

1 part of the application, for an appropriate additional premium
2 under a group hospital and medical expense-incurred insurance
3 policy, under a group prepaid health care contract, and under
4 a group hospital and medical service plan contract, the
5 benefits or level of benefits specified in subsection (2) for
6 the necessary care and treatment of mental and nervous
7 disorders, as defined in the standard nomenclature of the
8 American Psychiatric Association, except this section shall
9 not apply to coverage for serious mental illness as defined in
10 s. 627.6681. The coverage required in this section shall be
11 subject to the right of the applicant for a group policy or
12 contract to select any alternative benefits or level of
13 benefits as may be offered by the insurer, health maintenance
14 organization, or service plan corporation provided that, if
15 alternate inpatient, outpatient, or partial hospitalization
16 benefits are selected, such benefits shall not be less than
17 the level of benefits required under paragraph (2)(a),
18 paragraph (2)(b), or paragraph (2)(c), respectively.

19 (2) Under group policies or contracts, inpatient
20 hospital benefits, partial hospitalization benefits, and
21 outpatient benefits provided pursuant to this section,
22 consisting of durational limits, dollar amounts, deductibles,
23 and coinsurance factors shall not be less favorable than for
24 physical illness generally, except that:

25 (a) Inpatient benefits may be limited to not less than
26 30 days per benefit year as defined in the policy or contract.
27 If inpatient hospital benefits are provided beyond 30 days per
28 benefit year, the durational limits, dollar amounts, and
29 coinsurance factors thereto need not be the same as applicable
30 to physical illness generally.

31

1 (b) Outpatient benefits may be limited to \$1,000 for
2 consultations with a licensed physician, a psychologist
3 licensed pursuant to chapter 490, a mental health counselor
4 licensed pursuant to chapter 491, a marriage and family
5 therapist licensed pursuant to chapter 491, and a clinical
6 social worker licensed pursuant to chapter 491. If benefits
7 are provided beyond the \$1,000 per benefit year, the
8 durational limits, dollar amounts, and coinsurance factors
9 thereof need not be the same as applicable to physical illness
10 generally.

11 (c) Partial hospitalization benefits shall be provided
12 under the direction of a licensed physician. For purposes of
13 this part, the term "partial hospitalization services" is
14 defined as those services offered by a program accredited by
15 the Joint Commission on Accreditation of Hospitals (JCAH) or
16 in compliance with equivalent standards. Alcohol
17 rehabilitation programs accredited by the Joint Commission on
18 Accreditation of Hospitals or approved by the state and
19 licensed drug abuse rehabilitation programs shall also be
20 qualified providers under this section. In any benefit year,
21 if partial hospitalization services or a combination of
22 inpatient and partial hospitalization are utilized, the total
23 benefits paid for all such services shall not exceed the cost
24 of 30 days of inpatient hospitalization for psychiatric
25 services, including physician fees, which prevail in the
26 community in which the partial hospitalization services are
27 rendered. If partial hospitalization services benefits are
28 provided beyond the limits set forth in this paragraph, the
29 durational limits, dollar amounts, and coinsurance factors
30 thereof need not be the same as those applicable to physical
31 illness generally.

1 (3) Insurers providing coverage pursuant to this
2 section and s. 627.6681 must maintain strict confidentiality
3 regarding psychiatric and psychotherapeutic records submitted
4 to an insurer for the purpose of reviewing a claim for
5 benefits payable under this section. These records submitted
6 to an insurer are subject to the limitations of s. 455.241,
7 relating to the furnishing of patient records.

8 Section 3. Section 627.6681, Florida Statutes, is
9 created to read:

10 627.6681 Coverage for serious mental illness
11 required.--

12 (1) Every insurer and health maintenance organization
13 transacting group health insurance or providing prepaid health
14 care in this state shall provide as part of such insurance or
15 health care under a group hospital and medical
16 expense-incurred insurance policy, or under a group prepaid
17 health care contract, coverage for the treatment of serious
18 mental illness, which treatment is determined to be medically
19 necessary. When a diagnosis of serious mental illness is
20 accompanied by substance abuse, treatment for the patient who
21 is dually diagnosed shall include, but not be limited to,
22 treatment for substance abuse.

23 (2) Under group policies or contracts, inpatient
24 hospital benefits, partial hospitalization benefits, and
25 outpatient benefits consisting of durational limits, dollar
26 amounts, deductibles, and coinsurance factors shall be the
27 same for serious mental illness as for physical illness
28 generally.

29 (3) The standard, basic, and limited health benefit
30 plan committee, duly appointed in the manner provided in s.
31 627.6699(12)(a)1., shall consider the modification of the

1 standard, basic, and limited health benefit plans developed
2 pursuant to s. 627.6699(12), to include coverage for serious
3 mental illness as prescribed in this section. The committee
4 shall submit any recommended modifications to the department
5 for approval.

6 (4) As used in this section, the term "serious mental
7 illness" means any mental illness that is recognized in the
8 latest edition of relevant manuals of the American Psychiatric
9 Association or by the International Classification of
10 Diseases, and affirmed by medical science as caused by
11 biological disorder of the brain, and that substantially
12 limits the life activities of the patient. The term includes,
13 but is not limited to, schizophrenia, schizoaffective
14 disorders, anxiety and panic disorders, bipolar affective
15 disorders, major depression, and obsessive compulsive
16 disorder.

17 Section 4. There is hereby appropriated to the
18 Department of Insurance from the Insurance Commissioner's
19 Regulatory Trust Fund for fiscal year 1997-1998 one full-time
20 equivalent position and \$38,288 to implement the provisions of
21 this act.

22 Section 5. The provisions of this bill fulfill an
23 important state interest in that they promote the relief and
24 alleviation of health or medical problems that affect
25 significant portions of the state's population. The bill, in
26 requiring insurance coverage, should facilitate closer
27 scrutiny of the treatment of these conditions, resulting in
28 more cost-efficient and effective treatment of such
29 conditions. By improving the overall level and quality of
30 health care, the bill will have the effect of reducing total
31 costs of medical plans under which treatment is provided for

1 these conditions, thereby reducing public medical assistance
2 benefits as well as outlays for persons covered under all
3 medical plans.

4 Section 6. This act shall take effect October 1, 1997,
5 and shall apply to any policy issued, written, or renewed in
6 this state on or after such date.

7

8 *****

9 HOUSE SUMMARY

10 Creates the "Mental Illness Insurance Parity Act."
11 Provides that the current requirement for group insurers
12 to offer coverage for mental health conditions does not
13 apply to serious mental illness. Requires group health
14 insurers and health maintenance organizations to provide
15 coverage for serious mental illness and requires benefits
16 to be the same as for physical illness generally. See
17 bill for details.

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31