

HOUSE BILL NO. 1396

Introduced by

Representative R. Kelsch

1 A BILL for an Act to amend and reenact section 26.1-36-09 of the North Dakota Century Code,
2 relating to insurance coverage for treatment of mental disorders.

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

4 **SECTION 1. AMENDMENT.** Section 26.1-36-09 of the 1997 Supplement to the North
5 Dakota Century Code is 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 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 mental
14 disorder and other related illness, which benefits meet or exceed the benefits
15 provided in subsection 2.

16 2. a. The benefits must be provided for inpatient treatment, treatment by partial
17 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~~ each inpatient day provided in subdivision b may be traded for two
4 partial hospitalization days or for two and one-half residential treatment days
5 of services covered under this section and section 26.1-36-08 in any calendar
6 year if provided by a hospital as defined in subsection 25 of section 52-01-01
7 and rules of the state department of health pursuant thereto or by a regional
8 human service center licensed under section 50-06-05.2, offering treatment
9 for the prevention or cure of mental disorder or other related illness, or by a
10 residential treatment program. For services provided in regional human
11 service centers, charges must be reasonably similar to the charges for care
12 provided by hospitals as defined in this subsection.
- 13 ~~d. Benefits must be provided for a combination of inpatient hospitalization, partial~~
14 ~~hospitalization, and residential treatment. For the purpose of computing the~~
15 ~~period for which benefits are payable, each day of inpatient treatment is~~
16 ~~equivalent to two days of treatment by partial hospitalization or residential~~
17 ~~treatment; provided, however, that no~~ No more than forty-six days of the
18 inpatient treatment benefits required by this section may be traded for
19 treatment by partial hospitalization or residential treatment.
- 20 e. d. (1) In the case of benefits provided for outpatient treatment, the benefits
21 must be provided for a minimum of thirty hours for services covered
22 under this section in any calendar year if the treatment services are
23 provided within the scope of licensure by a nurse who holds advanced
24 licensure with a scope of practice within mental health or if the
25 diagnosis, evaluation, and treatment services are provided within the
26 scope of licensure by a licensed physician, a licensed psychologist who
27 is eligible for listing on the national register of health service providers
28 in psychology, or a licensed independent clinical social worker.
- 29 (2) A person who is qualified for third-party payment by the board of social
30 work examiners on August 1, 1997, is exempt from paragraph 1.

- 1 (3) Upon the request of an insurance company, a nonprofit health service
2 corporation, or a health maintenance organization, the North Dakota
3 board of social work examiners shall provide to the requesting entity
4 information to certify that a licensed certified social worker meets the
5 qualifications required under this section.
- 6 (4) The insurance company, nonprofit health service corporation, or health
7 maintenance organization may not establish a deductible or a
8 copayment for the first five hours in any calendar year, and may not
9 establish a copayment greater than twenty percent for the remaining
10 hours.
- 11 (5) If the services are provided by a provider outside a preferred provider
12 network without a referral from within the network, the insurance
13 company, nonprofit health service corporation, or health maintenance
14 organization may establish a copayment greater than twenty percent for
15 only those hours after the first five hours in any calendar year.
- 16 ~~f.~~ e. "Partial hospitalization" means continuous treatment for at least three hours,
17 but not more than twelve hours, in any twenty-four-hour period and includes
18 the medically necessary treatment services provided by licensed
19 professionals under the supervision of a licensed physician.
- 20 ~~g.~~ f. "Residential treatment" has the same meaning as provided in section
21 25-03.2-01.
- 22 3. This section does not prevent any insurance company, nonprofit health service
23 corporation, or health maintenance organization from issuing, delivering, or
24 renewing, at its option, any policy or contract containing provisions similar to those
25 required by this section, where the policy or contract is not subject to such
26 provisions.