

Regular Session, 2004

SENATE BILL NO. 549

BY SENATOR IRONS

INSURANCE POLICIES. Provides for health insurance coverage for the treatment of certain medically necessary substance related disorders.

1 AN ACT

2 To enact R.S. 22:215.26, relative to health insurance; to provide for coverage for the
3 treatment of certain medically necessary substance related disorders; and to provide
4 for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:215.26 is hereby enacted to read as follows:

7 §215.26. Health insurance coverage for medically necessary substance related
8 disorders

9 **R.S. 22:215.26 is all proposed new law.**

10 A. Any hospital, health, or medical expense insurance policy, hospital or
11 medical service contract, employee welfare benefit plan, health and accident
12 insurance policy, or any other insurance contract of this type, including a group
13 insurance plan other than the office of group benefits, and a self-insurance plan
14 authorized by the Department of Insurance, which is delivered or issued for delivery
15 in this state on or after January 1, 2005, shall include benefits payable for medically
16 necessary treatment of substance related disorders, with the exception of caffeine-
17 related disorders, as listed in the Diagnostic and Statistical Manual of Mental

1 Disorder IV, published by the American Psychiatric Association. These benefits
2 shall be payable under the same circumstances and conditions as benefits are paid
3 under those policies, contracts, benefit plans, agreements, or programs for all other
4 diagnoses, treatments, illnesses, or accidents.

5 B. Any policy, contract, program, or plan may limit nonhospital residential
6 care to sixty days per calendar year. For the purposes of this Section, "nonhospital
7 residential care" shall mean medical nursing, counseling, or therapeutic service in a
8 short or long term residential environment to patients suffering from substance-
9 related disorders, according to individualized treatment plans.

10 C. An insurer may provide coverage for all or part of the substance-related
11 services required by this Section through a separate specialized health care service
12 plan or substance abuse plan. An insurer is not required to obtain an additional or
13 specialized license for purposes of the Section.

14 D. This Section shall apply to any new policy, contract, program, or plan
15 issued on or after January 1, 2005. Any policy, contract, or plan in effect prior to
16 January 1, 2005, shall convert to conform to the provisions of this Section on or
17 before the renewal date thereof but in no event later than January 1, 2006.

18 E. The provisions of the Section shall not apply to individually underwritten
19 limited benefit and supplemental health insurance policies.

20 F. The provisions of this section shall not apply to those plans pre-empted
21 by 29 U.S.C. 1001, et seq.

The original instrument and the following digest, which constitutes no part
of the legislative instrument, were prepared by Carla S. Roberts.

DIGEST

Proposed law provides for health insurance coverage for medically necessary substance related disorders, excluding caffeine-related disorders.

Proposed law applies to those medically necessary substance related disorders listed in the Diagnostic and Statistical Manual of Mental Disorder IV, published by the American Psychiatric Association.

Proposed law provides that insurers may limit nonhospital residential care to 60 days per calendar year.

Proposed law is not applicable to individually underwritten limited benefit and supplemental health insurance policies.

Proposed law only applies to health self-insurance plans authorized by the Department of Insurance.

Proposed law shall not apply to health plans pre-empted by ERISA.

(Adds R.S. 22:215.26)