SLS 08RS-263 ORIGINAL

Regular Session, 2008

1

SENATE BILL NO. 535

BY SENATORS CASSIDY AND NEVERS

HEALTH/ACC INSURANCE. Requires insurance coverage of certain medically necessary treatments for alcoholism, drug abuse, and mental illness, effective upon the enactment of an income tax credit equal to the cost of premiums related to providing such coverage. (8/15/08)

AN ACT

2 To amend and reenact R.S. 22:215.5 and to redesignate R.S. 22:669 as R.S. 22:215.26, relative to health insurance; to provide for health insurance coverage for mental 3 illness; to require coverage for treatment for drugs and alcoholism under the same 4 5 coverages and terms as those which are provided for the treatment of other illnesses upon the enactment of an income tax credit equal to the cost of premiums related to 7 providing such coverage; to provide for an independent actuarial analysis of the 8 effect of mandated coverage of mental health and substance abuse services; to 9 exempt certain individual and limited benefit policies from mandated coverage; and 10 to provide for related matters. 11 Be it enacted by the Legislature of Louisiana: Section 1. R.S. 22:215.5 is hereby amended and reenacted to read as follows: 12 13 §215.5. Group, blanket, and association health Health insurance coverage, 14 treatment for **mental illness**, alcoholism and drug abuse A. (1) Except as otherwise provided in Subsection B of this Section, every 15 Any group, blanket, or association health insurance policy issued under R.S. 22:215 16 shall include as an option to be exercised by the policyholder, as defined therein, 17

1

2	rendered or prescribed by a physician licensed in this state, received in any licensed
3	hospital or in any other public or private facility, or portion thereof duly authorized
4	by the appropriate state authority to provide alcoholism or drug abuse treatment and
5	rehabilitation services, including freestanding, nonhospital chemical dependency
6	units.
7	(2) Beginning on January 1, 2010, every group, blanket, or association
8	health insurance policy issued, delivered, or renewed under R.S. 22:215 to an
9	employer with fewer than fifty employees, shall include coverage for the
10	treatment of mental illness, alcoholism and drug abuse as these conditions are
11	defined under the terms of the group health plan or coverage. This coverage
12	shall be provided when treatment is provided by any of the following types of
13	healthcare providers duly licensed in the state and properly credentialed and
14	contracted by the health insurance issuer that administers the policy:
15	(a) A physician.
16	(b) A clinical psychologist.
17	(c) A clinical social worker.
18	(d) An addiction counselor.
19	(e) A licensed hospital or any other public or private facility or portion
20	of such facility duly authorized by the state to provide mental illness, alcoholism
21	or drug abuse treatment and rehabilitation services, including freestanding,
22	chemical dependency units.
23	(3) Benefits provided pursuant to policies issued in compliance with the
24	provisions of this Section shall include, at a minimum, the same benefits
25	provided to state employees and their dependents by the office of group benefits,
26	which benefits currently consist of the following combined benefits for the
27	treatment of mental illness, alcoholism and drug abuse:
28	(a) Inpatient benefits:
29	(i) Forty-five inpatient days per year,

covered benefits for the treatment of alcoholism and, for the treatment of drug abuse

1	(ii) Insured copay of fifty dollars per day for the first five days of
2	inpatient care.
3	(iii) Eighty percent of contracted healthcare provider reimbursement
4	rates after satisfaction by insured of an annual two hundred dollar deductible.
5	(b) Outpatient benefits:
6	(i) Fifty-two outpatient visits per year; and
7	(ii) Eighty percent of contracted healthcare provider reimbursement
8	rates after satisfaction by insured of an annual two hundred dollar deductible.
9	B. The provisions of this Section shall apply to all policies issued or renewed
10	or issued for delivery in this state after September 1, 1997. Any insurer who, on
11	September 1, 1997, has health and accident insurance policies or health maintenance
12	organization subscriber agreements in force in this state shall have until September
13	1, 1998, to convert such existing policies to conform to the provisions of this
14	Section.
15	B.(1) Upon enactment of an income tax credit equal to the additional
16	premium to be charged for benefits required under this Section, every group,
17	blanket, or association health insurance policy issued under R.S. 22:215 shall
18	include coverage for benefits required under the provisions of this Subsection;
19	however, no income tax credit shall be more than one and one-half percent of
20	the total premium charged for such policy.
21	(2) As long as its business practices and those of any contractor are
22	consistent with the provisions of R.S. 22:3071 through 3092, a health insurance
23	issuer administering the benefits provided pursuant to this Section may perform
24	or arrange for management of quality and cost of mental illness, alcoholism and
25	drug abuse services, utilizing approaches standard in the health benefits
26	industry as well as approaches designed specifically for such services, including
27	but not limited to referral management, authorization and monitoring of
28	treatment plans pre-admission certification concurrent review and case

29

management.

1	(5) An insurer may provide coverage for all or part of the substance
2	abuse related services required by this Section through a specialized health care
3	service plan or a behavioral health plan.
4	(4) Any increase in premium on a policy issued under the provisions of
5	this Subsection shall not exceed one and one-half percent of the total premium
6	charged for such policy for the previous year. If the total additional premiums
7	for any calendar year exceeds one and one-half percent of the prior year
8	premium, an employer effected by this Section may choose not to provide the
9	coverage required by this Section.
10	(5) As used in this Section, the "insurance parity group" is hereby
11	created and shall be composed of a representative from the following
12	organizations:
13	(a) The National Alliance on Mental Illness.
14	(b) The Louisiana Association of Business and Industry.
15	(c) The Blue Cross/Blue Shield of Louisiana.
16	(d) The Louisiana Association of Health Plans.
17	(e) The University of Louisiana Lafayette Center for Child Development
18	Picard Center.
19	(f) The Louisiana Chapter of the National Federation of Independent
20	Businesses.
21	(g) The Louisiana State Medical Society.
22	(h) The Louisiana Association of Medical Psychologists.
23	(i) The Louisiana Association of Board Certified Social Workers.
24	(j) The Louisiana Association of Non-Profit Organizations.
25	(k) The Louisiana Psychiatric Medical Association.
26	(l) The Extra Mile, Southeast, Louisiana.
27	(m) The Louisiana Department of Insurance.
28	(6) Subject to funds being appropriated by the legislature to implement
29	the provisions of this Paragraph, the Insurance Parity Group shall ensure the

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

completion of an independent actuarial analysis of the cost of benefits for
treatment of mental illness, alcoholism and drug abuse provided in this Section
and the effect of such benefits on total benefit costs incurred by employees and
dependents covered by benefits provided by employers with fewer than fifty
employees. A report on the actuarial analysis shall be provided to the
legislature no later than February 28, 2013.

(7) The provisions of this Subsection shall become null and void on December 31, 2013.

C. The provisions of this Section shall not apply to individually underwritten, guaranteed renewable limited benefit health policies authorized to be issued in this state.

B. D. The provisions of this Section shall apply to all policies issued or renewed or issued for delivery in this state After September 1, 1997 2008. Any insurer who, on September 1, 1997 2008 has health and accident insurance policies or health maintenance organization subscriber agreements in force in this state shall have until September 1, 1998 2009, to convert such existing policies to conform to the provisions of this Section.

The original instrument and the following digest, which does not constitute a part of the legislative instrument, was prepared by Cheryl Horne.

## **DIGEST**

<u>Present law</u> provides that group, blanket, or association health insurance employee group and association health and accident policies shall include as an option to be exercised by the policyholder, the treatment of alcoholism and for the treatment of drug abuse, rendered or prescribed by a physician licensed in this state, received in any licensed hospital or in any other public or private facility, or portion thereof duly authorized by the appropriate state authority to provide alcoholism or drug abuse treatment and rehabilitation services, including freestanding, nonhospital chemical dependency units.

<u>Proposed law</u> retains <u>present law</u> and beginning on January 1, 2010, requires any group, blanket or association health insurance policy issued to an employer with fewer than 50 employees to include coverage for the treatment of mental illness, alcoholism and drug abuse. Requires coverage to be provided by a physician, clinical psychologist, clinical social worker, addiction counselor or public or private facility authorized by the state.

<u>Proposed law</u> requires the benefits to include, at a minimum, the same benefits provided to state employees by the Office of Group benefits which include inpatient and outpatient benefits and a \$200 deductible.

<u>Proposed law</u> provides that upon enactment of an income tax credit equal to the additional premium to be charged for benefits required under the following provisions of <u>proposed law</u>, every group, blanket, or association health insurance policy shall include coverage for benefits required under the following provisions of <u>proposed law</u>:

- (1) Provides that health insurance issuer administering the benefits may perform or arrange for management of quality and cost of mental illness, alcoholism and drug abuse services, utilizing approaches standard in the health benefits industry as well as approaches designed specifically for such services, including but not limited to referral management, authorization and monitoring of treatment plans, pre-admission certification, concurrent review and case management.
- (2) Authorizes an insurer to provide coverage for substance abuse related services through a specialized health care service plan or a behavioral health plan.
- (3) Provides that any increase in the premium on a policy issued pursuant to <u>proposed law</u> not exceed 1.5% of the total premium charged for the policy for the previous year. Provides that if the total additional premium exceeds this 1.5%, then the employer may choose not to provide the coverage required under <u>proposed law</u>.
- (4) Creates an "insurance parity group" composed of various representatives from enumerated organizations. Provides that the group ensure completion of an independent actuarial analysis of the cost of benefits for treatment of mental illness, alcoholism and drug abuse provided <u>proposed law</u> and the effect of these benefits on total benefit costs incurred by employees and dependents covered by benefits provided by employers with fewer than fifty employees. Requires that a report on this actuarial analysis be provided to the legislature no later than February 28, 2013.

<u>Proposed law</u> applies to policies issued or renewed or issued for delivery in this state after September 1, 2008. Provides that any insurer who, on September 1, 2008 has health and accident insurance policies or health maintenance organization subscriber agreements in force in this state shall have until September 1, 2009, to convert such existing policies to conform to the provisions in proposed law.

Effective August 15, 2008.

(Amends R.S. 22:215.5)