SENATE BILL NO. XXX

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FIRST LEGISLATURE - FIRST SESSION

**BY SENATOR \_\_\_\_\_\_\_**

**Introduced: 1/XX/2019**

**Referred: Health and Human Services, Labor and Commerce, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

**“An Act requiring health care insurers that provide mental health benefits to provide such benefits through the psychiatric Collaborative Care Model; and providing for an effective date.”**

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

**\*Section 1.** AS 21.51 is amended by adding a new section to read:

 **Sec. 21.51.350. Mental health benefits delivered through the psychiatric Collaborative Care Model.** (a) Each health care insurer that offers a health insurance plan in the individual market that provides mental health and substance use disorder benefits shall provide reimbursement for such benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

(1) 99492;

(2) 99493;

(3) 99494; and

(4) The director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

(b) Each health care insurer that offers a health insurance plan in the individual market may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found at 3 AAC 28.900 through 3 AAC 28.918.

(c) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

**\*Sec. 2.** AS 21.54 is amended by adding a new section to read:

 **Sec. 21.54.152. Mental health benefits delivered through the psychiatric Collaborative Care Model.** (a) Each health care insurer that offers a health care insurance plan in the group market that provides mental health and substance use disorder benefits shall provide reimbursement for such benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

(1) 99492;

(2) 99493;

(3) 99494; and

(4) The director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

(b) Each health care insurer that offers a health care insurance plan in the group market may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found at 3 AAC 28.900 through 3 AAC 28.918.

(c) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

**\* Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to read:

 APPLICABILITY. This act applies to a health insurance plan, contract, or policy that is offered, issued for delivery, delivered, or renewed on or after the effective date of this act.

**\*Sec. 4.** This Act takes effect July 1, 2019.