



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

BULLETIN MC-24B
August 15, 2025

TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS AND HEALTH CARE CENTERS THAT DELIVER OR ISSUE INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES IN CONNECTICUT

RE: MH/SUD PARITY SUBMISSION GUIDELINES
(Public Act 19-159, An Act Concerning Mental Health and Substance Use Benefits, codified in C.G.S. sec. 38a-477ee)

This Bulletin repeals and replaces Bulletin No. MC-24-A, and updates the reporting documents required for the demonstration of compliance with non-quantitative treatment limitations (“NQTLs”) to be provided to the Department not later than March 1, 2026, and annually thereafter.

This Bulletin prescribes the requirements for the annual reporting to the Insurance Department (“Department”) for Mental Health and Substance Use Benefits as required by Connecticut General Statutes sec. 38a-477ee. Beginning on March 1, 2026, and annually on or before March 1 of each subsequent year thereafter, each insurance company, fraternal benefit society, association and health care center that delivers or issues individual and group health insurance policies in Connecticut (“Carriers”) must (i) review its practices and procedures for compliance with state and federal mental health parity requirements, and (ii) report its compliance status to the Department by completing the annual Mental Health and Substance Use Benefits compliance report by following the attached [5-step analysis instructions](#).

Carriers must demonstrate compliance with NQTLs by providing a detailed explanation of how the analysis of the specific processes, strategies, evidentiary standards and all other factors used in the application of NQTLs to mental health/substance use disorders benefits demonstrate that the application of such NQTLs is comparable to and not more stringent than the NQTLs applied to medical/surgical benefits as written as well as in operation. The required report as submitted to the Department must be accompanied by the [Certification Form](#) and [NQTL Report](#) to be considered complete.

In addition, each Carrier must submit a certification cover letter to the Department signed by an officer of the company.

In accordance with C.G.S. sec. 38a-477ee, any Carrier that fails to file the completed survey on or before the due date shall pay a late or non-compliant filing fee of one hundred dollars per insured, up to a maximum of \$625,000, annually.

Questions should be directed to the Market Conduct Division at cid.mc@ct.gov.

A handwritten signature in blue ink, appearing to read "A. Mais", positioned above a horizontal line.

Andrew N. Mais
Insurance Commissioner