

90 Subsections (2) and (3)(a) offers coverage in the same manner and to the same extent, or
 91 greater than the insurance coverage required in the mandate enacted after January 1, 2012.

92 (c) Before enacting an insurance mandate, the state shall, for each entity that does not
 93 offer coverage in accordance with Subsection (3)(b):

94 (i) determine the cost to the entity of implementing the insurance mandate; and

95 (ii) appropriate money necessary to fund the full cost to the entity of implementing the
 96 insurance mandate.

97 (4) (a) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), a health plan
 98 offered by an exempt governmental entity shall substantially comply in good faith with the
 99 Mental Health Parity and Addiction Equity Act, including:

100 (i) using the same ~~H→~~ or less restrictive ~~←H~~ financial requirements for mental health and
 100a substance use disorder

101 benefits as for medical and surgical benefits; and

102 (ii) using quantitative treatment limitation requirements and non-quantitative treatment
 103 limitation requirements, except as permitted by Subsection (4)(b).

104 (b) In covering mental health and substance use residential treatment, a health plan
 105 offered by an exempt governmental entity may ~~H→~~ [±

106 ~~—— (i) develop preauthorization and participating provider standards at parity with benefits~~
 107 ~~provided for treatment at skilled nursing facilities;~~

108 ~~—— (ii) limit participating provider status for reasons other than to reduce access to covered~~
 109 ~~services at parity with benefits provided for treatment at skilled nursing facilities; and~~

110 ~~—— (iii)] ~~←H~~ refer to the health plan's coverage of skilled nursing facilities for purposes of~~
 111 quantitative ~~H→~~ and non-quantitative ~~←H~~ treatment limitation requirements.

112 (c) Nothing in this Subsection (4) may be construed as altering an exempt
 113 governmental entity's exempt status under 42 U.S.C. Sec. 300gg-21(a)(2).

113a ~~H→~~ (d) The provisions of this Subsection (4) apply to a health plan that is entered into
 113b or renewed on or after July 1, 2022. ~~←H~~