

Fifty-fifth
Legislative Assembly
of North Dakota

ENGROSSED SENATE BILL NO. 2040

Introduced by

Legislative Council

(Insurance and Health Care Committee)

(Senators Mathern, Thane, Lee)

(Representatives Glassheim, Mahoney)

1 A BILL for an Act to amend and reenact section 26.1-36-09 of the North Dakota Century Code,
2 relating to group health policy and health service contract mental disorder coverage.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. AMENDMENT.** Section 26.1-36-09 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **26.1-36-09. Group health policy and health service contract mental disorder**
7 **coverage.**

8 1. An insurance company, nonprofit health service corporation, or health
9 maintenance organization may not deliver, issue, execute, or renew any health
10 insurance policy or health service contract on a group or blanket or franchise or
11 association basis unless the policy or contract provides benefits, of the same type
12 offered under the policy or contract for other illnesses, for health services to any
13 person covered under the policy or contract, for the diagnosis, evaluation, and
14 treatment of mental disorder and other related illness, which benefits meet or
15 exceed the benefits provided in subsection 2.

16 2. a. The benefits must be provided for inpatient treatment ~~and~~ treatment by
17 partial hospitalization, residential treatment, and outpatient treatment.

18 b. In the case of benefits provided for inpatient treatment, the benefits must be
19 provided for a minimum of sixty days of services covered under this section
20 and section 26.1-36-08 in any calendar year if provided by a hospital as
21 defined in subsection 25 of section 52-01-01 and rules of the state
22 department of health pursuant thereto offering treatment for the prevention or
23 cure of mental disorder or other related illness.

- 1 c. In the case of benefits provided for partial hospitalization or residential
2 treatment, the benefits must be provided for a minimum of one hundred
3 twenty days of services covered under this section and section 26.1-36-08 in
4 any calendar year if provided by a hospital as defined in subsection 25 of
5 section 52-01-01 and rules of the state department of health pursuant thereto
6 or by a regional human service center licensed under section 50-06-05.2,
7 offering treatment for the prevention or cure of mental disorder or other
8 related illness, or by a residential treatment program. For services provided
9 in regional human service centers, charges must be reasonably similar to the
10 charges for care provided by hospitals as defined in this subsection.
- 11 d. Benefits ~~may also~~ must be provided for a combination of inpatient ~~and~~
12 hospitalization, partial hospitalization, and residential treatment. For the
13 purpose of computing the period for which benefits are payable, each day of
14 inpatient treatment is equivalent to two days of treatment by partial
15 hospitalization or residential treatment; provided, however, that no more than
16 forty-six days of the inpatient treatment benefits required by this section may
17 be traded for treatment by partial hospitalization or residential treatment.
- 18 e. (1) In the case of benefits provided for outpatient treatment, the benefits
19 must be provided for a minimum of thirty hours for services covered
20 under this section in any calendar year if the treatment services are
21 provided within the scope of licensure by a nurse who holds advanced
22 licensure with a scope of practice within mental health or if the
23 diagnosis, evaluation, and treatment services are provided within the
24 scope of licensure by a licensed physician, a licensed psychologist who
25 is eligible for listing on the national register of health service providers
26 in psychology, or a licensed certified social worker who:
- 27 (a) Possesses a master's or doctorate degree in social work from an
28 institution accredited by the council of social work education;
- 29 (b) Has at least one year of direct clinical social work practice during
30 graduate school or one year of postgraduate supervised clinical
31 social work practice in a structured teaching environment;

- 1 (c) Has completed at least the equivalent of four years of full-time
2 supervised clinical social work experience within the last seven
3 years;
- 4 (d) Has passed the clinical examination or its equivalent offered by
5 the North Dakota board of social work examiners; and
- 6 (e) If not licensed in this state, is licensed, certified, or registered at
7 the highest level of social work practice in another state.
- 8 (2) A person who is qualified for third-party payment by the board of social
9 work examiners on August 1, 1995, is exempt from subparagraphs c
10 and d. Supervision under subparagraph c may be provided by a
11 qualified clinical social worker, a licensed psychologist, or a licensed
12 psychiatrist, but the preferred supervisor is the qualified clinical social
13 worker.
- 14 (3) Upon the request of an insurance company, a nonprofit health service
15 corporation, or a health maintenance organization the North Dakota
16 board of social work examiners shall provide to the requesting entity
17 information to certify that a licensed certified social worker meets the
18 qualifications required under this section.
- 19 (4) The insurance company, nonprofit health service corporation, or health
20 maintenance organization may not establish a deductible or a
21 copayment for the first five hours in any calendar year, and may not
22 establish a copayment greater than twenty percent for the remaining
23 hours.
- 24 (5) If the services are provided by a provider outside a preferred provider
25 network without a referral from within the network, the insurance
26 company, nonprofit health service corporation, or health maintenance
27 organization may establish a copayment greater than twenty percent
28 for only those hours after the first five hours in any calendar year.
- 29 f. "Partial hospitalization" means continuous treatment for at least three hours,
30 but not more than twelve hours, in any twenty-four-hour period and includes

- 1 the medically necessary treatment services provided by licensed
2 professionals under the supervision of a licensed physician.
- 3 g. "Residential treatment" has the same meaning as provided in section
4 25-03.2-01.
- 5 3. This section does not prevent any insurance company, nonprofit health service
6 corporation, or health maintenance organization from issuing, delivering, or
7 renewing, at its option, any policy or contract containing provisions similar to those
8 required by this section, where the policy or contract is not subject to such
9 provisions.