1-1-1983

Insurance; Benefits for Alcohol and Drug Abuse Treatment.

University of the Pacific, McGeorge School of Law

Follow this and additional works at: https://scholarlycommons.pacific.edu/nlr

Part of the Legislation Commons

Recommended Citation
Available at: https://scholarlycommons.pacific.edu/nlr/vol1983/iss1/77

This Legislative Review is brought to you for free and open access by the Journals and Law Reviews at Scholarly Commons. It has been accepted for inclusion in Pacific Law Journal Review of Selected Nevada Legislative by an authorized editor of Scholarly Commons. For more information, please contact mgibney@pacific.edu.
Insurance; benefits for alcohol and drug abuse treatment.


S.B. 166 (Raggio); 1983 Stat. Ch 621

Under prior law, certain insurers were required to make optional coverage available for the treatment of alcohol and drug abuse.\(^1\) Although the Uniform Health Policy Provision Law\(^2\) continues to require that individual plans only provide optional coverage for the treatment of alcohol and drug abuse,\(^3\) Chapter 621 makes this coverage mandatory for policies issued by (1) group insurers,\(^4\) (2) medical service corporations,\(^5\) (3) health maintenance plans,\(^6\) and (4) employer provided insurance plans.\(^7\)

Prior to the enactment of Chapter 621, requirements differed for alcohol and drug abuse treatment benefits.\(^8\) Policies that provided inpatient benefits were required to cover the cost of treatment in a hospital for a period of not less than five days for alcohol abuse\(^9\) and to provide benefits for no more than ten days for drug abuse.\(^10\) Chapter 621 elimi-
Insurance

nates this inconsistency by requiring policies to provide benefits for the cost of treating withdrawal from the physiological effects of either drugs or alcohol for a period not exceeding seven days.\textsuperscript{11}

In addition, under prior law, insurance policies that provided inpatient benefits were required to cover the cost of treatment for either alcohol or drug abuse in a health care facility for a minimum of thirty days, with a maximum benefit of $1,000.\textsuperscript{12} Chapter 621 increases the maximum benefit to $10,000 and removes the minimum time requirement.\textsuperscript{13} Furthermore, prior law required that benefits for outpatient treatment under major medical coverage include coverage for at least fifty-two visits, with a maximum benefit of $800.\textsuperscript{14} Chapter 621 increases the required maximum benefit to $1,500 per year and removes the minimum visit requirement.\textsuperscript{15}

\begin{itemize}
\item \textsuperscript{(amending NEV. REV. STAT. §689B.037(1)); id. c. 586, §12, at 1181 (amending NEV. REV. STAT. §695B.195(1)); id. c. 586, §15, at 1183 (amending NEV. REV. STAT. §695C.175(1)).}
\item \textsuperscript{12. 1979 Nev. Stat. c. 586, §4, at 1176 (enacting NEV. REV. STAT. §689A.046(1)(b)); id. c. 586, §6, at 1177 (amending NEV. REV. STAT. §689A.047(2)); id. c. 586, §7, at 1178 (enacting NEV. REV. STAT. §689B.036(1)(b)); id. c. 586, §9, at 1179 (amending NEV. REV. STAT. §689B.037(2)); id. c. 586, §10, at 1179 (enacting NEV. REV. STAT. §689B.194(1)(b)); id. c. 586, §12, at 1181 (amending NEV. REV. STAT. §695B.195(2)); id. c. 586, §13, at 1181 (enacting NEV. REV. STAT.§695C.174(1)(b)); id. c. 586, §15, at 1183 (amending NEV. REV. STAT. §695C.175(2)).}
\item \textsuperscript{14. 1979 Nev. Stat. c. 586, §4, at 1176 (enacting NEV. REV. STAT. §689A.046(1)(c)); id. c. 586, §6, at 1177 (amending NEV. REV. STAT. §689A.047(3)); id. c. 586, §7, at 1178 (enacting NEV. REV. STAT. §689B.036(l)(c)); id. c. 586, §9, at 1179 (amending NEV. REV. STAT. §689B.037(3)); id. c. 586, §10, at 1179 (enacting NEV. REV. STAT. §695B.194(1)(c)); id. c. 586, §12, at 1181 (amending NEV. REV. STAT. §695B.195(3)); id. c. 586, §13, at 1181 (enacting NEV. REV. STAT. §695C.174(1)(c)); id. c. 586, §15, at 1183 (amending NEV. REV. STAT. §695C.175(3)).}
Insurance

Although prior law required annual benefits for drug abuse treatment, the benefits for alcohol abuse treatment were limited to two courses of treatment during the insured’s lifetime. Under Chapter 621, coverage will be based on annual benefits for both alcohol and drug abuse treatment but will be limited to three courses of treatment during the insured’s lifetime. Furthermore, an insured is entitled to benefits only if treatment is received in either a certified facility for the treatment of alcohol or drug abuse, or a licensed hospital or health care facility. Finally, Chapter 621 establishes an advisory committee on insurance for the treatment of alcoholism and drug abuse.

22. 1983 Nev. Stat. c. 621, §82, at 2034. Pursuant to Chapter 621 the Governor must appoint thirteen members representing various areas of the insurance industry, government, and business. Id. The committee’s responsibilities include (1) reviewing the insurance law relating to coverage for the cost of treatment for alcohol and drug abuse, (2) reviewing the structure and use of benefits and methods for containing costs, (3) suggesting ways to encourage employers to create programs to identify employees needing treatment, (4) reviewing and developing procedures for certifying personnel, accrediting programs, and licensing facilities, and (5) preparing annual recommendations for the legislature and Governor. 1983 Nev. Stat. c. 621, §3, at 2033.

Insurance; assignment of benefits


Existing law provides that the insurer under a blanket, group, or