

AN ACT

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Columbia
Official Code

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the Drug Abuse, Alcohol Abuse, and Mental Illness Insurance Coverage Act of 1986 to increase the amount of coverage insurers must provide for the treatment of substance abuse and mental illness.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Expansion of Substance Abuse and Mental Illness Insurance Coverage Amendment Act of 2006”.

Sec. 2. The Drug Abuse, Alcohol Abuse, and Mental Illness Insurance Coverage Act of 1986, effective February 28, 1987 (D.C. Law 6-195; D.C. Official Code § 31-3101 *et seq.*), is amended as follows:

(a) Section 2 (D.C. Official Code § 31-3101) is amended as follows:

Amend
§ 31-3101

(1) Paragraph (4) is amended to read as follows:

“(4) “Covered benefits” means the health-care services or treatment available to:

“(A) An insured party under a health benefits plan or certificate for which the health insurer will pay part or all of the cost; or

“(B) A member of a health maintenance organization as part of the membership contract.”.

(2) New paragraphs (6A), (6B), and (10C) are added to read as follows:

“(6A) “Health benefits plan” means any accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by another benefit arrangement. The term “health benefit plan” does not mean accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans, pursuant to contracts with the United States government; Medicare supplemental or long-term care insurance; dental only or vision only insurance; specified disease insurance; hospital confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance, insurance arising out of a workers’ compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without

regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

“(6B) “Health insurer” means any person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance subject to the authority of the Commissioner.

“(10C) “Managed care system” means a method that a health insurer uses to review and preauthorize a treatment plan that a health care practitioner develops for a covered person using a variety of cost containment methods to control utilization, quality and claims.”.

(3) Paragraph (10) is repealed.

(b) Section 3 (D.C. Official Code § 31-3102) is amended as follows:

Amend
§ 31-3102

(1) Subsection (a) is amended to read as follows:

“(a) Except as described in subsection (b) of this section, each health insurer that offers individual or group health plans or certificates issued or delivered in the District to an employer or individual shall provide coverage for the medical and psychological treatment of drug abuse, alcohol abuse, and mental illness.”.

(2) Subsection (b) is amended to read as follows:

“(b) The requirements of this act shall not apply to dread disease policies, student policies, nursing home policies, and home health care policies.”.

(3) Subsection (e) is amended by striking the phrase “an insurer” and inserting the phrase “a health insurer” in its place.

(4) Subsection (f) is repealed.

(5) Subsection (g) is amended by striking the phrase “subscriber contracts or policies” and inserting the phrase “health benefit plans or certificates” in its place.

(6) Subsection (h) is amended by striking the phrase “health insurance policies or contracts” and inserting the phrase “health benefit plans or certificates” in its place.

(7) Subsection (i) is amended by striking the phrase “health plan” and inserting the phrase “health benefit plan” in its place.

(8) A new subsection (j) is added to read as follows:

“(j) A health insurer may require that substance abuse and mental illness insurance coverage shall be provided through a managed care system.”.

(c) Section 4(c)(2) (D.C. Official Code § 31-3103(c)(2)) is amended to read as follows:

Amend
§ 31-3103

“(2) Treatment under this subsection shall be covered pursuant to section 3 for a minimum of 60 days per year for inpatient or residential care in a hospital or nonhospital residential facility and at a minimum rate of 75% for the first 40 outpatient visits per year and at a minimum rate of 60% for any outpatient visits thereafter for that year.”.

(d) Section 5(b) (D.C. Official Code § 31-3104(b)) is amended by striking the phrase “45 days” and inserting the phrase “60 days” in its place.

Amend
§ 31-3104

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(e) Section 6 (D.C. Official Code § 31-3105) is amended as follows:

**Amend
§ 31-3105**

(1) Subsection (b) is amended by striking the phrase “health insurance” and inserting the phrase “health benefit plan or certificate” in its place.

(2) Subsection (d) is amended by striking the word “insurers” and inserting the phrase “health insurers” in its place.

(f) Section 9 (D.C. Official Code § 31-3108) is amended by striking the phrase “health insurance policies” and inserting the phrase “health benefit plans” in its place.

**Amend
§ 31-3108**

(g) Section 10 (D.C. Official Code § 31-3109) is amended as follows:

(1) Subsection (a)(1) is amended as follows:

**Amend
§ 31-3109**

(A) Strike the word “insurer” and insert the phrase “health insurer” in its place.

(B) Strike the phrase “health insurance policies or contracts” and insert the phrase “health benefits plan or certificates” in its place.

(2) Subsection (a)(2) is amended by striking the word “insurer” and inserting the phrase “health insurer” in its place.

(3) Subsection (b)(1) is amended by striking the word “insurer” and inserting the phrase “health insurer” in its place.

(h) Section 11(b)(2) (D.C. Official Code § 31-3110(b)(2)) is amended by striking the word “insurer” and inserting the phrase “health insurer” in its place.

**Amend
§ 31-3110**

(i) A new section 12a is added to read as follows:

“Sec. 12a. Excluded programs.

“This act shall not be applicable to the District of Columbia Alliance Program, Medicaid Program, and Post-1987 District of Columbia Employees’ Health Insurance Benefits Plan.”.

Sec. 3. Applicability.

Section 2 shall apply to all individual and group health benefit plans issued or renewed on the first day of the month beginning on or after 90 days after the effective date of this act.

Sec. 4. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 5. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December

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24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia