

**Bill Summary**  
2<sup>nd</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB 1646</b>
<b>Version:</b>	<b>INT</b>
<b>Request No.</b>	<b>2893</b>
<b>Author:</b>	<b>Sen. Gollihare</b>
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**Bill Analysis**

SB 1646 requires each health benefit plan to provide coverage for medically necessary treatment of mental health and substance use disorders and prohibits any health benefit plan from limiting coverage for chronic or pervasive mental health and substance use disorders to short-term or acute treatment at any level of care placement. The measure prohibits any plan from rescinding or modifying the authorization or payment after the provider renders the health care service in good faith. Health benefit plans shall also comply with out-of-network requirements as provided for in state law. If a plan provides any benefits for a mental health or substance abuse condition, it shall provide meaningful benefits for that mental health or substance use disorder in every classification in which medical or surgical benefits are provided. The measure requires each plan conducting a utilization review to use current generally accepted standards of mental health and substance use disorder care as defined in the measure. The measure directs the Insurance Commissioner to promulgate rules enforcing the provisions of this measure.

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