\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Councilmember Vincent C. Gray

A BILL

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To provide for reimbursement of mental health and substance use disorder benefits that are delivered through the psychiatric Collaborative Care Model.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Collaborative Care Act of 2019”.

Sec. 1. Definitions.

 For the purposes of this act, the term:

 (1) “Department” means the Department of Insurance, Securities, and Banking.

 (2) “Health insurer” or “insurer” shall have the same meaning as provided in § 31-3101(6B)

 (3) “Mental health and substance use disorder benefits” means benefits for the treatment of any condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the International Classification of Disease or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

 (4) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

 Sec. 2. Psychiatric Collaborative Care Model.

 (a) All health insurers that provide mental health and substance use disorder benefits shall provide reimbursement for such benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

 (1) 99492.

 (2) 99493.

 (3) 99494.

 (4) The Department shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (b) All health insurers that provide mental health and substance use disorder benefits may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations.

Sec. 3. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.