

SENATE BILL NO. 2210

Introduced by

Senators Nelson, Grindberg, Kilzer

Representatives Keiser, Metcalf, Price

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

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

4 **SECTION 1. AMENDMENT.** Section 26.1-36-08 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **26.1-36-08. Group health policy and health service contract substance abuse**
7 **coverage.**

- 8 1. An insurance company, nonprofit health service corporation, or health maintenance
9 organization may not deliver, issue, execute, or renew any health insurance policy
10 or health service contract on a group or blanket or franchise or association basis
11 unless the policy or contract provides benefits, of the same type offered under the
12 policy or contract for other illnesses, for health services to any person covered
13 under the policy or contract, for the diagnosis, evaluation, and treatment of
14 alcoholism, drug addiction, or other related illness, which benefits meet or exceed
15 the benefits provided in subsection 2.
- 16 2. The benefits must be provided for inpatient treatment and treatment by partial
17 hospitalization, residential treatment, and outpatient treatment:
- 18 a. In the case of benefits provided for inpatient treatment, the benefits must be
19 provided for a minimum of ~~sixty~~ forty-five days of services covered under this
20 section and section 26.1-36-09 in any calendar year if provided by a hospital
21 as defined in subsection 25 of section 52-01-01 and rules of the state
22 department of health ~~pursuant thereto~~, or as licensed under section
23 23-17.1-01 offering treatment ~~for the prevention or cure~~ of alcoholism, drug
24 addiction, or other related illness.

- 1 b. In the case of benefits provided for partial hospitalization, the benefits must be
2 provided for a minimum of one hundred twenty days of services covered
3 under this section and section 26.1-36-09 in any calendar year if provided by
4 a hospital as defined in subsection 25 of section 52-01-01 and rules of the
5 state department of health ~~pursuant thereto~~, or as licensed under section
6 23-17.1-01, or by ~~a regional human service center~~ an addiction treatment
7 program licensed under section 50-06-05.2, offering treatment ~~for the~~
8 ~~prevention or cure~~ of alcoholism, drug addiction, or other related illness. For
9 services provided in regional human service centers, charges must be
10 reasonably similar to the charges for care provided by hospitals as defined in
11 this subsection.
- 12 c. Benefits may also be provided for a combination of inpatient and partial
13 hospitalization treatment. For the purpose of computing the period for which
14 benefits are payable, each day of inpatient treatment is equivalent to two days
15 of treatment by partial hospitalization; ~~provided, however,~~ that no more than
16 ~~forty-six~~ twenty-three days of the inpatient treatment benefits required by this
17 section may be traded for treatment by partial hospitalization.
- 18 d. In case of benefits provided for residential treatment, the benefits must be
19 provided for a minimum of sixty days of services covered under this section in
20 any calendar year. Residential treatment services must be provided by a
21 hospital as defined in subsection 25 of section 52-01-01 and rules of the state
22 department of health, or by a residential treatment program licensed pursuant
23 to rules adopted by the department of human services.
- 24 e. A individual receiving residential treatment services who requires residential
25 treatment services beyond the minimum sixty days may trade unused
26 inpatient treatment benefits provided for under subsection b. For the purpose
27 of computing the period for which benefits are payable, each day of inpatient
28 treatment is equivalent to two days of treatment by a residential treatment
29 program, provided that no more than twenty-three days of inpatient treatment
30 benefits required in subsection c may be traded for residential treatment
31 services.

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

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

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

21 3. This section does not prevent any insurance company, nonprofit health service
22 corporation, or health maintenance organization from issuing, delivering, or
23 renewing, at its option, any policy or contract containing provisions similar to those
24 required by this section, when the policy or contract is not subject to such
25 provisions.