



# LAWS OF ALASKA

2009

**Source**

HB 222(title am)

**Chapter No.**

\_\_\_\_\_

**AN ACT**

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

\_\_\_\_\_

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

THE ACT FOLLOWS ON PAGE 1



**AN ACT**

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

9

---

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

11 **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                   **leaves 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.