

By Senator Dyer

14-7A-02

1 A bill to be entitled
2 An act relating to mental health; amending s.
3 627.688, F.S.; creating the "Chris G. Mental
4 Health Parity Act"; providing definitions;
5 providing requirements for insurance coverage
6 for mental health services; providing for the
7 construction of the act; providing an exemption
8 for small employers and for certain plans that
9 provide both in-network and out-of-network
10 benefits; requiring the Chief Financial Officer
11 to study the effects of the requirements
12 established under the act and to report to the
13 Legislature; providing an effective date.

15 Be It Enacted by the Legislature of the State of Florida:

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17 Section 1. Section 627.668, Florida Statutes, is
18 amended to read:

19 (Substantial rewording of section. See
20 s. 627.668, F.S., for present text.)
21 627.668 Mental health parity; short title; coverage
22 requirements; construction; exemption.--
23 (1) This section may be cited as the "Chris G. Mental
24 Health Parity Act."
25 (2) DEFINITIONS.--As used in this section, the term:
26 (a) "Financial requirements" includes deductibles,
27 coinsurance, copayments, other cost-sharing, and limitations
28 on the total amount that may be paid by a participant or
29 beneficiary with respect to benefits under a group health
30 insurance plan or prepaid health care plan and includes the
31 application of annual and lifetime limits.

1 (b) "Medical or surgical benefits" means benefits with
2 respect to medical or surgical services, as defined under the
3 terms of the group health insurance plan or prepaid health
4 care plan, but does not include mental health benefits.

5 (c) "Mental health benefits" means benefits with
6 respect to services, as defined under the terms and conditions
7 of the group health insurance plan or prepaid health care
8 plan, for all categories of mental health conditions listed in
9 the Diagnostic and Statistical Manual of Mental Disorders, 4th
10 edition (DSM IV-TR) or the most recent edition, if such
11 services are included as part of an authorized treatment plan
12 that is in accordance with standard protocols and if such
13 services meet the plan's or the issuer's medical-necessity
14 criteria. The term "mental health benefits" does not include
15 benefits applicable to the treatment of substance abuse or of
16 chemical dependency.

17 (d) "Treatment limitations" means limitations on the
18 frequency of treatment, number of visits or days of coverage,
19 or other similar limits on the duration or scope of treatment
20 under the group health insurance plan or prepaid health care
21 plan.

22 (3) REQUIREMENTS.--If an insurer, health maintenance
23 organization, or nonprofit hospital and medical service plan
24 corporation that transacts group health insurance or provides
25 prepaid health care in this state provides both medical and
26 surgical benefits and mental health benefits, the provider may
27 not impose any treatment limitations or financial requirements
28 upon the coverage of benefits for mental illness unless
29 comparable treatment limitations or financial requirements are
30 imposed on medical and surgical benefits.

31 (4) CONSTRUCTION.--

1 (a) This section does not require a provider of group
2 health insurance or of prepaid health care to provide any
3 mental health benefits.

4 (b) Consistent with subsection (3), this section does
5 not prohibit the medical management of mental health benefits
6 by means including, but not limited to, concurrent and
7 retrospective utilization review and utilization-management
8 practices, preauthorization, and the application of
9 medical-necessity and appropriateness criteria applicable to
10 behavioral health, nor does this section prohibit the
11 contracting with and use of a network of participating
12 providers.

13 (c) This section does not require a provider of group
14 health insurance or of prepaid health care to provide coverage
15 for specific mental health services, except to the extent that
16 the failure to cover such services would result in a disparity
17 between the coverage of mental health benefits and of medical
18 and surgical benefits.

19 (5) EXEMPTIONS.--

20 (a) This section is inapplicable to any group health
21 insurance plan or prepaid health care plan that is offered by
22 a small employer. As used in this subsection, the term "small
23 employer" means an employer whose average number of employees
24 on business days during the preceding calendar year was no
25 more than 50 employees.

26 (b) In determining an employer's average number of
27 employees for the purpose of exempting the employer under
28 paragraph (a):

29 1. The term "single employer" has the meaning set
30 forth in subsections (b), (c), (m), and (o) of section 414 of
31 the Internal Revenue Code of 1986, as amended.

1 2. With respect to an employer that was not in
2 existence throughout the preceding calendar year, the
3 determination of whether the employer is a small employer must
4 be based on the average number of employees which the employer
5 is reasonably expected to employ on business days in the
6 current calendar year.

7 3. The term "employer" includes any predecessor of an
8 employer.

9 4. If a group health insurance plan or prepaid health
10 care plan offers to a participant or beneficiary two or more
11 benefit-package options under the plan, the requirements of
12 this section apply separately to each such option.

13 5. If a group health insurance plan or prepaid health
14 care plan provides in-network mental health benefits, it may
15 provide out-of-network mental health benefits having treatment
16 limitations or financial requirements that are not comparable
17 to the limitations and requirements applicable to medical and
18 surgical benefits if the plan or coverage provides the
19 in-network mental health benefits in accordance with
20 subsection (3) and provides reasonable access to in-network
21 providers and facilities.

22 Section 2. Study of effects of mental health parity.--

23 (1) The Chief Financial Officer of this state shall
24 conduct a study to evaluate the effect of the implementation
25 of section 1 of this act, the "Chris G. Mental Health Parity
26 Act," on the cost of health-insurance coverage; access to
27 health-insurance coverage, including the availability of
28 in-network providers; the quality of health care; and such
29 other issues as the Chief Financial Officer considers
30 appropriate.

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