

**HOUSE BILL NO. 222(title am)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES HOLMES, Tuck, Gardner, Lynn, Kerttula, Guttenberg

Amended: 4/15/09

Introduced: 4/8/09

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act prohibiting discrimination by health care insurers based on genetic  
2 information; providing special enrollment requirements related to Medicaid and state  
3 child health plan coverage; requiring a health care insurer to offer coverage for the  
4 treatment of alcoholism or drug abuse; providing continuity of coverage for college  
5 students during medically necessary leaves of absence from college; requiring health  
6 care insurers in the group market to provide parity in the application of mental health  
7 and substance abuse benefits that comply with federal requirements; amending the  
8 definition of 'dentist' to include out-of-state dentists for purposes of certain dental  
9 insurance requirements; and providing for an effective date."

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

11 \* **Section 1.** AS 21.36 is amended by adding a new section to read:

12 **Sec. 21.36.093. Genetic information nondiscrimination.** (a) A health care

1 insurer that offers a health care insurance plan in the individual market shall comply  
 2 with the genetic information nondiscrimination requirements established under 42  
 3 U.S.C. 300gg-53.

4 (b) A health care insurer that offers a health care insurance plan in the group  
 5 market shall comply with the genetic information nondiscrimination requirements  
 6 established under 42 U.S.C. 300gg-1(b)(3), 42 U.S.C. 300gg-1(c) - (f), and 42 U.S.C.  
 7 300gg-91.

8 (c) In this section,

9 (1) "group market" has the meaning given in AS 21.54.500;

10 (2) "health care insurance plan" has the meaning given in  
 11 AS 21.54.500;

12 (3) "health care insurer" has the meaning given in AS 21.54.500;

13 (4) "individual market" has the meaning given in AS 21.51.500.

14 \* **Sec. 2.** AS 21.42.365 is repealed and reenacted to read:

15 **Sec. 21.42.365. Coverage for treatment of alcoholism or drug abuse.** (a)

16 Except for a fraternal benefit society, a health care insurer that offers, issues for  
 17 delivery, delivers, or renews in this state a health care insurance plan providing  
 18 coverage for five or more employees of an employer in the group market shall offer a  
 19 covered employee or the employee's dependent coverage for the treatment of  
 20 alcoholism or drug abuse.

21 (b) In this section, "alcoholism or drug abuse" means an illness characterized  
 22 by

23 (1) a physiological or psychological dependency, or both, on alcoholic  
 24 beverages or controlled substances as defined in AS 11.71.900; or

25 (2) habitual lack of self-control in using alcoholic beverages or  
 26 controlled substances to the extent that the person's health is substantially impaired or  
 27 the person's social or economic function is substantially disrupted.

28 \* **Sec. 3.** AS 21.42.392(g)(2) is amended to read:

29 (2) "dentist" means a person licensed [IN THIS STATE] to practice  
 30 dentistry;

31 \* **Sec. 4.** AS 21.42 is amended by adding a new section to read:

1           **Sec. 21.42.410. Coverage of dependent students on medically necessary**  
 2           **leave of absence.** A health care insurer that offers a health care insurance plan in the  
 3           individual or group market shall comply with the coverage requirements for dependent  
 4           students on medically necessary leaves of absence under 42 U.S.C. 300gg-54.

5           \* **Sec. 5.** AS 21.54 is amended by adding a new section to read:

6           **Sec. 21.54.105. Special enrollment requirements related to Medicaid and**  
 7           **state child health plan coverage.** A health care insurer that offers, issues, delivers, or  
 8           renews a health care insurance plan in the group market shall allow an eligible  
 9           employee or dependent of an employee to enroll for coverage under the terms of the  
 10          plan if the employee or dependent

11                         (1) is covered by Medicaid under 42 U.S.C. 1396 – 1396u (Title XIX  
 12          of the Social Security Act) or under a state child health plan under 42 U.S.C. 1397aa -  
 13          1397mm (Title XXI of the Social Security Act), coverage is terminated because of  
 14          loss of eligibility, and the employee requests coverage under the health care insurance  
 15          plan not later than 60 days after the date of termination; or

16                         (2) becomes eligible for assistance under Medicaid under 42 U.S.C.  
 17          1396 – 1396u (Title XIX of the Social Security Act) or under a state child health plan  
 18          under 42 U.S.C. 1397aa - 1397mm (Title XXI of the Social Security Act), with respect  
 19          to coverage under a health care insurance plan, including under any waiver or  
 20          demonstration project conducted under or in relation to the Medicaid or state child  
 21          health plan, and the employee requests coverage under the health care insurance plan  
 22          not later than 60 days after the date the employee or dependent is determined to be  
 23          eligible for assistance.

24          \* **Sec. 6.** AS 21.54.151 is repealed and reenacted to read:

25           **Sec. 21.54.151. Mental health or substance use disorder benefits.** A health  
 26          care insurer that offers a health care insurance plan in the group market shall comply  
 27          with the mental health or substance use disorder benefit requirements established  
 28          under 42 U.S.C. 300gg-5.

29          \* **Sec. 7.** AS 21.36.093, enacted by sec. 1 of this Act, takes effect May 21, 2009.

30          \* **Sec. 8.** AS 21.42.410, enacted by sec. 4 of this Act, and AS 21.54.151, as repealed and  
 31          reenacted by sec. 6 of this Act, take effect October 3, 2009.