

§ 58-65-65. Coverage for active medical treatment in tax-supported institutions.

(a) No dental, health care, medical, or vision service plan, contract, or certificate governed by this Article and Article 66 of this Chapter shall be delivered, issued, executed, or renewed in this State, or approved for issuance or renewal in this State, unless it provides for the payment of benefits for charges made for medical care rendered by duly licensed State tax-supported institutions on a basis no less favorable than the basis that would apply had the medical care been rendered by any other public or private institution or provider. The term "State tax-supported institutions" includes community mental health centers and other health clinics that are certified as Medicaid providers.

(b) No plan, contract, or certificate shall exclude payment for charges of a duly licensed State tax-supported institution because of its being a specialty facility for one particular type of illness nor because it does not have an operating room and related equipment for the performance of surgery, but it is not required that benefits be payable for domiciliary or custodial care, rehabilitation, training, schooling, or occupational therapy.

(c) This section does not apply to any plan, contract, or certificate that is individually underwritten or provided for a specific individual and the members of the individual's family as a nongroup policy. (1975, c. 345, s. 2; 2018-47, s. 7(e); 2021-169, s. 1.)