## 62A.152 BENEFITS FOR AMBULATORY MENTAL HEALTH SERVICES.

Subdivision 1. **Scope.** The provisions of this section apply (a) to all group policies or subscriber contracts which provide benefits for at least 100 certificate holders who are residents of this state or groups of which more than 90 percent are residents of this state and are issued, delivered, or renewed by accident and health insurance companies regulated under this chapter, or by nonprofit health service plan corporations regulated under chapter 62C and (b), unless waived by the commissioner to the extent applicable to holders who are issued, delivered, or renewed within this state, to all group policies or subscriber contracts which are issued, delivered, or renewed within this state by accident and health insurance companies regulated under this chapter, or by nonprofit health insurance companies regulated under this state by accident and health insurance companies regulated under this chapter, or by nonprofit health service plan corporations regulated under this chapter, or by nonprofit health insurance companies regulated under this state by accident and health insurance companies regulated under this chapter, or by nonprofit health service plan corporations regulated under this chapter, or by nonprofit health service plan corporations regulated under this chapter.

Subd. 2. **Minimum benefits.** All group policies and all group subscriber contracts providing benefits for mental or nervous disorder treatments in a hospital shall also provide coverage that complies with the requirements of section 62Q.47, paragraphs (b) and (c).

Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber contracts that provide benefits for mental or nervous disorder treatments in a hospital must provide direct reimbursement for those services at a hospital or psychiatric residential treatment facility if performed by a mental health professional qualified according to section 2451.04, subdivision 2, to the extent that the services and treatment are within the scope of mental health professional licensure.

This subdivision is intended to provide payment of benefits for mental or nervous disorder treatments performed by a licensed mental health professional in a hospital or psychiatric residential treatment facility and is not intended to change or add benefits for those services provided in policies or contracts to which this subdivision applies.

## [See Note.]

**History:** 1975 c 89 s 1; 1981 c 265 s 1; 1Sp1981 c 4 art 1 s 49; 1983 c 354 s 1; 1984 c 654 art 5 s 58; 1987 c 337 s 49; 1987 c 384 art 2 s 1; 1988 c 689 art 2 s 7; 1989 c 330 s 15,16; 1991 c 255 s 1,2; 1993 c 81 s 1,2; 2008 c 344 s 10; 2021 c 30 art 17 s 1; 2023 c 57 art 2 s 6

**NOTE:** The amendment to subdivision 3 by Laws 2021, chapter 30, article 17, section 1, is effective upon federal approval. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained. Laws 2021, chapter 30, article 17, section 114.

**NOTE:** The amendment to subdivision 3 by Laws 2023, chapter 57, article 2, section 6, is effective January 1, 2025. Laws 2023, chapter 57, article 2, section 6, the effective date.