits per benefit period for outpatient/office visits for mental health services/substance abuse care (combined); no such limit on medical/surgical services. *Note this information appears on the South Carolina 2017 EHB Benchmark Plan Summary but does not appear in the Plan Documents.*	• Coinsurance on mental health and SUD services does not apply toward out-of-pocket maximum.	• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .				• Not clear what specific levels of care are covered. • Cost-sharing obligations cannot be determined.
South Carolina (SC) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on residential, intensive outpatient, and partial hospitalization. Skilled Nursing Facility and Home Health Care services are covered.
South Dakota (SD) EHB Benchmark Plan	2 violations	• Limit of 30 days per six-month period for inpatient treatment for alcoholism. • Inpatient treatment for all other substance abuse services limited to 30 days per benefit year; no such limit for medical/surgical services. • Limit of 90 days per lifetime for inpatient treatment for alcoholism (*cumulative QTL*).					• Outpatient SUD treatment subject to specialist provider copayment.	
South Dakota (SD) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on residential, intensive outpatient, and partial hospitalization. Skilled Nursing Facility and Home Health Care services are covered.
South Dakota (SD) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Tennessee (TN) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.
Tennessee (TN) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on intensive outpatient and partial hospitalization. Home Health Care services are covered.

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Tennessee (TN) 2017 ACA Plan 2	1 violation				• NQTL Violation: MH-specific court-ordered treatment exclusion.			
Texas (TX) EHB Benchmark Plan	1 violation	• Maximum lifetime benefit of three separate series of SUD inpatient treatment (*cumulative QTL*).		• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)*.				
Texas (TX) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on intensive outpatient and partial hospitalization. Home Health Care services are covered.
Utah (UT) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)*.				• SUD services not specified (only Mental Health services).
Utah (UT) 2017 ACA Plan 1	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Utah (UT) 2017 ACA Plan 2	1 violation	• Limit on Substance Abuse/Chemical Dependency Transitional Residential Recovery Services: Coverage is limited to three separate series of treatment. Skilled Nursing Facility benefit is limited to 30 days per calendar year.		• Limit on Substance Abuse/Chemical Dependency Transitional Residential Recovery Services: Coverage is limited to three separate series of treatment. Skilled Nursing Facility benefit is limited to 30 days per calendar year.				
Vermont (VT) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.
Vermont (VT) 2017 ACA Plan 1	1 violation						NQTL Violation: • Excludes coverage for substance abuse treatment benefits for treatment without ongoing concurrent review to ensure that treatment is being provided in the least restrictive setting required. Ongoing concurrent review requirement not mentioned for medical benefits (same standards/processes must apply).	
Vermont (VT) 2017 ACA Plan 2	Cannot be determined							• Plan documents are silent on intermediate SUD services. Skilled Nursing Facility and Home Health Care services are covered.

State	# of violations	Parity Violations						
		Treatment Limitations (QTLs) *(including cumulative QTLs)*	Cumulative Financial Requirements	Intermediate Services (Possible Parity Violation)	Court-Mandated Services Exclusion (N/A for 2017 EHB Benchmark Plan)	Methadone Covered for Pain but Excluded for OUD (Possible Parity Violation, N/A for 2017 EHB Benchmark Plan)	Other	Parity Compliance Cannot be Determined
Virginia (VA) EHB Benchmark Plan	Possible violation			• $250 copayment for partial hospitalization and intensive outpatient services while home health care services are subject to a $10 copayment per visit *(possible violation)* .				
Virginia (VA) 2017 ACA Plan 1	None							
Virginia (VA) 2017 ACA Plan 2	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Washington (WA) EHB Benchmark Plan	Cannot be determined							• Cost-sharing obligations cannot be determined.
Washington (WA) 2017 ACA Plan 1	1 violation				• NQTL Violation: MH/SUD-specific court-ordered treatment exclusions.			• Plan documents are silent on intensive outpatient and partial hospitalization. Home Health Care services are covered (note chemical dependency includes treatment provided in a home health setting).
Washington (WA) 2017 ACA Plan 2	None							
West Virginia (WV) EHB Benchmark Plan	Possible violation			• Skilled nursing facilities are covered; should have parity with residential SUD services *(possible violation)* .			• Outpatient SUD treatment subject to specialist provider copay.	• Plan documents only mention residential. Plan documents are silent on intensive outpatient and partial hospitalization coverage.
West Virginia (WV) 2017 ACA Plan 1	None							
West Virginia (WV) 2017 ACA Plan 2	Cannot be determined							• Plan documents are silent on residential, intensive outpatient, and partial hospitalization. Skilled Nursing Facility and Home Health Care services are covered.
Wisconsin (WI) EHB Benchmark Plan	None							
Wisconsin (WI) 2017 ACA Plan 1	Possible violation					• Methadone is covered for pain but excluded for OUD.		
Wisconsin (WI) 2017 ACA Plan 2	None							
Wyoming (WY) EHB Benchmark Plan	Cannot be determined							• Not clear what specific levels of care are covered.
Wyoming (WY) 2017 ACA Plan 1	Cannot be determined							• Plan documents are silent on intermediate services for MH/SUD. Home Health Care and Skilled Nursing Facility services are covered.

Appendix C

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Alabama (AL) EHB Benchmark Plan	Inadequate	• "Services related to narcotic maintenance therapy such as methadone maintenance therapy" are excluded.	• All inpatient hospital admissions require prior authorization (not specific to SUD).	• Inpatient treatment is limited to 30 days per calendar year when services are rendered by a provider participating in the Expanded Psychiatric Services (EPS) Program and 30 days per 12 consecutive month period if services are rendered by non-EPS providers. • Outpatient SUD treatment is limited to 20 days per calendar year for services from non-EPS providers and 30 days per year for services from EPS providers. *Unclear whether limit on outpatient care by EPS providers is separate from or a part of the limit on inpatient care.*		2	• Plan documents are silent on intensive outpatient and partial hospitalization coverage. • Unclear whether residential treatment is always excluded or only when care is coordinated by a non-EPS provider.
Alabama (AL) 2017 ACA Plan 1	Inadequate	• Residential services are excluded.	• Prior authorization is required for inpatient, intensive outpatient, and partial hospitalization services.			3	• Plan documents are silent on methadone/OTP coverage.
Alaska (AK) EHB Benchmark Plan	Inadequate	• The only covered SUD service is emergency detox.	• Not specified.			1	• Plan documents are silent on methadone/OTP coverage.
Alaska (AK) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient and residential services.		• Outpatient visits are subject to $60 copay.	3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Arizona (AZ) EHB Benchmark Plan	Adequacy cannot be determined		• Prior authorization is required for inpatient services.			3	• Plan documents are silent on methadone/OTP coverage.
Arizona (AZ) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, and outpatient services.			3	• Plan documents are silent on methadone/OTP coverage.
Arizona (AZ) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for inpatient services.			3	• Plan documents are silent on methadone/OTP coverage.
Arkansas (AR) EHB Benchmark Plan	Inadequate	• "Medications used to sustain or support an addiction or substance dependency are not covered."	• Many health interventions for the treatment of substance abuse are subject to prior approval, including outpatient services beyond the eighth session.			2	• Coverage for long-term residential treatment for mental health is excluded; coverage for SUD residential treatment is not addressed.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Arkansas (AR) 2017 ACA Plan 1	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for residential services.	• Residential Treatment Centers are limited to 60 days per Calendar Year per covered person.		3	
Arkansas (AR) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient and residential services.	• Intoxication Exclusion		2 (No coverage for naltrexone)	
California (CA) EHB Benchmark Plan	Inadequate		• Do not need prior authorization from participating chemical dependency specialists.		• $400 per day copay for inpatient detoxification.	1	• Plan documents are silent on methadone/OTP coverage.
California (CA) 2017 ACA Plan 1	Adequate		• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, and office-based opioid detoxification and/or maintenance therapy.			3 Methadone maintenance explicitly covered.	
California (CA) 2017 ACA Plan 2	Adequacy cannot be determined		• Not specified.			3	• Plan documents are silent on methadone/OTP coverage.
Colorado (CO) EHB Benchmark Plan	Inadequate		• Not specified.	• Counseling for a patient who is not responsive to therapeutic management is not covered (*limit based on past treatment response*).	• $750 copay per admission for inpatient detox and residential treatment program.	1	• Plan documents are silent on methadone/OTP coverage.
Colorado (CO) 2017 ACA Plan 1	Inadequate		• Not specified.	• Intoxication Exclusion • Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		2 (No coverage for buprenorphine-naloxone)	• Plan documents are silent on methadone/OTP coverage.
Colorado (CO) 2017 ACA Plan 2	Inadequate		• Not specified.	• Chemical Dependency Services Exclusion: Counseling for a patient who is not responsive to therapeutic management, as determined by a Plan Physician.		2 (No coverage for buprenorphine)	• Plan documents are silent on intensive outpatient and methadone/OTP coverage. □

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Connecticut (CT) EHB Benchmark Plan	Inadequate		• Prior authorization is required for hospital admissions, partial hospitalization, residential treatment, intensive outpatient programs for SUD, and outpatient treatment of opioid disorders.			2	• Unclear whether residential treatment is covered for SUD - appears to only be covered for individuals with "emotional disturbances." • Plan documents are silent on methadone/OTP coverage.
Connecticut (CT) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, intensive outpatient, and partial hospitalization services.			3	• Plan documents are silent on residential and methadone/OTP coverage. • Residential treatment is not explicitly covered for SUD. Criteria for residential treatment only includes MH conditions.
Delaware (DE) EHB Benchmark Plan	Inadequate	• Residential and methadone/OTP services are excluded.	• Prior authorization is required for inpatient, intensive outpatient, and partial hospitalization services.			2	
Delaware (DE) 2017 ACA Plan 1	Adequacy cannot be determined		• Not specified.			3	• Plan documents are silent on intensive outpatient, partial hospitalization (defined but not explicitly referenced as a benefit), and methadone/OTP coverage.
Delaware (DE) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient and residential treatment facility services. Precertification may be required for certain outpatient covered services, partial hospitalization, and intensive outpatient treatment.	• Intoxication Exclusion		3	• Plan documents are silent on intensive outpatient coverage.
District of Columbia (DC) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient and residential services.			2 Methadone maintenance explicitly covered.	
District of Columbia (DC) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient and residential services.			3 Methadone maintenance explicitly covered.	• Plan documents are silent on intensive outpatient coverage.
District of Columbia (DC) 2017 ACA Plan 2	Inadequate	• Residential treatment services are excluded.	• Not specified.			3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Florida (FL) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded. (Expenses for prolonged care and treatment of SUD in a specialized or inpatient residential treatment facility are excluded).	• Prior authorization is required for substance dependency care and treatment services.			2	• Plan documents are silent on methadone/OTP coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Florida (FL) 2017 ACA Plan 1	Inadequate		• Not specified.		• Outpatient services are subject to a $65 copayment, and inpatient services are subject to 40% coinsurance.	3	• Plan documents are silent on residential, intensive outpatient, partial hospitalization, and methadone/OTP coverage. • Plan only covers detox services. • Intensive outpatient, partial hospitalization, and residential treatment are explicitly listed under “Mental Health Services” but are not listed under “Substance Dependency Treatment Services.”
Florida (FL) 2017 ACA Plan 2	Inadequate		• Prior authorization is required for inpatient, residential, partial hospitalization, day treatment, and detoxification services.			2 (No coverage for buprenorphine-naloxone)	• Plan documents are silent on methadone/OTP coverage.
Georgia (GA) EHB Benchmark Plan	Inadequate		• Refer to website.			2	• Plan documents are silent on methadone/OTP coverage.
Georgia (GA) 2017 ACA Plan 1	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, and outpatient services.	• Intoxication Exclusion		3	
Georgia (GA) 2017 ACA Plan 2	Inadequate		• Not specified.	• Intoxication Exclusion • Limit on smoking cessation coverage that, while compliant with the ACA’s requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
Hawaii (HI) EHB Benchmark Plan	Inadequate		• Pre-certification is required for out-of-state residential treatment facilities.			2	• Not clear what specific levels of care are covered. • Plan documents are silent on methadone/OTP coverage.
Hawaii (HI) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, non-participating and out-of-state post-acute and residential treatment facilities.	• Limit on smoking cessation coverage that, while compliant with the ACA’s requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage.
Hawaii (HI) 2017 ACA Plan 2	Adequacy cannot be determined		• Not specified.			3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Idaho (ID) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, and outpatient psychotherapy after the tenth visit.			2	• Plan documents are silent on methadone/OTP coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Idaho (ID) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for non-emergent inpatient admissions, certain mental health and substance abuse services (refer to plan's website or customer service department for services requiring prior authorization), and SUD outpatient services. • Note that inpatient admissions to an Alcohol or Substance Abuse Treatment Facility require Preadmission Notification (distinct from prior authorization).			3	• Plan documents are silent on methadone/OTP coverage.
Idaho (ID) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient/detoxification admissions, residential treatment, day treatment, partial hospitalization, and intensive outpatient treatment services.			3	
Illinois (IL) EHB Benchmark Plan	Inadequate		• Prior authorization is required for nonemergency inpatient admissions, partial hospitalization, and intensive outpatient treatment services.			2	• Plan documents are silent on methadone/OTP coverage.
Illinois (IL) 2017 ACA Plan 1	Inadequate		• Not specified.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
Illinois (IL) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, and outpatient services.			3	• Plan documents are silent on methadone/OTP coverage.
Indiana (IN) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Not specified.			3	• Plan documents are silent on methadone/OTP coverage.
Indiana (IN) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, and outpatient services.			3	• Plan documents are silent on methadone/OTP coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Indiana (IN) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, partial hospitalization, and intensive outpatient services.			3	• Plan documents are silent on methadone/OTP coverage.
Iowa (IA) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Refer to website.			2	• Plan documents are silent on methadone/OTP coverage.
Iowa (IA) 2017 ACA Plan 1	Inadequate	• Methadone/OTP services are excluded.	•Not specified.			3	
Iowa (IA) 2017 ACA Plan 2	Adequacy cannot be determined		• Not specified. • Refer to website/customer service department for services requiring prior authorization.			3	• Plan documents are silent on methadone/OTP coverage.
Kansas (KS) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient admissions.			2	• Not clear what specific levels of care are covered. • Plan documents are silent on methadone/OTP coverage.
Kansas (KS) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient and residential services.			3	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage.
Kansas (KS) 2017 ACA Plan 2	Adequacy cannot be determined		• Not specified.			3	• Plan documents are silent on methadone/OTP coverage.
Kentucky (KY) EHB Benchmark Plan	Inadequate	• Excludes “methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.”	• Prior authorization is required for inpatient services, partial hospitalization/day treatment, residential treatment, intensive outpatient, and extended outpatient visits.			2	
Kentucky (KY) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, intensive outpatient, and partial hospitalization services.	• Limit on smoking cessation coverage that, while compliant with the ACA’s requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
Kentucky (KY) 2017 ACA Plan 2	Inadequate		• Not specified.	• Intoxication Exclusion		3	• Plan documents are silent on methadone/OTP coverage.
Louisiana (LA) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient treatment services.			2	• Plan documents are silent on methadone/OTP coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Louisiana (LA) 2017 ACA Plan 1	Inadequate	• Excludes services to treat mental disorders or alcohol and/or drug abuse, as well as behavioral health services except as specifically provided in the plan contract. The plan documents make no other mention of mental health or SUD services, though they are listed in the Summary of Benefits.	• Prior authorization is required for inpatient services and may be required for outpatient services.	• Intoxication Exclusion		3	• Plan documents are silent on residential, intensive outpatient, partial hospitalization, and methadone/OTP coverage. • EOC is silent on coverage of MH/SUD services, but inpatient and outpatient SUD services are listed in the Summary of Benefits.
Louisiana (LA) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded. • Exclusion for Suboxone and methadone dispensed by free standing clinics for treatment for opioid dependence.	• Prior authorization is required for inpatient services.	• Intoxication Exclusion • Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3 (according to formulary) • Exclusion for Suboxone and methadone dispensed by free standing clinics for treatment for opioid dependence (per EOC).	• Plan documents are silent on residential, intensive outpatient, and partial hospitalization coverage.
Maine (ME) EHB Benchmark Plan	Adequacy cannot be determined		• Prior authorization is required for non-emergency inpatient substance abuse services.			3	• Plan documents are silent on methadone/OTP coverage.
Maine (ME) 2017 ACA Plan 1	Inadequate		• Not specified.	• Intoxication Exclusion • Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
Maine (ME) 2017 ACA Plan 2	Inadequate		• Not specified.	• Intoxication Exclusion		3	• Plan documents are silent on residential, intensive outpatient, and methadone/OTP coverage.
Maryland (MD) EHB Benchmark Plan	Inadequate		• Prior authorization is required for hospital admissions.			2 Methadone maintenance explicitly covered.	
Maryland (MD) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient and residential services.		• SUD inpatient services are subject to a deductible and $500 copay per day.	3	• Plan documents are silent on methadone/OTP coverage.
Maryland (MD) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for inpatient and residential services.			3	• Plan documents are silent on methadone/OTP coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Massachusetts (MA) EHB Benchmark Plan	Adequacy cannot be determined		• Prior authorization is required for inpatient, acute residential treatment, partial hospitalization, and intensive outpatient program services.			3	• Plan documents are silent on methadone/OTP coverage.
Massachusetts (MA) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for outpatient services and certain SUD services.	• Long-term residential treatment is excluded.		3 Methadone maintenance explicitly covered.	
Massachusetts (MA) 2017 ACA Plan 2	Inadequate		• Prior authorization is not required for SUD treatment services per the EOC (but is required for inpatient services per the Summary of Benefits).		• Methadone and outpatient visits are subject to a $50 copayment per visit.	3 Methadone maintenance explicitly covered.	
Michigan (MI) EHB Benchmark Plan	Inadequate		• Prior authorization is required for non-emergency inpatient substance abuse services (including partial hospitalization and outpatient services).	• Limit of 10 days per year for inpatient SUD services and 30 visits per year for outpatient SUD services. *Note this information appears on the Michigan 2017 EHB Benchmark Plan Summary but does not appear in the Plan Documents.*		3	• Plan documents are silent on methadone/OTP coverage.
Michigan (MI) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient and residential services.			3	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage. • Partial hospitalization is explicitly covered for MH but not SUD.
Michigan (MI) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, and outpatient services.			3	
Minnesota (MN) EHB Benchmark Plan	Inadequate		• Not specified.			2 Methadone maintenance explicitly covered.	
Minnesota (MN) 2017 ACA Plan 1	Inadequate		• Not specified.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		2 (No coverage for buprenorphine) Methadone maintenance explicitly covered.	

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Minnesota (MN) 2017 ACA Plan 2	Adequate		• Prior authorization is required for all SUD services per the Summary of Benefits. Prior authorization is required for inpatient services and may be required for outpatient/intensive outpatient services per the EOC.			3 Methadone maintenance explicitly covered.	
Mississippi (MS) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Prior authorization is required for all substance abuse benefits.	• Limit of seven days per calendar year for inpatient alcohol and drug abuse care and 20 days per calendar year for outpatient alcohol and drug abuse care. • Intoxication Exclusion		2	• Not clear what specific levels of care are covered. • Plan documents are silent on methadone/OTP coverage.
Mississippi (MS) 2017 ACA Plan 1	Inadequate	• Partial hospitalization services are excluded (although explicitly covered for MH).	• Prior authorization is required for outpatient, residential, and inpatient services.	• Intoxication Exclusion		3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Mississippi (MS) 2017 ACA Plan 2	Inadequate		• Not specified.	• Intoxication Exclusion		3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Missouri (MO) EHB Benchmark Plan	Inadequate		• Contact customer service.			2	• Plan documents are silent on methadone/OTP coverage.
Missouri (MO) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for partial hospitalization, intensive outpatient, residential, inpatient, and outpatient services.			3	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage. • Services are not defined.
Missouri (MO) 2017 ACA Plan 2	Inadequate		• Not specified.	• Intoxication Exclusion		3	• Plan documents are silent on methadone/OTP coverage.
Montana (MT) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient services.			2	• Not clear what intermediate services are covered. • Plan documents are silent on methadone/OTP coverage.
Montana (MT) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, and partial hospitalization services.		• Inpatient services are subject to a $250 per occurrence deductible + 20% coinsurance (per occurrence deductible is in addition to the overall deductible).	3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage. • Intensive outpatient is listed as a service requiring prior authorization but is not listed or defined with other Chemical Dependency services.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Montana (MT) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, and partial hospitalization services.			3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Nebraska (NE) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Prior authorization is required for inpatient services.			2	• Plan documents are silent on methadone/OTP coverage.
Nebraska (NE) 2017 ACA Plan 1	Inadequate	• Methadone/OTP treatment services are excluded.	• Not specified.			3	
Nebraska (NE) 2017 ACA Plan 2	Inadequate		• Prior authorization may be required for inpatient services.		• 40% cost-sharing.	3	• Plan documents are silent on methadone/OTP coverage.
Nevada (NV) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Prior authorization is required for inpatient, non-routine outpatient, and non-emergency intensive outpatient and extended outpatient visits (longer than 50 minutes).			2	• Plan documents are silent on methadone/OTP coverage.
Nevada (NV) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient treatment services.	• Intoxication Exclusion • Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		2 (No coverage for buprenorphine-naloxone)	• Plan documents are silent on methadone/OTP coverage.
Nevada (NV) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, intensive outpatient, non-routine outpatient services, and extended outpatient treatment visits beyond 45-50 minutes in duration.			3	• Plan documents are silent on residential and methadone/OTP coverage. • It is unclear whether residential treatment is covered. It is referenced throughout the EOC and defined as a behavioral health service but not explicitly listed as a covered service in the Substance Abuse (Substance Use Disorder) Services section. Note plan imposes a 100-day limit per calendar year on residential treatment, but it is not clear from plan documents that residential treatment is covered.
New Hampshire (NH) EHB Benchmark Plan	Inadequate		• Not specified.			2	• Plan documents are silent on methadone/OTP coverage.
New Hampshire (NH) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, intensive outpatient, partial hospitalization, and outpatient services.			2 (No coverage for buprenorphine-naloxone)	• Plan documents are silent on methadone/OTP coverage.
New Hampshire (NH) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for all SUD services.			3 Methadone maintenance explicitly covered.	• Plan documents are silent on residential coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
New Jersey (NJ) EHB Benchmark Plan	Inadequate		• Prior authorization is required for all non-emergency hospital admissions.			2	• Not clear what specific levels of care are covered. • Plan documents are silent on methadone/OTP coverage.
New Jersey (NJ) 2017 ACA Plan 1	Inadequate		• No prior authorization - Per NJ law, plans cannot impose prior authorization for 180 days.		• $60 copay per visit for outpatient services.	3	• Plan documents are silent on methadone/OTP coverage. • Services are not well defined in plan documents.
New Jersey (NJ) 2017 ACA Plan 2	Adequacy cannot be determined		• No prior authorization - Per NJ law, plans cannot impose prior authorization for 180 days.			3	• Plan documents are silent on methadone/OTP coverage. • Services are not well defined in plan documents.
New Mexico (NM) EHB Benchmark Plan	Inadequate		• Prior authorization is required for acute detoxification as an inpatient hospital service.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		2	• Acute detoxification as an inpatient hospital service and residential services are the only services mentioned - not clear what other SUD services are covered. • Plan documents are silent on methadone/OTP coverage.
New Mexico (NM) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, and partial/day hospitalization services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
New Mexico (NM) 2017 ACA Plan 2	Inadequate	• Residential services are excluded.	• Prior authorization is required for all services except life-threatening emergencies.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
New York (NY) EHB Benchmark Plan	Inadequate		• Not specified.			2	• Plan documents are silent on intermediate level services. Plan documents state that inpatient rehabilitation services are covered but do not explicitly address residential services. • Plan documents are silent on methadone/OTP coverage.
New York (NY) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, outpatient, and methadone/OTP services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3 Methadone maintenance explicitly covered.	
New York (NY) 2017 ACA Plan 2	Inadequate		• Prior authorization is required for inpatient and residential services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3 Methadone maintenance explicitly covered.	

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
North Carolina (NC) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient, partial hospitalization, and intensive outpatient services.			2	• Plan documents are silent on methadone/OTP coverage.
North Carolina (NC) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, partial hospitalization, and intensive outpatient services.			3	• Plan documents are silent on methadone/OTP coverage.
North Carolina (NC) 2017 ACA Plan 2	Inadequate		• Not specified.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
North Dakota (ND) EHB Benchmark Plan	Inadequate	• Residential treatment services for psychiatric illness or SUD for ages 21 and over are excluded (benefits are available for residential treatment for members under age 21).	• Prior authorization is required for inpatient, residential, partial hospitalization, and intensive outpatient services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		2	• Plan documents are silent on methadone/OTP coverage.
North Dakota (ND) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, and partial hospitalization services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
North Dakota (ND) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient and residential services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	
Ohio (OH) EHB Benchmark Plan	Adequacy cannot be determined		• Not specified.			3	• Not clear what specific SUD treatment benefits are offered. • Plan documents are silent on methadone/OTP coverage.
Ohio (OH) 2017 ACA Plan 1	Inadequate	• *Possible methadone exclusion* "No benefits will be paid under this benefit subsection for services provided or expenses incurred: For medication that is to be taken by the member, in whole or in part, at the place where it is dispensed."	• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, and outpatient services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on residential and methadone/OTP coverage.
Ohio (OH) 2017 ACA Plan 2	Adequacy cannot be determined		• Prior authorization is required for inpatient, residential, partial hospitalization, and detoxification services.			3	• Plan documents are silent on methadone/OTP coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Oklahoma (OK) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient and intensive outpatient treatment services.			2	• Plan documents are silent on methadone/OTP coverage.
Oklahoma (OK) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, and partial hospitalization services.		• High cost-sharing for inpatient services ($400 copay/admit plus 30% coinsurance).	3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage. In the EOC, Intensive Outpatient is defined in the "Definitions" section and listed as a "Psychiatry Care" service requiring prior authorization, but it is not mentioned as a covered benefit. • SUD services are not well defined in plan documents.
Oregon (OR) EHB Benchmark Plan	Inadequate		• As with all medical treatment, mental health and chemical dependency treatment is subject to review for medical necessity and/or appropriateness. Review of treatment may involve pre-service review, concurrent review of the continuation of treatment, post-treatment review, or a combination of these.	• 45-day limit on residential treatment.		2	• Plan documents do not clearly address the types of SUD services that are covered. • Plan documents are silent on methadone/OTP coverage.
Oregon (OR) 2017 ACA Plan 1	Adequacy cannot be determined		• Prior authorization is required for inpatient and residential services.			3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Oregon (OR) 2017 ACA Plan 2	Adequate		• Prior authorization is required for inpatient, residential, intensive outpatient, partial hospitalization, and methadone/OTP services.			3 Methadone maintenance explicitly covered.	
Pennsylvania (PA) EHB Benchmark Plan	Inadequate		• Refer to website.		• $500 copay per day up to $2,500 maximum per admission (residential and inpatient).	2	• Plan documents do not clearly address smoking cessation services. • Plan documents are silent on methadone/OTP coverage.
Pennsylvania (PA) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for all services (per Summary of Benefits). • Prior authorization is required for outpatient services (per EOC).		• Cost-sharing for outpatient services is $60-70 per visit.	3	• Plan documents are silent on methadone/OTP coverage.
Pennsylvania (PA) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Not specified.	• Intoxication Exclusion		3	• Plan documents are silent on intensive outpatient and partial hospitalization coverage.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Rhode Island (RI) EHB Benchmark Plan	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is recommended for inpatient substance abuse treatment.			2	
Rhode Island (RI) 2017 ACA Plan 1	Adequate		• Prior authorization is recommended for all substance use disorder treatment services.			3 Methadone maintenance explicitly covered.	
Rhode Island (RI) 2017 ACA Plan 2	Adequate		• Prior authorization is required for inpatient, residential, intensive outpatient, and partial hospitalization services.			3 Methadone maintenance explicitly covered.	
South Carolina (SC) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Prior authorization is required for inpatient and outpatient SUD services.	• Limit of seven days per benefit period for inpatient SUD services and 25 visits per benefit period for outpatient/office visits for mental health services/substance abuse care (combined). *Note this information appears on the South Carolina 2017 EHB Benchmark Plan Summary but does not appear in the Plan Documents.* • Intoxication Exclusion		3	• Not clear what specific SUD treatment benefits are offered. • Plan documents are silent on methadone/OTP coverage.
South Carolina (SC) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, intensive outpatient, and partial hospitalization services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on residential, intensive outpatient, partial hospitalization, and methadone/OTP coverage.
South Dakota (SD) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Refer to website.	• Limit of 30 days per six-month period for inpatient treatment and 90 days per lifetime for inpatient treatment for alcoholism. • Inpatient treatment for all other substance abuse services is limited to 30 days per benefit year.		1	• Plan documents are silent on methadone/OTP coverage.
South Dakota (SD) 2017 ACA Plan 1	Adequacy cannot be determined		• Not specified.			3	• Plan documents are silent on residential, intensive outpatient, partial hospitalization, and methadone/OTP coverage.
South Dakota (SD) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient and residential services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices. • Long-Term Residential Care is excluded.		3	

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Tennessee (TN) EHB Benchmark Plan	Inadequate	• Methadone/OTP services are excluded. The exclusion for "maintenance care" applies to drugs used to treat chemical dependency. The pharmacy benefit includes an exclusion for "prescription drugs used during maintenance phase of chemical dependency treatment unless Authorized by" the plan.	• Prior authorization is required for inpatient levels of care, including acute care, residential treatment, partial hospitalization care, and intensive outpatient services.			2	
Tennessee (TN) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient services.	• Intoxication Exclusion • Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage. • Services are not well defined in plan documents.
Tennessee (TN) 2017 ACA Plan 2	Inadequate		• Not specified.	• Intoxication Exclusion		3	• Plan documents are silent on intensive outpatient and methadone/OTP coverage. Reference in plan documents that 3 intensive outpatient days may be substituted for 1 inpatient day but not clear that the benefit is otherwise covered.
Texas (TX) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Prior authorization is required for the treatment of chemical dependency and specifically for inpatient treatment and intensive outpatient programs.	• Maximum lifetime benefit of three separate series of SUD inpatient treatment.		2	• Plan documents are silent on methadone/OTP coverage.
Texas (TX) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient and outpatient services.		• Cost-sharing for inpatient and residential services is a $500 copay + 30% coinsurance.	3	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage.
Utah (UT) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Prior authorization is required for inpatient benefits for mental health (SUD benefits are listed under mental health benefits).			2	• SUD services not specified (only mental health services). • Plan documents are silent on methadone/OTP coverage.
Utah (UT) 2017 ACA Plan 1	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for inpatient, residential, intensive outpatient, and partial hospitalization services.	• Long-term care for MH/chemical dependency is excluded. • Intoxication Exclusion	• Cost-sharing for inpatient and outpatient services is 50% coinsurance plus $35 copayment for outpatient office visits.	3	• Services are not well defined in plan documents.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Utah (UT) 2017 ACA Plan 2	Inadequate		• Prior authorization is required for inpatient, residential, partial hospitalization, and outpatient services.	• Limit on Substance Abuse/Chemical Dependency Transitional Residential Recovery Services: Coverage is limited to three separate series of treatment.		2 (No coverage for buprenorphine-naloxone)	• Plan documents are silent on intensive outpatient and methadone/OTP coverage.
Vermont (VT) EHB Benchmark Plan	Inadequate		• Prior authorization is required for inpatient or partial-inpatient, intensive outpatient, and residential services.	• Covers short-term residential treatment (not defined).		2	• Plan documents are silent on methadone/OTP coverage.
Vermont (VT) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient, residential, intensive outpatient, outpatient, and detoxification services.	• Coverage is provided for short-term residential treatment, but long-term residential programs are excluded. • Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on partial hospitalization and methadone/OTP coverage. "Partial hospital day treatment" is explicitly covered for Mental Health but not SUD.
Vermont (VT) 2017 ACA Plan 2	Inadequate		• Prior authorization is required for inpatient services.	• Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on residential, intensive outpatient, partial hospitalization, and methadone/OTP coverage. • Residential, intensive outpatient and partial hospitalization mental health and substance abuse services are only mentioned in the EOC with respect to network adequacy requirements.
Virginia (VA) EHB Benchmark Plan	Inadequate		• Not specified.		• $500 copay per day, $1500 maximum per admission (inpatient and residential treatment center services).	3	• Plan documents are silent on methadone/OTP coverage.
Virginia (VA) 2017 ACA Plan 1	Inadequate		• Not specified.	• Intoxication Exclusion • Limit on smoking cessation coverage that, while compliant with the ACA's requirement for tobacco cessation coverage, is not consistent with best practices.		3	• Plan documents are silent on methadone/OTP coverage.
Virginia (VA) 2017 ACA Plan 2	Inadequate	• Methadone/OTP services are excluded.	• Not specified.			3	
Washington (WA) EHB Benchmark Plan	Inadequate		• Not specified.			2	• EHB benchmark plan requirements established by WAC 284-43-5642. Regulations are silent on intensive outpatient and methadone/OTP coverage.
Washington (WA) 2017 ACA Plan 1	Inadequate		• Prior authorization is required for inpatient and residential services.			2 (No coverage for naltrexone)	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage. Partial Hospitalization is explicitly covered for mental health but not SUD.

State	SUD Benefit Adequacy						
	Adequacy Determination	Critical SUD Exclusions	Prior Authorization Requirements	Harmful Treatment Limitations	High cost-sharing	FDA-approved medications for Opioid Use Disorder*	Adequacy of SUD Coverage Cannot be Determined
Washington (WA) 2017 ACA Plan 2	Inadequate		• Prior authorization is required for inpatient, residential, partial hospitalization/day treatment, and detoxification services.			2 (No coverage for buprenorphine-naloxone)	• Plan documents are silent on methadone/OTP coverage.
West Virginia (WV) EHB Benchmark Plan	Inadequate	• Residential treatment services are excluded.	• Refer to website.			2	• Plan documents are silent on intensive outpatient, partial hospitalization, and methadone/OTP coverage. Only mentions residential.
West Virginia (WV) 2017 ACA Plan 1	Adequacy cannot be determined	• *Possible methadone exclusion.* "Exclusion for A Prescription Drug which is entirely consumed or administered at the time and place where the Prescription Drug order is issued. This Exclusion does not apply to Prescription Drugs for which Benefits are provided under the medical portion of this EOC."	• Prior authorization is required for inpatient, residential, intensive outpatient, and partial hospitalization services.			3	• Plan documents are silent on methadone/OTP coverage.
West Virginia (WV) 2017 ACA Plan 2	Adequacy cannot be determined	• *Possible methadone exclusion.* Exclusion for "A Prescription Drug which is entirely consumed or administered at the time and place where the Prescription Order is issued."	• Prior authorization is required for inpatient services.			3	• Plan documents are silent on residential, intensive outpatient, partial hospitalization, and methadone/OTP coverage.
Wisconsin (WI) EHB Benchmark Plan	Inadequate	• Methadone/OTP services are excluded. "Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents" are excluded.	• Prior authorization is required for inpatient, partial hospitalization, residential treatment, intensive outpatient and extended outpatient visits (beyond 45-50 minutes).			2	
Wisconsin (WI) 2017 ACA Plan 1	Inadequate	• Methadone/OTP services are excluded.	• Prior authorization is required for partial hospitalization, intensive outpatient, residential treatment, and inpatient services.			3	
Wisconsin (WI) 2017 ACA Plan 2	Inadequate		• Prior authorization is required for inpatient, residential, and partial hospitalization services.			2 (No coverage for buprenorphine-naloxone)	• Plan documents are silent on methadone/OTP coverage.
Wyoming (WY) EHB Benchmark Plan	Inadequate		• Not specified.			2	• Not clear what specific SUD treatment benefits are offered. • Plan documents are silent on methadone/OTP coverage.
Wyoming (WY) 2017 ACA Plan 1	Adequacy cannot be determined		• Not specified.			3	• Plan documents are silent on residential, intensive outpatient, partial hospitalization, and methadone/OTP coverage. • SUD services not well defined in plan documents.

*** Number indicates number of covered medications in the United States Pharmacopeia (USP) Opioid Dependence Treatments Class which includes buprenorphine, buprenorphine + naloxone and naltrexone.**

	ACA Compliance	Parity Compliance	SUD Benefit Adequacy
Alabama			
Alaska			
Arizona			
Arkansas			
California			
Colorado			
Connecticut			
Delaware			
District of Columbia			
Florida			
Georgia			
Hawaii			

Key:

= Worsened = Unchanged = Improved

	ACA Compliance	Parity Compliance	SUD Benefit Adequacy
Idaho			
Illinois			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine			
Maryland			
Massachusetts			
Michigan			
Minnesota			
Mississippi			

	ACA Compliance	Parity Compliance	SUD Benefit Adequacy
Missouri			
Montana			
Nebraska			
Nevada			
New Hampshire			
New Jersey			
New Mexico			
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma			
Oregon			

	ACA Compliance	Parity Compliance	SUD Benefit Adequacy
Pennsylvania			
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas			
Utah			
Vermont			
Virginia			
Washington			
West Virginia			
Wisconsin			
Wyoming