

Fifty-fifth
Legislative Assembly
of North Dakota

ENGROSSED SENATE BILL NO. 2041

Introduced by

Legislative Council

(Insurance and Health Care Committee)

(Senators Mathern, Thane, Lee)
(Representatives Glassheim, R. Kelsch, Svedjan)

1 A BILL for an Act to amend and reenact subsection 2 of section 26.1-36-08 of the North Dakota
2 Century Code, relating to group health policy and health service contract substance abuse
3 coverage.

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

5 **SECTION 1. AMENDMENT.** Subsection 2 of section 26.1-36-08 of the North Dakota
6 Century Code is amended and reenacted as follows:

7 2. The benefits must be provided for inpatient treatment and treatment by partial
8 hospitalization and outpatient treatment:

9 a. In the case of benefits provided for inpatient treatment, the benefits must be
10 provided for a minimum of sixty days of services covered under this section
11 and section 26.1-36-09 in any calendar year if provided by a hospital as
12 defined in subsection 25 of section 52-01-01 and rules of the state
13 department of health pursuant thereto, or as licensed under section
14 23-17.1-01, offering treatment services for the prevention or cure treatment of
15 alcoholism, drug addiction, or other related illness.

16 b. In the case of benefits provided for partial hospitalization, the benefits must
17 be provided for a minimum of one hundred twenty days of services covered
18 under this section and section 26.1-36-09 in any calendar year if provided by
19 a hospital as defined in subsection 25 of section 52-01-01 and rules of the
20 state department of health pursuant thereto or as licensed under section
21 23-17.1-01, or by an addiction treatment program licensed under section
22 23-17.1-01, or by a regional human service center licensed under section
23 50-06-05.2, offering treatment that offers services for the prevention or cure
24 treatment of alcoholism, drug addiction, or other related illness. For services

provided in regional human service centers, charges must be reasonably similar to the charges for care provided by hospitals as defined in this subsection.

c. Benefits may also be provided for a combination of inpatient and partial hospitalization treatment. For the purpose of computing the period for which benefits are payable, each day of inpatient treatment is equivalent to two days of treatment by partial hospitalization; provided, however, that no more than forty-six days of the inpatient treatment benefits required by this section may be traded for treatment by partial hospitalization.

d. In the case of benefits provided for outpatient treatment, the benefits must be provided for a minimum of twenty visits for services covered under this section in any calendar year, provided the diagnosis, evaluation, and treatment services are provided within the scope of licensure by a licensed physician, a licensed psychologist who is eligible for listing on the national register of health service providers in psychology, or the treatment services are provided within the scope of licensure by a licensed addiction counselor. The insurance company, nonprofit health service corporation, or health maintenance organization may not establish a deductible or a copayment for the first five visits in any calendar year, and may not establish a copayment greater than twenty percent for the remaining visits.

e. If the services are provided by a provider outside a preferred provider network without a referral from within the network, the insurance company, nonprofit health service corporation, or health maintenance organization may establish a copayment greater than twenty percent for only those visits after the first five visits in any calendar year.

"Partial hospitalization" means continuous treatment for at least three hours, but not more than twelve hours, in any twenty-four-hour period and includes the medically necessary treatment services provided by licensed professionals under the supervision of a licensed physician.