

COUNCIL OF THE DISTRICT OF COLUMBIA

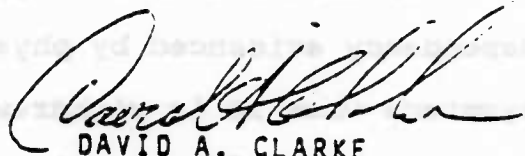
NOTICE

D.C. LAW 6-195

"Drug Abuse, Alcohol Abuse, and Mental Illness
Insurance Coverage Act of 1986.

Pursuant to Section 412 of the District of Columbia Self-Government and Governmental Reorganization Act, P. L. 93-198, "the Act", the Council of the District of Columbia adopted Bill No. 6-195 on first, amended first and second readings, November 18, 1986, November 25, 1986 and December 16, 1986, respectively. Following the signature of the Mayor on January 8, 1987, this legislation was assigned Act No. 6-254, published in the January 23, 1987, edition of the D.C. Register, (Vol. 34 page 491) and transmitted to Congress on January 13, 1987 for a 30-day review, in accordance with Section 602 (c)(1) of the Act.

The Council of the District of Columbia hereby gives notice that the 30-day Congressional Review Period has expired, and therefore, cites this enactment as D.C. Law 6-195, effective February 28, 1987.



DAVID A. CLARKE
Chairman of the Council

Dates Counted During the 30-day Congressional Review Period:

January 13,14,15,16,20,21,22,23,26,27,28,29,30

February 2,3,4,5,6,9,10,11,17,18,19,20,23,24,25,26,27

EFFECTIVE DATE FEB 28 1987

AN ACT

Codification.
Chapter 23 of
title 35 (198
supp.)

D.C. ACT 6 - 2 5 4

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

JAN 0 8 1987

To require that certain health insurance policies and contracts provide coverage for the treatment of drug abuse, alcohol abuse, and mental illness; to require health maintenance organizations to provide similar coverage 5 years from the effective date of the act; and to authorize the Superintendent to review the rates and charges for this coverage.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA,

That this act may be cited as the "Drug Abuse, Alcohol Abuse, and Mental Illness Insurance Coverage Act of 1986".

Sec. 2. Definitions.

New, D.C. Cod
sec. 35-2301
(1987 supp.)

For the purposes of this act, the term:

(1) "Alcohol abuse" means any pattern of pathological use of alcohol that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

(2) "Clinically significant" means sufficient to impair substantially a person's judgment, behavior, capacity to recognize, or ability to cope with the ordinary demands of life.

(3) "Council" means the Council of the District of Columbia.

(4) "Covered benefits" means the health care services or treatment available to an insured party under a health insurance policy or contract for which the insurer will pay part or all of the cost, or the health care services or treatment available to a member of a health maintenance organization as part of the membership contract.

(5) "District" means the District of Columbia.

(6) "Drug abuse" means any pattern of pathological use of a drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

(7) "Health maintenance organization" means a public or private organization that is a qualifying health maintenance organization under federal regulations, or has been determined to be a health maintenance organization pursuant to regulations adopted by the State Health Planning and Development Agency of the District.

(8) "Hospital" means a facility licensed as a hospital by the District or by any state or territory of the United States or operated by the District, any state or territory, or the United States.

(9) "Inpatient services" means therapeutic

services that are medically or psychologically necessary and that are provided in a hospital or a nonhospital residential facility to patients admitted to the hospital or nonhospital residential facility.

(10) "Insurer" means any individual, partnership, corporation, association, fraternal benefit association, nonprofit health service plan, or other business entity that issues, amends, or renews group hospital or major medical insurance policies or contracts in the District. The term "insurer" shall include Group Hospitalization and Medical Services, Incorporated. For the purposes of section 3(g), the term includes any entity that issues, amends, or renews individual hospital or major medical insurance policies or contracts in the District.

(11) "Mayor" means the Mayor of the District of Columbia.

(12) "Medically or psychologically necessary" means essential for the treatment of drug abuse, alcohol abuse, or mental illness, as determined by a physician, psychologist, or social worker.

(13) "Mental illness" means any psychiatric disease identified in the most recent edition of the International Classification of Diseases or of the American Psychiatric Association Diagnostic and Statistical Manual.

(14) "Nonhospital residential facility" means a

facility certified by the District or by any state or territory of the United States as a qualified nonhospital provider of treatment for drug abuse, alcohol abuse, mental illness, or any combination of these, in a residential setting. The term "nonhospital residential facility" includes any facility operated by the District, any state or territory, or the United States to provide these services in a residential setting.

(15) "Outpatient services" means therapeutic services that are medically or psychologically necessary and that are provided to a patient according to an individualized treatment plan that does not require the patient's admission to a hospital or a nonhospital residential facility. The term "outpatient services" refers to services that may be provided in a hospital, a nonhospital residential facility, an outpatient treatment facility, or the office of a licensed physician, psychologist, or social worker.

(16) "Outpatient treatment facility" means a clinic, counseling center, or other similar location that is certified by the District or by any state or territory as a qualified provider of outpatient services for the treatment of drug abuse, alcohol abuse, or mental illness. The term "outpatient treatment facility" includes any facility operated by the District, any state or territory, or the

United States to provide these services on an outpatient basis.

(17) "Peer review" means a system based on written procedures and formally established within the professions of medicine or any of its specialties, psychology, or social work in which a committee of licensed practitioners of the profession reviews another practitioner's diagnosis and treatment in a specific case and reaches conclusions and recommendations concerning the accuracy of the diagnosis, and the necessity, appropriateness, and effectiveness of the treatment provided and proposed by the practitioner compared to alternative treatments. For the purposes of section 11, the term "peer review" shall also mean the professional utilization procedure or any similar procedure employed by health maintenance organizations.

(18) "Physician" means a person licensed to practice medicine by the District pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Code, sec. 2-3301.1 et seq.), or by the state or territory where the person practices medicine.

(19) "Psychologist" means a person licensed to practice psychology by the District pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Code, sec.

2-3301.1 et seq.), or by the state or territory where the person practices psychology.

(20) "Social worker" means a person licensed as an independent clinical social worker by the District pursuant to section 804 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Code, sec. 2-3308.4), or who is licensed to practice social work with authority to engage in the independent practice of psychotherapy by the state or territory where the person practices social work.

(21) "Superintendent" means the Superintendent of Insurance of the District of Columbia.

(22) "Supplemental benefit" means health insurance coverage provided by the District to its employees in addition to the coverage provided through the Federal Employees Health Benefits Plan pursuant to section 2101 of the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Code, sec. 1-622.1).

Sec. 3. Coverage.

(a) All group health insurance policies providing coverage on an expenses-incurred basis, and group service or indemnity-type contracts issued by a nonprofit health service plan shall provide coverage for the medical and psychological treatment of drug abuse, alcohol abuse, and

New, D.C. Code
sec. 35-2302
(1987 supp.)

mental illness.

(b) The requirements of this act shall apply to all individual and group health insurance policies and contracts delivered or issued for delivery, or renewed, amended, or reissued in the District more than 120 days after the effective date of rules issued pursuant to section 12.

(c) Covered benefits for drug abuse, alcohol abuse, and mental illness in insurance policies and contracts subject to this act shall be limited to inpatient, residential, and outpatient services certified as medically or psychologically necessary by a physician, psychologist, or social worker.

(d) Before an insured party may qualify to receive benefits under this act, a physician, psychologist, or social worker shall certify that the individual is suffering from drug abuse, alcohol abuse, or mental illness and prescribe appropriate treatment, which may include referral to other treatment providers.

(e) All drug abuse, alcohol abuse, and mental illness treatment or services eligible for health insurance coverage shall be subject to peer review procedures. These procedures may be initiated by an insurer in the course of reviewing claims for payment.

(f) This act shall apply only to group health insurance policies or contracts issued in the District to

cover individuals who are residents of, or employed in, the District.

(g) All individual health insurance policies providing coverage on an expenses-incurred basis, and individual service or indemnity-type contracts issued by a nonprofit health service plan shall offer coverage for the medical and psychological treatment of drug abuse, alcohol abuse, and mental illness. Coverage shall be offered for at least the minimum levels set forth in sections 4 and 5.

(h) Group health insurance policies or contracts that are the result of collective bargaining between a legally-certified union and the employer shall be required to include coverage for inpatient and inpatient and outpatient treatment of drug abuse, alcohol abuse, and mental illness. The minimum levels of coverage set forth in sections 4 and 5 shall not apply to those group health insurance policies or contracts until 5 years from the effective date of this act unless the Mayor requests the Council to extend the exemption to a time certain and the Council, by resolution, approves the extension.

Sec. 4. Drug abuse and alcohol abuse benefits.

New, D.C. Code
sec. 35-2303
(1987 supp.)

(a) Covered benefits for services set forth in this section shall be limited to coverage of treatment of clinically significant substance use disorders identified in the most recent edition of the International Classification