

Senate Study Bill 3146

Bill Text

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1 1 Section 1. Section 135H.12, is amended by adding the
1 2 following new subsection:
1 3 NEW SUBSECTION. 3. The department is designated as the
1 4 sole agency for performing inspections, interviews, or other
1 5 investigation activities, or for making other responses to
1 6 address a complaint made under this chapter or any other law
1 7 regarding a psychiatric institution or a person employed by a
1 8 psychiatric institution. Notwithstanding any other law to the
1 9 contrary, upon completion of an inspection, interview, or
1 10 other investigation activity in response to a complaint, the
1 11 department may disclose any information obtained to the
1 12 department of human services, a designated protection and
1 13 advocacy agency, or a regulatory agency that would otherwise
1 14 perform a similar inspection, interview, or investigation
1 15 activity in response to a complaint involving a psychiatric
1 16 institution. The department shall cooperate with a law
1 17 enforcement agency's investigation of a criminal complaint
1 18 involving a psychiatric institution.
1 19 Sec. 2. Section [509.3](#), Code 2001, is amended by adding the
1 20 following new subsection:
1 21 NEW SUBSECTION. 8. A provision shall be made available to
1 22 policyholders, under group policies covering behavioral health
1 23 care, for payment of necessary behavioral health care provided
1 24 by a psychiatric medical institution for children licensed
1 25 under chapter 135H if the behavioral health care is provided
1 26 within the scope of a psychiatric medical institution for
1 27 children's license and if the policy would pay for the
1 28 behavioral health care if the behavioral health care were
1 29 provided by a hospital or other inpatient provider of
1 30 behavioral health care. The policy shall also provide that
1 31 the policyholder may reject the coverage or provision if the
1 32 coverage or provision for behavioral health care that may be
1 33 provided by a psychiatric medical institution for children is
1 34 rejected for all providers of similar behavioral health care.
1 35 This paragraph applies to group policies delivered on or after
2 1 July 1, 2002, and to existing group policies on their next
2 2 anniversary or renewal dates, or upon expiration of the
2 3 applicable collective bargaining contract, if any, whichever
2 4 is later. This subsection does not apply to blanket, short-
2 5 term travel, accident-only, limited or specified disease, or
2 6 individual or group conversion policies, policies rated on a
2 7 community basis, or policies designed only for issuance to
2 8 persons for eligible coverage under Title XVIII of the federal
2 9 Social Security Act, or any other similar coverage under a
2 10 state or federal government plan.
2 11 Sec. 3. Section [514.7](#), Code 2001, is amended by adding the
2 12 following new unnumbered paragraph:
2 13 NEW UNNUMBERED PARAGRAPH. A provision shall be available
2 14 in approved contracts with hospital and medical service
2 15 corporate subscribers under group subscriber contracts or
2 16 plans covering behavioral health care, for payment of
2 17 necessary behavioral health care provided by a psychiatric
2 18 medical institution for children licensed under chapter 135H,
2 19 if the behavioral health care is provided within the scope of
2 20 a psychiatric medical institution for children's license and
2 21 if the subscriber contract would pay for the behavioral health

2 22 care if the behavioral health care were provided by a hospital
2 23 or other inpatient provider of behavioral health care. The
2 24 subscriber contract shall also provide that the subscriber may
2 25 reject the coverage or provision if the coverage or provision
2 26 for behavioral health care that may be provided by a
2 27 psychiatric medical institution for children is rejected for
2 28 all providers of similar behavioral health care. This
2 29 paragraph applies to group subscriber contracts delivered on
2 30 or after July 1, 2002, and to group subscriber contracts on
2 31 their anniversary or renewal date, or upon the expiration of
2 32 the applicable collective bargaining contract, if any,
2 33 whichever is the later. This paragraph does not apply to
2 34 contracts designed only for issuance to subscribers eligible
2 35 for coverage under Title XVIII of the federal Social Security
3 1 Act, or any other similar coverage under a state or federal
3 2 government plan.

3 3 Sec. 4. Section [514B.1](#), subsection 5, Code 2001, is
3 4 amended by adding the following new paragraph:

3 5 NEW PARAGRAPH. e. The health care services available to
3 6 enrollees under prepaid group plans covering behavioral health
3 7 care, shall include a provision for payment of necessary
3 8 behavioral health care provided by a psychiatric medical
3 9 institution for children licensed under chapter 135H, if the
3 10 behavioral health care is provided within the scope of a
3 11 psychiatric medical institution for children's license and if
3 12 the subscriber contract would pay for the behavioral health
3 13 care if the behavioral health care were provided by a hospital
3 14 or other inpatient provider of behavioral health care. The
3 15 plan shall also provide that the plan enrollees may reject the
3 16 coverage or provision if the coverage or provision for
3 17 behavioral health care that may be provided by a psychiatric
3 18 medical institution for children is rejected for all providers
3 19 of similar behavioral health care. This paragraph applies to
3 20 prepaid group plans made on or after July 1, 2002, and to
3 21 existing group plans on their next anniversary or renewal
3 22 date, or upon the expiration of the applicable collective
3 23 bargaining contract, if any, whichever is the later. This
3 24 paragraph does not apply to contracts designed only for
3 25 issuance to enrollees eligible for coverage under Title XVIII
3 26 of the federal Social Security Act, or any other similar
3 27 coverage under a state or federal government plan.

3 28 EXPLANATION

3 29 This bill relates to psychiatric medical institutions for
3 30 children (PMIC) requirements involving complaint response and
3 31 behavioral health care coverage.

3 32 Code section 135H.12, relating to the duties of the
3 33 department of inspections and appeals in response to a
3 34 complaint concerning a PMIC, is amended. The department is
3 35 designated as the sole agency for responding to complaints
4 1 under the PMIC Code chapter and for other complaints involving
4 2 a PMIC or PMIC employee. Notwithstanding any other law, the
4 3 department of inspections and appeals may disclose to certain
4 4 entities any information obtained in performing inspections,
4 5 interviews, or other investigation activities, or for making
4 6 other responses to address a complaint. The disclosure may be
4 7 made to the department of human services, a designated
4 8 protection and advocacy agency, or other regulatory agency
4 9 that would otherwise perform a similar inspection, interview,
4 10 or investigation activity in response to a complaint involving
4 11 a psychiatric institution. The department is required to
4 12 cooperate with a law enforcement agency's investigation of a
4 13 criminal complaint involving a PMIC.

4 14 The bill amends Code section 509.3, relating to group
4 15 insurance provisions as part of an accident or health policy.
4 16 The bill requires that a provision be offered to policyholders
4 17 for payment for behavioral health care provided within the
4 18 scope of a PMIC license that would be paid for in a hospital

4 19 or if provided by another inpatient provider of behavioral
4 20 health care. An exception to the requirement is made for
4 21 various types of short-term and other policies subject to some
4 22 form of limitation.

4 23 Code section 514.7, relating to nonprofit health service
4 24 corporation contracts, is similarly amended to apply the PMIC
4 25 payment requirement to such contracts.

4 26 Code section 514B.1, relating to definitions for health
4 27 maintenance organization plans, is similarly amended to apply
4 28 the PMIC payment requirement to such plans.

4 29 The three health coverage provisions are applicable to
4 30 policies or contracts delivered or plans made on or after July
4 31 1, 2002, and to existing policies, contracts, or plans after
4 32 that date.

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