

Calendar No. 153

107TH CONGRESS
1ST SESSION

S. 543

[Report No. 107-61]

To provide for equal coverage of mental health benefits with respect to health insurance coverage unless comparable limitations are imposed on medical and surgical benefits.

IN THE SENATE OF THE UNITED STATES

MARCH 15, 2001

Mr. DOMENICI (for himself, Mr. WELLSTONE, Mr. SPECTER, Mr. KENNEDY, Mr. CHAFEE, Mr. DODD, Mr. COCHRAN, Mr. REED, Mr. REID, Mr. WARNER, Mr. GRASSLEY, Mr. ROBERTS, Mr. DURBIN, Mr. JOHNSON, Mr. SARBANES, Mr. INOUE, Mr. CLELAND, Mr. SCHUMER, Mr. AKAKA, Mrs. CLINTON, Mr. BYRD, Mr. LEVIN, Mr. MILLER, Mr. BIDEN, Mr. DORGAN, Mr. THOMAS, Mr. HARKIN, Mr. CORZINE, Mr. BENNETT, Mr. CONRAD, Mr. EDWARDS, Ms. MIKULSKI, Mr. JEFFORDS, Mr. KERRY, Ms. STABENOW, Mr. LUGAR, Mrs. LINCOLN, Mr. LEAHY, Mr. BINGAMAN, Mr. TORRICELLI, Mrs. MURRAY, Ms. CANTWELL, Mr. BAUCUS, Mr. HOLLINGS, Ms. COLLINS, Mr. ROCKEFELLER, Mrs. CARNAHAN, Ms. SNOWE, Mr. DEWINE, Mrs. FEINSTEIN, Mr. DAYTON, Mr. CARPER, Mr. BAYH, Mr. HATCH, Mr. NELSON of Florida, Mr. LIEBERMAN, Mrs. BOXER, Mr. DASCHLE, and Mr. KOHL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

SEPTEMBER 6, 2001

Reported by Mr. KENNEDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

A BILL

To provide for equal coverage of mental health benefits with

respect to health insurance coverage unless comparable limitations are imposed on medical and surgical benefits.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health Equi-
 5 table Treatment Act of 2001”.

6 **SEC. 2. AMENDMENT TO THE EMPLOYEE RETIREMENT IN-**
 7 **COME SECURITY ACT OF 1974.**

8 (a) **IN GENERAL.**—Section 712 of the Employee Re-
 9 tirement Income Security Act of 1974 (29 U.S.C. 1185a)
 10 is amended to read as follows:

11 **“SEC. 712. MENTAL HEALTH PARITY.**

12 “(a) **IN GENERAL.**—In the case of a group health
 13 plan (or health insurance coverage offered in connection
 14 with such a plan) that provides both medical and surgical
 15 benefits and mental health benefits, such plan or coverage
 16 shall not impose any treatment limitations or financial re-
 17 quirements with respect to the coverage of benefits for
 18 mental illnesses unless comparable treatment limitations
 19 or financial requirements are imposed on medical and sur-
 20 gical benefits.

21 “(b) **CONSTRUCTION.**—Nothing in this section shall
 22 be construed as requiring a group health plan (or health
 23 insurance coverage offered in connection with such a plan)
 24 to provide any mental health benefits.

1 “(c) ~~SMALL EMPLOYER EXEMPTION.—~~

2 “(1) ~~IN GENERAL.—~~This section shall not apply
3 to any group health plan (and group health insur-
4 ance coverage offered in connection with a group
5 health plan) for any plan year of any employer who
6 employed an average of at least 2 but not more than
7 25 employees on business days during the preceding
8 calendar year.

9 “(2) ~~APPLICATION OF CERTAIN RULES IN DE-~~
10 ~~TERMINATION OF EMPLOYER SIZE.—~~For purposes of
11 this subsection—

12 “(A) ~~APPLICATION OF AGGREGATION RULE~~
13 ~~FOR EMPLOYERS.—~~Rules similar to the rules
14 under subsections (b), (c), (m), and (o) of sec-
15 tion 414 of the Internal Revenue Code of 1986
16 shall apply for purposes of treating persons as
17 a single employer.

18 “(B) ~~EMPLOYERS NOT IN EXISTENCE IN~~
19 ~~PRECEDING YEAR.—~~In the case of an employer
20 which was not in existence throughout the pre-
21 ceding calendar year, the determination of
22 whether such employer is a small employer shall
23 be based on the average number of employees
24 that it is reasonably expected such employer

1 will employ on business days in the current cal-
 2 endar year.

3 “(C) PREDECESSORS.—Any reference in
 4 this paragraph to an employer shall include a
 5 reference to any predecessor of such employer.

6 “(d) SEPARATE APPLICATION TO EACH OPTION OF-
 7 FERED.—In the case of a group health plan that offers
 8 a participant or beneficiary two or more benefit package
 9 options under the plan, the requirements of this section
 10 shall be applied separately with respect to each such op-
 11 tion.

12 “(e) DEFINITIONS.—For purposes of this section—

13 “(1) FINANCIAL REQUIREMENTS.—The term
 14 ‘financial requirements’ includes deductibles, coin-
 15 surance, co-payments, other cost sharing, and limita-
 16 tions on the total amount that may be paid with re-
 17 spect to benefits under the plan or health insurance
 18 coverage with respect to an individual or other cov-
 19 erage unit (including annual and lifetime limits).

20 “(2) MEDICAL OR SURGICAL BENEFITS.—The
 21 term ‘medical or surgical benefits’ means benefits
 22 with respect to medical or surgical services, as de-
 23 fined under the terms of the plan or coverage (as the
 24 case may be), but does not include mental health
 25 benefits.

1 “(3) MENTAL HEALTH BENEFITS.—The term
2 ‘mental health benefits’ means benefits with respect
3 to services for all categories of mental health condi-
4 tions listed in the Diagnostic and Statistical Manual
5 of Mental Disorders, Fourth Edition (DSM IV–TR),
6 or the most recent edition if different than the
7 Fourth Edition, as defined under the terms of the
8 plan or coverage (as the case may be), if such serv-
9 ices are included as part of an authorized treatment
10 plan that is in accordance with standard protocols
11 and such services meet applicable medical necessity
12 criteria, but does not include benefits with respect to
13 the treatment of substance abuse or chemical de-
14 pendency.

15 “(4) TREATMENT LIMITATIONS.—The term
16 ‘treatment limitations’ means limitations on the fre-
17 quency of treatment, number of visits or days of cov-
18 erage, or other limits on the duration or scope of
19 treatment under the plan or coverage.”.

20 (b) EFFECTIVE DATE.—The amendment made by
21 this section shall apply with respect to plan years begin-
22 ning on or after January 1, 2002.

1 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT**
 2 **RELATING TO THE GROUP MARKET.**

3 (a) **IN GENERAL.**—Section 2705 of the Public Health
 4 Service Act (42 U.S.C. 300gg-5) is amended to read as
 5 follows:

6 **“SEC. 2705. MENTAL HEALTH PARITY.**

7 “(a) **IN GENERAL.**—In the case of a group health
 8 plan (or health insurance coverage offered in connection
 9 with such a plan) that provides both medical and surgical
 10 benefits and mental health benefits, such plan or coverage
 11 shall not impose any treatment limitations or financial re-
 12 quirements with respect to the coverage of benefits for
 13 mental illnesses unless comparable treatment limitations
 14 or financial requirements are imposed on medical and sur-
 15 gical benefits.

16 “(b) **CONSTRUCTION.**—Nothing in this section shall
 17 be construed as requiring a group health plan (or health
 18 insurance coverage offered in connection with such a plan)
 19 to provide any mental health benefits.

20 “(c) **SMALL EMPLOYER EXEMPTION.**—

21 “(1) **IN GENERAL.**—This section shall not apply
 22 to any group health plan (and group health insur-
 23 ance coverage offered in connection with a group
 24 health plan) for any plan year of any employer who
 25 employed an average of at least 2 but not more than

1 25 employees on business days during the preceding
2 calendar year.

3 “(2) APPLICATION OF CERTAIN RULES IN DE-
4 TERMINATION OF EMPLOYER SIZE.—For purposes of
5 this subsection—

6 “(A) APPLICATION OF AGGREGATION RULE
7 FOR EMPLOYERS.—Rules similar to the rules
8 under subsections (b), (c), (m), and (o) of sec-
9 tion 414 of the Internal Revenue Code of 1986
10 shall apply for purposes of treating persons as
11 a single employer.

12 “(B) EMPLOYERS NOT IN EXISTENCE IN
13 PRECEDING YEAR.—In the case of an employer
14 which was not in existence throughout the pre-
15 ceeding calendar year, the determination of
16 whether such employer is a small employer shall
17 be based on the average number of employees
18 that it is reasonably expected such employer
19 will employ on business days in the current cal-
20 endar year.

21 “(C) PREDECESSORS.—Any reference in
22 this paragraph to an employer shall include a
23 reference to any predecessor of such employer.

24 “(d) SEPARATE APPLICATION TO EACH OPTION OF-
25 FERED.—In the case of a group health plan that offers

1 a participant or beneficiary two or more benefit package
 2 options under the plan, the requirements of this section
 3 shall be applied separately with respect to each such op-
 4 tion.

5 “(e) DEFINITIONS.—For purposes of this section—

6 “(1) FINANCIAL REQUIREMENTS.—The term
 7 ‘financial requirements’ includes deductibles, coin-
 8 surance, co-payments, other cost sharing, and limita-
 9 tions on the total amount that may be paid with re-
 10 spect to benefits under the plan or health insurance
 11 coverage with respect to an individual or other cov-
 12 erage unit (including annual and lifetime limits).

13 “(2) MEDICAL OR SURGICAL BENEFITS.—The
 14 term ‘medical or surgical benefits’ means benefits
 15 with respect to medical or surgical services, as de-
 16 fined under the terms of the plan or coverage (as the
 17 case may be), but does not include mental health
 18 benefits.

19 “(3) MENTAL HEALTH BENEFITS.—The term
 20 ‘mental health benefits’ means benefits with respect
 21 to services for all categories of mental health condi-
 22 tions listed in the Diagnostic and Statistical Manual
 23 of Mental Disorders, Fourth Edition (DSM IV), or
 24 the most recent edition if different than the Fourth
 25 Edition, as defined under the terms of the plan or

1 coverage (as the case may be), if such services are
2 included as part of an authorized treatment plan
3 that is in accordance with standard protocols and
4 such services meet applicable medical necessity cri-
5 teria, but does not include benefits with respect to
6 the treatment of substance abuse or chemical de-
7 pendency.

8 “(4) TREATMENT LIMITATIONS.—The term
9 ‘treatment limitations’ means limitations on the fre-
10 quency of treatment, number of visits or days of cov-
11 erage, or other limits on the duration or scope of
12 treatment under the plan or coverage.”

13 (b) EFFECTIVE DATE.—The amendment made by
14 this section shall apply with respect to plan years begin-
15 ning on or after January 1, 2002.

16 **SEC. 4. PREEMPTION.**

17 Nothing in the amendments made by this Act shall
18 be construed to preempt any provision of State law that
19 provides protections to enrollees that are greater than the
20 protections provided under such amendments.

21 **SEC. 5. GENERAL ACCOUNTING OFFICE STUDY.**

22 (a) STUDY.—The Comptroller General shall conduct
23 a study that evaluates the effect of the implementation
24 of the amendments made by this Act on the cost of health
25 insurance coverage, access to health insurance coverage

1 (including the availability of in-network providers), the
 2 quality of health care, and other issues as determined ap-
 3 propriate by the Comptroller General.

4 (b) REPORT.—Not later than 2 years after the date
 5 of enactment of this Act, the Comptroller General shall
 6 prepare and submit to the appropriate committees of Con-
 7 gress a report containing the results of the study con-
 8 ducted under subsection (a).

9 **SECTION 1. SHORT TITLE.**

10 *This Act may be cited as the “Mental Health Equitable*
 11 *Treatment Act of 2001”.*

12 **SEC. 2. AMENDMENT TO THE EMPLOYEE RETIREMENT IN-**
 13 **COME SECURITY ACT OF 1974.**

14 (a) IN GENERAL.—Section 712 of the *Employee Re-*
 15 *tirement Income Security Act of 1974 (29 U.S.C. 1185a)*
 16 *is amended to read as follows:*

17 **“SEC. 712. MENTAL HEALTH PARITY.**

18 *“(a) IN GENERAL.—In the case of a group health plan*
 19 *(or health insurance coverage offered in connection with*
 20 *such a plan) that provides both medical and surgical bene-*
 21 *fits and mental health benefits, such plan or coverage shall*
 22 *not impose any treatment limitations or financial require-*
 23 *ments with respect to the coverage of benefits for mental*
 24 *illnesses unless comparable treatment limitations or finan-*

1 *cial requirements are imposed on medical and surgical ben-*
2 *efits.*

3 “(b) *CONSTRUCTION.*—

4 “(1) *IN GENERAL.*—*Nothing in this section shall*
5 *be construed as requiring a group health plan (or*
6 *health insurance coverage offered in connection with*
7 *such a plan) to provide any mental health benefits.*

8 “(2) *MEDICAL MANAGEMENT OF MENTAL*
9 *HEALTH BENEFITS.*—*Consistent with subsection (a),*
10 *nothing in this section shall be construed to prevent*
11 *the medical management of mental health benefits, in-*
12 *cluding through concurrent and retrospective utiliza-*
13 *tion review and utilization management practices,*
14 *preauthorization, and the application of medical ne-*
15 *cessity and appropriateness criteria applicable to be-*
16 *havioral health and the contracting and use of a net-*
17 *work of participating providers.*

18 “(3) *NO REQUIREMENT OF SPECIFIC SERV-*
19 *ICES.*—*Nothing in this section shall be construed as*
20 *requiring a group health plan (or health insurance*
21 *coverage offered in connection with such a plan) to*
22 *provide coverage for specific mental health services,*
23 *except to the extent that the failure to cover such serv-*
24 *ices would result in a disparity between the coverage*
25 *of mental health and medical and surgical benefits.*

1 “(c) *SMALL EMPLOYER EXEMPTION.*—

2 “(1) *IN GENERAL.*—*This section shall not apply*
3 *to any group health plan (and group health insurance*
4 *coverage offered in connection with a group health*
5 *plan) for any plan year of any employer who em-*
6 *ployed an average of at least 2 but not more than 50*
7 *employees on business days during the preceding cal-*
8 *endar year.*

9 “(2) *APPLICATION OF CERTAIN RULES IN DETER-*
10 *MINATION OF EMPLOYER SIZE.*—*For purposes of this*
11 *subsection—*

12 “(A) *APPLICATION OF AGGREGATION RULE*
13 *FOR EMPLOYERS.*—*Rules similar to the rules*
14 *under subsections (b), (c), (m), and (o) of section*
15 *414 of the Internal Revenue Code of 1986 shall*
16 *apply for purposes of treating persons as a single*
17 *employer.*

18 “(B) *EMPLOYERS NOT IN EXISTENCE IN*
19 *PRECEDING YEAR.*—*In the case of an employer*
20 *which was not in existence throughout the pre-*
21 *ceding calendar year, the determination of*
22 *whether such employer is a small employer shall*
23 *be based on the average number of employees*
24 *that it is reasonably expected such employer will*

1 *employ on business days in the current calendar*
2 *year.*

3 “(C) *PREDECESSORS.*—*Any reference in*
4 *this paragraph to an employer shall include a*
5 *reference to any predecessor of such employer.*

6 “(d) *SEPARATE APPLICATION TO EACH OPTION OF-*
7 *FERED.*—*In the case of a group health plan that offers a*
8 *participant or beneficiary two or more benefit package op-*
9 *tions under the plan, the requirements of this section shall*
10 *be applied separately with respect to each such option.*

11 “(e) *IN-NETWORK AND OUT-OF-NETWORK RULES.*—*In*
12 *the case of a plan or coverage option that provides in-net-*
13 *work mental health benefits, out-of-network mental health*
14 *benefits may be provided using treatment limitations or fi-*
15 *nancial requirements that are not comparable to the limita-*
16 *tions and requirements applied to medical and surgical*
17 *benefits if the plan or coverage provides such in-network*
18 *mental health benefits in accordance with subsection (a)*
19 *and provides reasonable access to in-network providers and*
20 *facilities.*

21 “(f) *DEFINITIONS.*—*For purposes of this section—*

22 “(1) *FINANCIAL REQUIREMENTS.*—*The term ‘fi-*
23 *nancial requirements’ includes deductibles, coinsur-*
24 *ance, co-payments, other cost sharing, and limitations*
25 *on the total amount that may be paid by a partici-*

1 *pant or beneficiary with respect to benefits under the*
2 *plan or health insurance coverage and shall include*
3 *the application of annual and lifetime limits.*

4 “(2) *MEDICAL OR SURGICAL BENEFITS.*—*The*
5 *term ‘medical or surgical benefits’ means benefits*
6 *with respect to medical or surgical services, as defined*
7 *under the terms of the plan or coverage (as the case*
8 *may be), but does not include mental health benefits.*

9 “(3) *MENTAL HEALTH BENEFITS.*—*The term*
10 *‘mental health benefits’ means benefits with respect to*
11 *services, as defined under the terms and conditions of*
12 *the plan or coverage (as the case may be), for all cat-*
13 *egories of mental health conditions listed in the Diag-*
14 *nostic and Statistical Manual of Mental Disorders,*
15 *Fourth Edition (DSM IV–TR), or the most recent*
16 *edition if different than the Fourth Edition, if such*
17 *services are included as part of an authorized treat-*
18 *ment plan that is in accordance with standard proto-*
19 *cols and such services meet the plan or issuer’s med-*
20 *ical necessity criteria. Such term does not include*
21 *benefits with respect to the treatment of substance*
22 *abuse or chemical dependency.*

23 “(4) *TREATMENT LIMITATIONS.*—*The term*
24 *‘treatment limitations’ means limitations on the fre-*
25 *quency of treatment, number of visits or days of cov-*

1 “(2) *MEDICAL MANAGEMENT OF MENTAL*
2 *HEALTH BENEFITS.*—*Consistent with subsection (a),*
3 *nothing in this section shall be construed to prevent*
4 *the medical management of mental health benefits, in-*
5 *cluding through concurrent and retrospective utiliza-*
6 *tion review and utilization management practices,*
7 *preauthorization, and the application of medical ne-*
8 *cessity and appropriateness criteria applicable to be-*
9 *havioral health and the contracting and use of a net-*
10 *work of participating providers.*

11 “(3) *NO REQUIREMENT OF SPECIFIC SERV-*
12 *ICES.*—*Nothing in this section shall be construed as*
13 *requiring a group health plan (or health insurance*
14 *coverage offered in connection with such a plan) to*
15 *provide coverage for specific mental health services,*
16 *except to the extent that the failure to cover such serv-*
17 *ices would result in a disparity between the coverage*
18 *of mental health and medical and surgical benefits.*

19 “(c) *SMALL EMPLOYER EXEMPTION.*—

20 “(1) *IN GENERAL.*—*This section shall not apply*
21 *to any group health plan (and group health insurance*
22 *coverage offered in connection with a group health*
23 *plan) for any plan year of any employer who em-*
24 *ployed an average of at least 2 but not more than 50*

1 *employees on business days during the preceding cal-*
2 *endar year.*

3 “(2) *APPLICATION OF CERTAIN RULES IN DETER-*
4 *MINATION OF EMPLOYER SIZE.—For purposes of this*
5 *subsection—*

6 “(A) *APPLICATION OF AGGREGATION RULE*
7 *FOR EMPLOYERS.—Rules similar to the rules*
8 *under subsections (b), (c), (m), and (o) of section*
9 *414 of the Internal Revenue Code of 1986 shall*
10 *apply for purposes of treating persons as a single*
11 *employer.*

12 “(B) *EMPLOYERS NOT IN EXISTENCE IN*
13 *PRECEDING YEAR.—In the case of an employer*
14 *which was not in existence throughout the pre-*
15 *ceding calendar year, the determination of*
16 *whether such employer is a small employer shall*
17 *be based on the average number of employees*
18 *that it is reasonably expected such employer will*
19 *employ on business days in the current calendar*
20 *year.*

21 “(C) *PREDECESSORS.—Any reference in*
22 *this paragraph to an employer shall include a*
23 *reference to any predecessor of such employer.*

24 “(d) *SEPARATE APPLICATION TO EACH OPTION OF-*
25 *FERED.—In the case of a group health plan that offers a*

1 *participant or beneficiary two or more benefit package op-*
 2 *tions under the plan, the requirements of this section shall*
 3 *be applied separately with respect to each such option.*

4 “(e) *IN-NETWORK AND OUT-OF-NETWORK RULES.—In*
 5 *the case of a plan or coverage option that provides in-net-*
 6 *work mental health benefits, out-of-network mental health*
 7 *benefits may be provided using treatment limitations or fi-*
 8 *nancial requirements that are not comparable to the limita-*
 9 *tions and requirements applied to medical and surgical*
 10 *benefits if the plan or coverage provides such in-network*
 11 *mental health benefits in accordance with subsection (a)*
 12 *and provides reasonable access to in-network providers and*
 13 *facilities.*

14 “(f) *DEFINITIONS.—For purposes of this section—*

15 “(1) *FINANCIAL REQUIREMENTS.—The term ‘fi-*
 16 *nancial requirements’ includes deductibles, coinsur-*
 17 *ance, co-payments, other cost sharing, and limitations*
 18 *on the total amount that may be paid by a partici-*
 19 *part, beneficiary or enrollee with respect to benefits*
 20 *under the plan or health insurance coverage and shall*
 21 *include the application of annual and lifetime limits.*

22 “(2) *MEDICAL OR SURGICAL BENEFITS.—The*
 23 *term ‘medical or surgical benefits’ means benefits*
 24 *with respect to medical or surgical services, as defined*

1 *under the terms of the plan or coverage (as the case*
2 *may be), but does not include mental health benefits.*

3 “(3) *MENTAL HEALTH BENEFITS.*—*The term*
4 *‘mental health benefits’ means benefits with respect to*
5 *services, as defined under the terms and conditions of*
6 *the plan or coverage (as the case may be), for all cat-*
7 *egories of mental health conditions listed in the Diag-*
8 *nostic and Statistical Manual of Mental Disorders,*
9 *Fourth Edition (DSM IV–TR), or the most recent*
10 *edition if different than the Fourth Edition, if such*
11 *services are included as part of an authorized treat-*
12 *ment plan that is in accordance with standard proto-*
13 *cols and such services meet the plan or issuer’s med-*
14 *ical necessity criteria. Such term does not include*
15 *benefits with respect to the treatment of substance*
16 *abuse or chemical dependency.*

17 “(4) *TREATMENT LIMITATIONS.*—*The term*
18 *‘treatment limitations’ means limitations on the fre-*
19 *quency of treatment, number of visits or days of cov-*
20 *erage, or other similar limits on the duration or scope*
21 *of treatment under the plan or coverage.”.*

22 (b) *EFFECTIVE DATE.*—*The amendment made by this*
23 *section shall apply with respect to plan years beginning on*
24 *or after January 1, 2002.*

1 **SEC. 4. PREEMPTION.**

2 *Nothing in the amendments made by this Act shall be*
3 *construed to preempt any provision of State law, with re-*
4 *spect to health insurance coverage offered by a health insur-*
5 *ance issuer in connection with a group health plan, that*
6 *provides protections to enrollees that are greater than the*
7 *protections provided under such amendments. Nothing in*
8 *the amendments made by this Act shall be construed to af-*
9 *fect or modify section 514 of the Employee Retirement In-*
10 *come Security Act of 1974 (29 U.S.C. 1144).*

11 **SEC. 5. GENERAL ACCOUNTING OFFICE STUDY.**

12 *(a) STUDY.—The Comptroller General shall conduct a*
13 *study that evaluates the effect of the implementation of the*
14 *amendments made by this Act on the cost of health insur-*
15 *ance coverage, access to health insurance coverage (includ-*
16 *ing the availability of in-network providers), the quality*
17 *of health care, and other issues as determined appropriate*
18 *by the Comptroller General.*

19 *(b) REPORT.—Not later than 2 years after the date*
20 *of enactment of this Act, the Comptroller General shall pre-*
21 *pare and submit to the appropriate committees of Congress*
22 *a report containing the results of the study conducted under*
23 *subsection (a).*

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[Report No. 107-61]

A BILL

To provide for equal coverage of mental health benefits with respect to health insurance coverage unless comparable limitations are imposed on medical and surgical benefits.

SEPTEMBER 6, 2001

Reported with an amendment