

State of South Dakota

SEVENTY-FOURTH SESSION
LEGISLATIVE ASSEMBLY, 1999

616C0617

HOUSE BILL NO. 1171

Introduced by: Representatives Cutler, Diedrich (Larry), and Fischer-Clemens and Senators
Everist, Albers, Brown (Arnold), and Lawler

1 FOR AN ACT ENTITLED, An Act to require insurance companies to reimburse the services
2 of licensed professional counselors -- mental health.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

4 Section 1. That § 58-17-54 be amended to read as follows:

5 58-17-54. Notwithstanding any provision of any policy of insurance subject to the general
6 provisions of this title, if a policy or contract provides for reimbursement for any service which
7 may be legally performed by a person licensed in this state for the practice of medicine, surgery,
8 anesthesia by a certified registered nurse anesthetist licensed under chapter 36-9, psychology,
9 dentistry, osteopathy, social work by an independent social worker licensed under § 36-26-17,
10 optometry, chiropractic, ~~or~~ podiatry, or counseling by a licensed professional counselor -- mental
11 health licensed under § 36-32-42, the reimbursement under that policy or contract may not be
12 denied if the service is rendered by a person so licensed. The provisions of this section apply to
13 all practitioners licensed pursuant to chapters 36-4A and 36-9A after July 1, 1980, and to any
14 plan of self-insurance for public employees. Reimbursement may be denied to a policyholder
15 treating himself or herself or any member of ~~his~~ the policyholder's family residing in ~~his~~ the
16 policyholder's household. However, reimbursement for durable medical equipment,

1 pharmaceuticals, and prosthetic devices may not be denied if within policy coverages.

2 No policy, certificate, or contract may exclude or limit reimbursement for any lawful
3 diagnostic or treatment service by a licensee under chapter 36-5 if the exclusion or limitation is
4 based wholly or in part on any requirement that the service be performed in a place of service
5 not normally used by the licensee.

6 A policy, certificate, or contract may only limit or make optional the reimbursement for any
7 lawful diagnostic or treatment service by a licensee under chapters 36-4 and 36-5 if the limitation
8 is based on a rational basis which is not solely related to the license under, or practices
9 authorized by, chapter 36-5 or is not dependent upon a method of classification, categorization,
10 or description based directly or indirectly upon differences in terminology used by different
11 licensees in describing human ailments or in the diagnosis or treatment of human ailments.

12 This section does not require reimbursement for any method or service not necessary, not
13 reasonable, or not generally accepted by the peers of the particular licensed health care provider.