

1 HB344
2 115651-1
3 By Representative Gipson
4 RFD: Health
5 First Read: 19-JAN-10

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8 SYNOPSIS: Under existing law, there is no requirement
9 that the various individual or group insurance
10 organizations providing protection, indemnity, or
11 insurance against hospital, medical, or surgical
12 expenses, or health maintenance organizations
13 provide coverage for marriage and family therapy.

14 This bill would mandate that the various
15 insurance policies and contracts, or endorsements
16 thereof, include coverage for marriage and family
17 therapy.

18
19 A BILL
20 TO BE ENTITLED
21 AN ACT

22
23 To require that the various individual or group
24 insurance organizations providing protection, indemnity, or
25 insurance against hospital, medical, or surgical expenses, or
26 health maintenance organizations provide coverage for marriage
27 and family therapy, and to amend Sections 10-4-115 and

1 27-21A-23, Code of Alabama 1975, relating to the applicability
2 of insurance laws to certain health service plans.

3 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

4 Section 1. As used in this act, the following terms
5 shall have the following meanings:

6 (1) HEALTH BENEFIT PLAN. Any individual or group
7 plan, employee welfare benefit plan, policy, or contract for
8 health care services issued, delivered, issued for delivery,
9 or renewed in this state by a health care insurer, health
10 maintenance organization, accident and sickness insurer,
11 fraternal benefit society, nonprofit hospital service
12 corporation, nonprofit medical service corporation, health
13 care service plan, or any other person, firm, corporation,
14 joint venture, or other similar business entity that pays for
15 insureds or beneficiaries in this state. The term includes,
16 but is not limited to, entities created pursuant to Article 6,
17 Chapter 4, Title 10, Code of Alabama 1975. A health benefit
18 plan located or domiciled outside of the State of Alabama is
19 deemed to be subject to this act if it receives, processes,
20 adjudicates, pays, or denies claims for health care services
21 submitted by or on behalf of patients, insureds, or
22 beneficiaries who reside in Alabama.

23 (2) MARRIAGE AND FAMILY THERAPY. The same meaning as
24 provided in Chapter 17A, Title 34, Code of Alabama 1975.

25 Section 2. Commencing on the effective date of this
26 act, each health benefit plan shall offer, together with

1 identification of associated costs, policies, and contracts,
2 coverage for marriage and family therapy.

3 Section 3. (a) The benefits provided in this act
4 shall be subject to the same annual deductible or coinsurance
5 established for all covered benefits within a given policy.
6 Private third party payors may not reduce or eliminate
7 coverage due to the requirements of this act.

8 (b) A health benefit plan subject to this act shall
9 not terminate services, reduce capitation payment, or
10 otherwise penalize an attending physician or health care
11 provider who orders medical care consistent with this act.

12 (c) Nothing in this act is intended to expand the
13 list of designations of covered providers as specified in any
14 health benefit plan.

15 Section 4. Sections 10-4-115 and 27-21A-23, Code of
16 Alabama 1975, are amended to read as follows:

17 "§10-4-115.

18 "(a) No statute of this state applying to insurance
19 companies shall be applicable to any corporation organized
20 under the provisions of this article and amendments thereto or
21 to any contract made by the corporation unless expressly
22 mentioned in this article and made applicable; except as
23 follows:

24 "(1) The corporation shall be subject to the
25 provisions regarding annual premium tax to be paid by insurers
26 on insurance premiums.

1 "(2) The corporation shall be subject to the
2 provisions of Chapter 55, Title 27, regarding the prohibition
3 of unfair discriminatory acts by insurers on the basis of an
4 applicant's or insured's abuse status.

5 "(3) The corporation shall be subject to the
6 provisions regarding Medicare Supplement Minimum Standards set
7 forth in Article 2 of Chapter 19 of Title 27, and Long-Term
8 Care Insurance Policy Minimum Standards set forth in Article 3
9 of Chapter 19 of Title 27.

10 "(4) The corporation shall be subject to Section
11 27-1-17, requiring insurers and health plans to pay health
12 care providers in a timely manner.

13 "(5) The corporation shall be subject to the
14 provisions of Chapter 56 of Title 27, regarding the Access to
15 Eye Care Act.

16 "(6) The corporation shall be subject to the
17 regulations promulgated by the Commissioner of Insurance
18 pursuant to Sections 27-7-43 and 27-7-44.

19 "(7) The corporation shall be subject to the
20 provisions of Chapter 54 of Title 27.

21 "(8) The corporation shall be subject to the
22 provisions of Chapter 57 of Title 27, requiring coverage to be
23 offered for the payment of colorectal cancer examinations for
24 covered persons who are 50 years of age or older, or for
25 covered persons who are less than 50 years of age and at high
26 risk for colorectal cancer according to current American
27 Cancer Society colorectal cancer screening guidelines.

1 "(9) The corporation shall be subject to Chapter 58
2 of Title 27, requiring that policies and contracts including
3 coverage for prostate cancer early detection be offered,
4 together with identification of associated costs.

5 "(10) The corporation shall be subject to Chapter 59
6 of Title 27 requiring that policies and contracts including
7 coverage for chiropractic be offered, together with
8 identification of associated costs.

9 "(11) The corporation shall be subject to Sections 1
10 to 3, inclusive, of Act 2010- , requiring coverage for the
11 payment for marriage and family therapy.

12 "(b) The provisions in subsection (a) that require
13 specific types of coverage to be offered or provided shall not
14 apply when the corporation is administering a self-funded
15 benefit plan or similar plan, fund, or program that it does
16 not insure.

17 "§27-21A-23.

18 "(a) Except as otherwise provided in this chapter,
19 provisions of the insurance law and provisions of health care
20 service plan laws shall not be applicable to any health
21 maintenance organization granted a certificate of authority
22 under this chapter. This provision shall not apply to an
23 insurer or health care service plan licensed and regulated
24 pursuant to the insurance law or the health care service plan
25 laws of this state except with respect to its health
26 maintenance organization activities authorized and regulated
27 pursuant to this chapter.

1 "(b) Solicitation of enrollees by a health
2 maintenance organization granted a certificate of authority
3 shall not be construed to violate any provision of law
4 relating to solicitation or advertising by health
5 professionals.

6 "(c) Any health maintenance organization authorized
7 under this chapter shall not be deemed to be practicing
8 medicine and shall be exempt from the provisions of Section
9 34-24-310, et seq., relating to the practice of medicine.

10 "(d) No person participating in the arrangements of
11 a health maintenance organization other than the actual
12 provider of health care services or supplies directly to
13 enrollees and their families shall be liable for negligence,
14 misfeasance, nonfeasance, or malpractice in connection with
15 the furnishing of such services and supplies.

16 "(e) Nothing in this chapter shall be construed in
17 any way to repeal or conflict with any provision of the
18 certificate of need law.

19 "(f) Notwithstanding the provisions of subsection
20 (a), a health maintenance organization shall be subject to
21 Section 27-1-17.

22 "(g) Notwithstanding the provisions of subsection
23 (a), a health maintenance organization shall be subject to the
24 provisions of Chapter 56 of this title, regarding the Access
25 to Eye Care Act.

1 "(h) Notwithstanding the provisions of subsection
2 (a), a health maintenance organization shall be subject to the
3 provisions of Chapter 54 of this title.

4 "(i) Notwithstanding the provisions of subsection
5 (a), a health maintenance organization shall be subject to the
6 provisions of Chapter 57 of this title, requiring coverage to
7 be offered for the payment of colorectal cancer examinations
8 for covered persons who are 50 years of age or older, or for
9 covered persons who are less than 50 years of age and at high
10 risk for colorectal cancer according to current American
11 Cancer Society colorectal cancer screening guidelines.

12 "(j) Notwithstanding the provisions of subsection
13 (a), a health maintenance organization shall be subject to
14 Chapter 58 of Title 27, requiring that policies and contracts
15 including coverage for prostate cancer early detection be
16 offered, together with identification of associated costs.

17 "(k) Notwithstanding the provisions of subsection
18 (a), a health maintenance organization shall be subject to
19 Chapter 59 of this title, requiring that policies and
20 contracts including coverage for chiropractic be offered,
21 together with identification of associated costs.

22 "(l) Notwithstanding subsection (a), a health
23 maintenance organization shall be subject to Sections 1 to 3,
24 inclusive, of Act 2010- , requiring coverage for the payment
25 for marriage and family therapy."

1 Section 5. This act shall become effective on the
2 first day of the third month following its passage and
3 approval by the Governor, or its otherwise becoming law.