

CHAPTER 52

INSURANCE

SENATE BILL 06-005

BY SENATOR(S) Windels, Kester, Takis, Evans, Fitz-Gerald, Groff, Hanna, Isgar, Keller, Sandoval, Shaffer, Tochtrop, Veiga, and Williams;
also REPRESENTATIVE(S) Solano, Jahn, Benefield, Berens, Borodkin, Boyd, Carroll M., Carroll T., Coleman, Frangas, Gallegos, Hodge, Hoppe, McFadyen, McGihon, Merrifield, Paccione, Riesberg, Stafford, and Todd.

AN ACT**CONCERNING MENTAL HEALTH SERVICES COVERAGE UNDER HEALTH BENEFIT PLANS.**

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Part 1 of article 16 of title 10, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

10-16-104.8. Mental health services coverage - court-ordered. (1) AN INDIVIDUAL OR GROUP HEALTH BENEFIT PLAN DELIVERED OR ISSUED FOR DELIVERY WITHIN THIS STATE BY AN ENTITY SUBJECT TO THE PROVISIONS OF PART 2, 3, OR 4 OF THIS ARTICLE THAT PROVIDES COVERAGE FOR MENTAL HEALTH SERVICES SHALL PROVIDE COVERAGE FOR MENTAL HEALTH SERVICES REGARDLESS OF WHETHER THE SERVICES ARE VOLUNTARY OR COURT-ORDERED AS A RESULT OF CONTACT WITH THE CRIMINAL JUSTICE OR JUVENILE JUSTICE SYSTEM. THE HEALTH BENEFIT PLAN SHALL BE REQUIRED TO PROVIDE COVERAGE ONLY FOR BENEFITS THAT ARE MEDICALLY NECESSARY AND OTHERWISE COVERED UNDER THE PLAN. SUCH COVERAGE SHALL BE SUBJECT TO APPLICABLE IN- OR OUT-OF- NETWORK COPAYMENT, DEDUCTIBLE, AND POLICY MAXIMUMS AND LIMITATIONS. THE COURT ORDER FOR MENTAL HEALTH SERVICES SHALL NOT MANDATE THE TYPE OF MENTAL HEALTH SERVICES OR THE LENGTH AND FREQUENCY OF TREATMENT THAT IS TO BE COVERED BY THE HEALTH BENEFIT PLAN. THE HEALTH BENEFIT PLAN SHALL ONLY BE RESPONSIBLE FOR THOSE BENEFITS THAT ARE COVERED BY THE HEALTH BENEFIT PLAN AND NOT THOSE THAT ARE COURT-ORDERED THAT EXCEED THE SCOPE OF BENEFITS AS PROVIDED BY THE HEALTH PLAN. DETERMINATION OF MEDICALLY NECESSARY MENTAL HEALTH SERVICES SHALL BE MADE BY THE HEALTH BENEFIT PLAN BASED ON THE SUBMITTED CLINICAL TREATMENT PLAN FROM A PROVIDER WHO IS DESIGNATED BY AND AFFILIATED WITH THE HEALTH BENEFIT PLAN. HEALTH BENEFIT PLANS ISSUED BY AN

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

ENTITY SUBJECT TO THE PROVISIONS OF PART 4 OF THIS ARTICLE MAY PROVIDE THAT THE BENEFITS REQUIRED PURSUANT TO THIS SECTION SHALL BE COVERED BENEFITS ONLY IF THE SERVICES ARE DEEMED MEDICALLY NECESSARY AND ARE RENDERED BY A PROVIDER WHO IS DESIGNATED BY AND AFFILIATED WITH THE HEALTH MAINTENANCE ORGANIZATION.

(2) NOTHING IN THIS SECTION SHALL MANDATE OR BE CONSTRUED TO MANDATE THAT A HEALTH BENEFIT PLAN PROVIDE COVERAGE FOR MENTAL HEALTH SERVICES.

(3) FOR PURPOSES OF THIS SECTION, "MENTAL HEALTH SERVICES" INCLUDES TREATMENT FOR MENTAL ILLNESS AS DESCRIBED IN SECTION 10-16-104 (5) AND TREATMENT FOR BIOLOGICALLY BASED MENTAL ILLNESS AS DESCRIBED IN SECTION 10-16-104 (5.5).

(4) FOR PURPOSES OF THIS SECTION, "MENTAL HEALTH SERVICES" DOES NOT INCLUDE SERVICES THAT ARE OUTSIDE THE SCOPE OF THE CONTRACT. SUCH MENTAL HEALTH SERVICES THAT ARE OUTSIDE THE SCOPE OF THE CONTRACT MAY INCLUDE: SERVICES THAT ARE CUSTODIAL OR RESIDENTIAL IN NATURE, PROBATION ASSESSMENTS, TESTING FOR ABILITY, APTITUDE OR INTELLIGENCE, OR PERFORMING EVALUATIONS, SUCH AS PLACEMENT EVALUATIONS, CUSTODY EVALUATIONS, REUNIFICATION ASSESSMENTS, OR COMMUNITY RISK ASSESSMENTS FOR ANY PURPOSE OTHER THAN MENTAL HEALTH TREATMENT.

SECTION 2. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: March 31, 2006