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HOUSE BILL 556

52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015

INTRODUCED BY

Deborah A. Armstrong

AN ACT

RELATING TO HEALTH COVERAGE; ENACTING SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN LAW TO REQUIRE COVERAGE FOR SERVICES AND PERSONNEL TRAINING RELATED TO BRAIN INJURY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Purchasing Act is enacted to read:

"[NEW MATERIAL] BRAIN INJURY TREATMENT--REHABILITATION--HABILITATION.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act shall include coverage for:

- (1) cognitive rehabilitation therapy and

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- 1 rehabilitation;
- 2 (2) habilitation services;
- 3 (3) neurocognitive therapy and rehabilitation;
- 4 (4) neurobehavioral, neurophysiological and
- 5 neuropsychological testing and treatment;
- 6 (5) neurofeedback therapy;
- 7 (6) remediation for treatment of a brain
- 8 injury; and
- 9 (7) post-acute transition services and
- 10 community reintegration services, including outpatient day
- 11 treatment services or other post-acute care treatment services
- 12 related to a brain injury.

13 B. Group health coverage, including any form of

14 self-insurance, offered, issued or renewed under the Health

15 Care Purchasing Act shall not set a lifetime limit on post-

16 acute care treatment related to a brain injury.

17 C. To ensure that appropriate post-acute care is

18 provided, group health coverage shall include coverage for

19 reasonable expenses related to periodic reevaluation of the

20 care of an individual covered under a group coverage plan who:

- 21 (1) has incurred a brain injury;
- 22 (2) has been unresponsive to treatment
- 23 provided at a time close to the acquisition of the brain
- 24 injury; or
- 25 (3) becomes responsive to treatment at a date

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1 remote from the date of acquisition of the brain injury.

2 D. A determination of whether expenses described in
3 Subsection C of this section are reasonable shall include
4 consideration of the following factors:

- 5 (1) cost;
- 6 (2) the time that has transpired since the
7 previous evaluation of necessity and reasonableness;
- 8 (3) any difference in the expertise of the
9 physician or practitioner performing the evaluation;
- 10 (4) changes in technology; and
- 11 (5) advances in medicine.

12 E. Coverage offered pursuant to this section shall
13 be subject to the payment limitations, deductibles, copayments
14 and coinsurance as other non-preventive benefits and services
15 covered pursuant to the Health Care Purchasing Act.

16 F. A group health plan shall not deny a claim for
17 services or treatment required pursuant to this section on the
18 sole basis that the treatment or services are provided at a
19 facility other than a hospital. A group health plan shall
20 provide coverage for the services described in Subsections A
21 and C of this section at a hospital licensed by the department
22 of health, including an acute care or rehabilitation hospital,
23 or at an assisted living facility licensed by the department of
24 health.

25 G. A group health plan that contracts with or

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1 approves admission to a service provider facility to provide
2 services pursuant to this section shall not refuse to contract
3 with or approve admission to that facility to provide covered
4 services that are within the scope of the license of that
5 facility and within the scope of services provided under a
6 rehabilitation program for brain injury accredited by the
7 commission on accreditation of rehabilitation facilities or
8 another nationally recognized organization solely because that
9 facility is licensed by the department of health as an assisted
10 living facility or hospital.

11 H. A group health plan shall not consider services
12 covered pursuant to this section to be custodial care solely
13 based on the fact that those services are provided by an
14 assisted living facility if:

15 (1) those services are provided through the
16 assisted living facility's habilitation or rehabilitation
17 program for brain injury; and

18 (2) the commission on accreditation of
19 rehabilitation facilities or another nationally recognized
20 organization has accredited the assisted living facility's
21 habilitation or rehabilitation program.

22 I. The secretary of general services shall adopt
23 and promulgate rules to require that a group health plan that
24 provides coverage pursuant to this section shall ensure that
25 personnel responsible for administering preauthorization of

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1 coverage or conducting utilization reviews receive training
2 adequate to ensure that these personnel understand matters
3 relating to brain injury and brain injury services in order to
4 avoid confusion of medical benefits with behavioral health
5 benefits.

6 J. A group health plan shall provide annual notice
7 to each enrollee in writing about the availability of the
8 coverages required pursuant to this section. The notice issued
9 pursuant to this subsection shall include:

10 (1) a description of the benefits listed in
11 Subsections A and C of this section; and

12 (2) a statement that a brain injury that does
13 not result in hospitalization or receipt of a specific
14 treatment or service described in Subsection A or C of this
15 section for acute care treatment does not affect the right of
16 an enrollee to receive benefits described in Subsections A and
17 C of this section commensurate with the condition of the
18 enrollee.

19 K. Each publicly funded health care agency shall
20 prepare information for enrollees regarding the coverages
21 required pursuant to this section. The publicly funded health
22 care agencies shall publish this information in a publicly
23 accessible manner on the web site of the risk management
24 division of the general services department.

25 L. The secretary of general services shall adopt

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1 and promulgate rules as necessary for the implementation of
2 this section.

3 M. The provisions of this section do not apply to
4 group health coverage intended to supplement major medical
5 group-type coverage, such as medicare supplement, long-term
6 care, disability income, specified disease, accident-only,
7 hospital indemnity or any other limited-benefit health
8 insurance policy.

9 N. As used in this section, "brain injury" means
10 brain damage caused by events involving an internal or external
11 source at or after birth that may result in cognitive,
12 physical, emotional or behavioral impairments that lead to
13 permanent or temporary changes in functioning."

14 SECTION 2. A new section of Chapter 59A, Article 22
15 NMSA 1978 is enacted to read:

16 "[NEW MATERIAL] BRAIN INJURY TREATMENT--REHABILITATION--
17 HABILITATION.--

18 A. An individual or group health insurance policy,
19 health care plan or certificate of health insurance that is
20 delivered, issued for delivery or renewed in this state shall
21 include coverage for:

- 22 (1) cognitive rehabilitation therapy and
23 rehabilitation;
24 (2) habilitation services;
25 (3) neurocognitive therapy and rehabilitation;

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1 (4) neurobehavioral, neurophysiological and
2 neuropsychological testing and treatment;

3 (5) neurofeedback therapy;

4 (6) remediation for treatment of a brain
5 injury; and

6 (7) post-acute transition services and
7 community reintegration services, including outpatient day
8 treatment services or other post-acute care treatment services
9 related to a brain injury.

10 B. An individual or group health insurance policy,
11 health care plan or certificate of health insurance shall not
12 set a lifetime limit on post-acute care treatment related to a
13 brain injury.

14 C. To ensure that appropriate post-acute care is
15 provided, a health insurance policy, health care plan or
16 certificate of health insurance shall include coverage for
17 reasonable expenses related to periodic reevaluation of the
18 care of an individual covered under a health insurance policy,
19 health care plan or certificate of health insurance who:

20 (1) has incurred a brain injury;

21 (2) has been unresponsive to treatment
22 provided at a time close to the acquisition of the brain
23 injury; or

24 (3) becomes responsive to treatment at a date
25 remote from the date of acquisition of the brain injury.

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1 D. A determination of whether expenses described in
2 Subsection C of this section are reasonable shall include
3 consideration of the following factors:

4 (1) cost;

5 (2) the time that has transpired since the
6 previous evaluation of necessity and reasonableness;

7 (3) any difference in the expertise of the
8 physician or practitioner performing the evaluation;

9 (4) changes in technology; and

10 (5) advances in medicine.

11 E. Coverage offered pursuant to this section shall
12 be subject to the payment limitations, deductibles, copayments
13 and coinsurance as other non-preventive benefits and services
14 covered pursuant to Chapter 59A, Article 22 NMSA 1978.

15 F. A carrier shall not deny a claim for services or
16 treatment required pursuant to this section on the sole basis
17 that the treatment or services are provided at a facility other
18 than a hospital licensed by the department of health. A
19 carrier shall provide coverage for the services described in
20 Subsections A and C of this section at a hospital, including an
21 acute care or rehabilitation hospital, or at an assisted living
22 facility licensed by the department of health.

23 G. An insurer that contracts with or approves
24 admission to a service provider facility to provide services
25 pursuant to this section shall not refuse to contract with or

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1 approve admission to that facility to provide covered services
2 that are within the scope of the license of that facility and
3 within the scope of services provided under a rehabilitation
4 program for brain injury accredited by the commission on
5 accreditation of rehabilitation facilities or another
6 nationally recognized organization solely because that facility
7 is licensed by the department of health as an assisted living
8 facility or hospital.

9 H. An insurer shall not consider services covered
10 pursuant to this section to be custodial care solely based on
11 the fact that those services are provided by an assisted living
12 facility if:

13 (1) those services are provided through the
14 assisted living facility's habilitation or rehabilitation
15 program for brain injury; and

16 (2) the commission on accreditation of
17 rehabilitation facilities or another nationally recognized
18 organization has accredited the assisted living facility's
19 habilitation or rehabilitation program.

20 I. The superintendent shall adopt and promulgate
21 rules to require that an insurer that provides coverage
22 pursuant to this section shall ensure that personnel
23 responsible for administering preauthorization of coverage or
24 conducting utilization reviews receive training adequate to
25 ensure that these personnel understand matters relating to

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1 brain injury and brain injury services in order to avoid
2 confusion of medical benefits with behavioral health benefits.

3 J. A carrier shall provide annual notice to each
4 enrollee in writing about the availability of the coverages
5 required pursuant to this section. The notice issued pursuant
6 to this subsection shall include:

7 (1) a description of the benefits listed in
8 Subsections A and C of this section; and

9 (2) a statement that a brain injury that does
10 not result in hospitalization or receipt of a specific
11 treatment or service described in Subsection A or C of this
12 section for acute care treatment does not affect the right of
13 an insured or beneficiary to receive benefits described in
14 Subsections A and C of this section commensurate with the
15 condition of the insured or beneficiary.

16 K. A carrier shall prepare information for insureds
17 and beneficiaries regarding the coverages required pursuant to
18 this section. The carrier shall publish this information in a
19 publicly accessible manner on the carrier's web site.

20 L. The superintendent shall adopt and promulgate
21 rules as necessary for the implementation of this section.

22 M. The provisions of this section do not apply to
23 an individual policy, plan or contract intended to supplement
24 major medical group-type coverage, such as medicare supplement,
25 long-term care, disability income, specified disease,

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1 accident-only, hospital indemnity or any other limited-benefit
2 health insurance policy.

3 N. As used in this section, "brain injury" means
4 brain damage caused by events involving an internal or external
5 source at or after birth that may result in cognitive,
6 physical, emotional or behavioral impairments that lead to
7 permanent or temporary changes in functioning."

8 SECTION 3. A new section of Chapter 59A, Article 23
9 NMSA 1978 is enacted to read:

10 "[NEW MATERIAL] BRAIN INJURY TREATMENT--REHABILITATION--
11 HABILITATION.--

12 A. A blanket or group health insurance policy that
13 is delivered, issued for delivery or renewed in this state
14 shall include coverage for:

- 15 (1) cognitive rehabilitation therapy and
16 rehabilitation;
- 17 (2) habilitation services;
- 18 (3) neurocognitive therapy and rehabilitation;
- 19 (4) neurobehavioral, neurophysiological and
20 neuropsychological testing and treatment;
- 21 (5) neurofeedback therapy;
- 22 (6) remediation for treatment of a brain
23 injury; and
- 24 (7) post-acute transition services and
25 community reintegration services, including outpatient day

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1 treatment services or other post-acute care treatment services
2 related to a brain injury.

3 B. A blanket or group health insurance policy shall
4 not set a lifetime limit on post-acute care treatment related
5 to a brain injury.

6 C. To ensure that appropriate post-acute care is
7 provided, a blanket or group health insurance policy shall
8 include coverage for reasonable expenses related to periodic
9 reevaluation of the care of an individual covered under a
10 blanket or group health insurance policy who:

11 (1) has incurred a brain injury;

12 (2) has been unresponsive to treatment
13 provided at a time close to the acquisition of the brain
14 injury; or

15 (3) becomes responsive to treatment at a date
16 remote from the date of acquisition of the brain injury.

17 D. A determination of whether expenses described in
18 Subsection C of this section are reasonable shall include
19 consideration of the following factors:

20 (1) cost;

21 (2) the time that has transpired since the
22 previous evaluation of necessity and reasonableness;

23 (3) any difference in the expertise of the
24 physician or practitioner performing the evaluation;

25 (4) changes in technology; and

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1 (5) advances in medicine.

2 E. Coverage offered pursuant to this section shall
3 be subject to the payment limitations, deductibles, copayments
4 and coinsurance as other non-preventive benefits and services
5 covered pursuant to Chapter 59A, Article 23 NMSA 1978.

6 F. A carrier shall not deny a claim for services or
7 treatment required pursuant to this section on the sole basis
8 that the treatment or services are provided at a facility other
9 than a hospital. A carrier shall provide coverage for the
10 services described in Subsections A and C of this section at a
11 hospital licensed by the department of health, including an
12 acute care or rehabilitation hospital, or at an assisted living
13 facility licensed by the department of health.

14 G. An insurer that contracts with or approves
15 admission to a service provider facility to provide services
16 pursuant to this section shall not refuse to contract with or
17 approve admission to that facility to provide covered services
18 that are within the scope of the license of that facility and
19 within the scope of services provided under a rehabilitation
20 program for brain injury accredited by the commission of
21 accreditation on rehabilitation facilities or another
22 nationally recognized organization solely because that facility
23 is licensed by the department of health as an assisted living
24 facility or hospital.

25 H. An insurer shall not consider services covered

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1 pursuant to this section to be custodial care solely based on
2 the fact that those services are provided by an assisted living
3 facility if:

4 (1) those services are provided through the
5 assisted living facility's habilitation or rehabilitation
6 program for brain injury; and

7 (2) the commission on accreditation of
8 rehabilitation facilities or another nationally recognized
9 organization has accredited the assisted living facility's
10 habilitation or rehabilitation program.

11 I. The superintendent shall adopt and promulgate
12 rules to require that an insurer that provides coverage
13 pursuant to this section shall ensure that personnel
14 responsible for administering preauthorization of coverage or
15 conducting utilization reviews receive training adequate to
16 ensure that these personnel understand matters relating to
17 brain injury and brain injury services in order to avoid
18 confusion of medical benefits with behavioral health benefits.

19 J. A carrier shall provide annual notice to each
20 enrollee in writing about the availability of the coverages
21 required pursuant to this section. The notice issued pursuant
22 to this subsection shall include:

23 (1) a description of the benefits listed in
24 Subsections A and C of this section; and

25 (2) a statement that a brain injury that does

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1 not result in hospitalization or receipt of a specific
2 treatment or service described in Subsection A or C of this
3 section for acute care treatment does not affect the right of
4 an insured or beneficiary to receive benefits described in
5 Subsections A and C of this section commensurate with the
6 condition of the insured or beneficiary.

7 K. A carrier shall prepare information for insureds
8 and beneficiaries regarding the coverages required pursuant to
9 this section. The carrier shall publish this information in a
10 publicly accessible manner on the carrier's web site.

11 L. The superintendent shall adopt and promulgate
12 rules as necessary for the implementation of this section.

13 M. The provisions of this section do not apply to a
14 group or blanket policy, plan or contract intended to
15 supplement major medical group-type coverage, such as medicare
16 supplement, long-term care, disability income, specified
17 disease, accident-only, hospital indemnity or any other
18 limited-benefit health insurance policy.

19 N. As used in this section, "brain injury" means
20 brain damage caused by events involving an internal or external
21 source at or after birth that may result in cognitive,
22 physical, emotional or behavioral impairments that lead to
23 permanent or temporary changes in functioning."

24 SECTION 4. A new section of the Health Maintenance
25 Organization Law is enacted to read:

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1 "[NEW MATERIAL] BRAIN INJURY TREATMENT--REHABILITATION--
2 HABILITATION.--

3 A. An individual or group health maintenance
4 organization contract that is delivered, issued for delivery or
5 renewed in this state shall include coverage for:

- 6 (1) cognitive rehabilitation therapy and
7 rehabilitation;
- 8 (2) habilitation services;
- 9 (3) neurocognitive therapy and rehabilitation;
- 10 (4) neurobehavioral, neurophysiological and
11 neuropsychological testing and treatment;
- 12 (5) neurofeedback therapy;
- 13 (6) remediation for treatment of a brain
14 injury; and
- 15 (7) post-acute transition services and
16 community reintegration services, including outpatient day
17 treatment services or other post-acute care treatment services
18 related to a brain injury.

19 B. A health maintenance organization contract shall
20 not set a lifetime limit on post-acute care treatment related
21 to a brain injury.

22 C. To ensure that appropriate post-acute care is
23 provided, a health maintenance organization contract shall
24 include coverage for reasonable expenses related to periodic
25 reevaluation of the care of an individual covered under a

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1 health maintenance organization contract who:

2 (1) has incurred a brain injury;

3 (2) has been unresponsive to treatment

4 provided at a time close to the acquisition of the brain
5 injury; or

6 (3) becomes responsive to treatment at a date
7 remote from the date of acquisition of the brain injury.

8 D. A determination of whether expenses described in
9 Subsection C of this section are reasonable shall include
10 consideration of the following factors:

11 (1) cost;

12 (2) the time that has transpired since the
13 previous evaluation of necessity and reasonableness;

14 (3) any difference in the expertise of the
15 physician or practitioner performing the evaluation;

16 (4) changes in technology; and

17 (5) advances in medicine.

18 E. Coverage offered pursuant to this section shall
19 be subject to the payment limitations, deductibles, copayments
20 and coinsurance as other non-preventive benefits and services
21 covered pursuant to the Health Maintenance Organization Law.

22 F. A health maintenance organization shall not deny
23 a claim for services or treatment required pursuant to this
24 section on the sole basis that the treatment or services are
25 provided at a facility other than a hospital. A health

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1 maintenance organization shall provide coverage for the
2 services described in Subsections A and C of this section at a
3 hospital licensed by the department of health, including an
4 acute care or rehabilitation hospital, or at an assisted living
5 facility licensed by the department of health.

6 G. A health maintenance organization that contracts
7 with or approves admission to a service provider facility to
8 provide services pursuant to this section shall not refuse to
9 contract with or approve admission to that facility to provide
10 covered services that are within the scope of the license of
11 that facility and within the scope of services provided under a
12 rehabilitation program for brain injury accredited by the
13 commission on accreditation of rehabilitation facilities or
14 another nationally recognized organization solely because that
15 facility is licensed by the department of health as an assisted
16 living facility or hospital.

17 H. A health maintenance organization shall not
18 consider services covered pursuant to this section to be
19 custodial care solely based on the fact that those services are
20 provided by an assisted living facility if:

21 (1) those services are provided through the
22 assisted living facility's habilitation or rehabilitation
23 program for brain injury; and

24 (2) the commission on accreditation of
25 rehabilitation facilities or another nationally recognized

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1 organization has accredited the assisted living facility's
2 habilitation or rehabilitation program.

3 I. The superintendent shall adopt and promulgate
4 rules to require that a health maintenance organization that
5 provides coverage pursuant to this section shall ensure that
6 personnel responsible for administering preauthorization of
7 coverage or conducting utilization reviews receive training
8 adequate to ensure that these personnel understand matters
9 relating to brain injury and brain injury services in order to
10 avoid confusion of medical benefits with behavioral health
11 benefits.

12 J. A health maintenance organization shall provide
13 annual notice to each subscriber in writing about the
14 availability of the coverages required pursuant to this
15 section. The notice issued pursuant to this subsection shall
16 include:

17 (1) a description of the benefits listed in
18 Subsections A and C of this section; and

19 (2) a statement that a brain injury that does
20 not result in hospitalization or receipt of a specific
21 treatment or service described in Subsection A or C of this
22 section for acute care treatment does not affect the right of a
23 subscriber to receive benefits described in Subsections A and C
24 of this section commensurate with the condition of the
25 subscriber.

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1 K. A health maintenance organization shall prepare
2 information for subscribers regarding the coverages required
3 pursuant to this section. The health maintenance organization
4 shall publish this information in a publicly accessible manner
5 on the health maintenance organization's web site.

6 L. The superintendent shall adopt and promulgate
7 rules as necessary for the implementation of this section.

8 M. The provisions of this section do not apply to
9 an individual or group health maintenance organization contract
10 intended to supplement major medical group-type coverage, such
11 as medicare supplement, long-term care, disability income,
12 specified disease, accident-only, hospital indemnity or any
13 other limited-benefit health insurance policy.

14 N. As used in this section, "brain injury" means
15 brain damage caused by events involving an internal or external
16 source at or after birth that may result in cognitive,
17 physical, emotional or behavioral impairments that lead to
18 permanent or temporary changes in functioning."

19 **SECTION 5.** A new section of the Nonprofit Health Care
20 Plan Law is enacted to read:

21 "[NEW MATERIAL] BRAIN INJURY TREATMENT--REHABILITATION--
22 HABILITATION.--

23 A. An individual or group health care plan that is
24 delivered, issued for delivery or renewed in this state shall
25 include coverage for:

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- 1 (1) cognitive rehabilitation therapy and
- 2 rehabilitation;
- 3 (2) habilitation services;
- 4 (3) neurocognitive therapy and rehabilitation;
- 5 (4) neurobehavioral, neurophysiological and
- 6 neuropsychological testing and treatment;
- 7 (5) neurofeedback therapy;
- 8 (6) remediation for treatment of a brain
- 9 injury; and
- 10 (7) post-acute transition services and
- 11 community reintegration services, including outpatient day
- 12 treatment services or other post-acute care treatment services
- 13 related to a brain injury.

14 B. A health care plan shall not set a lifetime

15 limit on post-acute care treatment related to a brain injury.

16 C. To ensure that appropriate post-acute care is

17 provided, a health care plan shall include coverage for

18 reasonable expenses related to periodic reevaluation of the

19 care of an individual covered under a health care plan who:

- 20 (1) has incurred a brain injury;
- 21 (2) has been unresponsive to treatment
- 22 provided at a time close to the acquisition of the brain
- 23 injury; or
- 24 (3) becomes responsive to treatment at a date
- 25 remote from the date of acquisition of the brain injury.

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1 D. A determination of whether expenses described in
2 Subsection C of this section are reasonable shall include
3 consideration of the following factors:

4 (1) cost;

5 (2) the time that has transpired since the
6 previous evaluation of necessity and reasonableness;

7 (3) any difference in the expertise of the
8 physician or practitioner performing the evaluation;

9 (4) changes in technology; and

10 (5) advances in medicine.

11 E. Coverage offered pursuant to this section shall
12 be subject to the payment limitations, deductibles, copayments
13 and coinsurance as other non-preventive benefits and services
14 covered pursuant to the Nonprofit Health Care Plan Law.

15 F. A health care plan shall not deny a claim for
16 services or treatment required pursuant to this section on the
17 sole basis that the treatment or services are provided at a
18 facility other than a hospital. A health care plan shall
19 provide coverage for the services described in Subsections A
20 and C of this section at a hospital licensed by the department
21 of health, including an acute care or rehabilitation hospital,
22 or at an assisted living facility licensed by the department of
23 health.

24 G. A health care plan that contracts with or
25 approves admission to a service provider facility to provide

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1 services pursuant to this section shall not refuse to contract
2 with or approve admission to that facility to provide covered
3 services that are within the scope of the license of that
4 facility and within the scope of services provided under a
5 rehabilitation program for brain injury accredited by the
6 commission of accreditation on rehabilitation facilities or
7 another nationally recognized organization solely because that
8 facility is licensed by the department of health as an assisted
9 living facility or hospital.

10 H. A health care plan shall not consider services
11 covered pursuant to this section to be custodial care solely
12 based on the fact that those services are provided by an
13 assisted living facility if:

14 (1) those services are provided through the
15 assisted living facility's habilitation or rehabilitation
16 program for brain injury; and

17 (2) the commission on accreditation of
18 rehabilitation facilities or another nationally recognized
19 organization has accredited the assisted living facility's
20 habilitation or rehabilitation program.

21 I. The superintendent shall adopt and promulgate
22 rules to require that a health care plan that provides coverage
23 pursuant to this section shall ensure that personnel
24 responsible for administering preauthorization of coverage or
25 conducting utilization reviews receive training adequate to

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1 ensure that these personnel understand matters relating to
2 brain injury and brain injury services in order to avoid
3 confusion of medical benefits with behavioral health benefits.

4 J. A health care plan shall provide annual notice
5 to each subscriber in writing about the availability of the
6 coverages required pursuant to this section. The notice issued
7 pursuant to this subsection shall include:

8 (1) a description of the benefits listed in
9 Subsections A and C of this section; and

10 (2) a statement that a brain injury that does
11 not result in hospitalization or receipt of a specific
12 treatment or service described in Subsection A or C of this
13 section for acute care treatment does not affect the right of a
14 subscriber to receive benefits described in Subsections A and C
15 of this section commensurate with the condition of the
16 subscriber.

17 K. A health care plan shall prepare information for
18 subscribers regarding the coverages required pursuant to this
19 section. The health care plan shall publish this information
20 in a publicly accessible manner on the health care plan's web
21 site.

22 L. The superintendent shall adopt and promulgate
23 rules as necessary for the implementation of this section.

24 M. The provisions of this section do not apply to
25 an individual or group health care plan intended to supplement

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1 major medical group-type coverage, such as medicare supplement,
2 long-term care, disability income, specified disease,
3 accident-only, hospital indemnity or any other limited-benefit
4 health insurance policy.

5 N. As used in this section, "brain injury" means
6 brain damage caused by events involving an internal or external
7 source at or after birth that may result in cognitive,
8 physical, emotional or behavioral impairments that lead to
9 permanent or temporary changes in functioning."