

By Senator Jones

13-634A-07

See HB 291

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A bill to be entitled

An act relating to coverage for mental and nervous disorders; amending s. 627.668, F.S.; revising requirements for optional coverage for mental and nervous disorders; revising certain benefits limitations; providing an options application requirement; providing an effective date.

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

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

627.668 Optional coverage for mental and nervous disorders required; exception.--

(1) Every insurer, health maintenance organization, and nonprofit hospital and medical service plan corporation transacting group health insurance or providing prepaid health care in this state shall make available to the policyholder as part of the application, for an appropriate additional premium under a group hospital and medical expense-incurred insurance policy, under a group prepaid health care contract, and under a group hospital and medical service plan contract, the benefits or level of benefits specified in subsection (2) for all diagnostic categories of mental health conditions listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, and as listed in the mental and behavioral disorders section of the current International Classification of Diseases, to include schizophrenia, schizophrenia-form disorders, schizo-affective disorders,

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

1 paranoid and other psychotic disorders, bipolar disorders,  
2 panic disorders, obsessive-compulsive disorders, major  
3 depressive disorders, anxiety disorders, mood disorders,  
4 pervasive development disorders or autism, depression in  
5 childhood and adolescence, personality disorders, paraphilias,  
6 attention deficit and disruptive behavior disorders, tic  
7 disorders, eating disorders including bulimia and anorexia,  
8 Asperger's disorder, intermittent explosive disorder,  
9 posttraumatic stress disorder, psychosis not otherwise  
10 specified (NOS) when diagnosed in a child under 17 years of  
11 age, Rett's disorder, Tourette's disorder, delirium, and  
12 dementia ~~the necessary care and treatment of mental and~~  
13 ~~nervous disorders, as defined in the standard nomenclature of~~  
14 ~~the American Psychiatric Association,~~ subject to the right of  
15 the applicant for a group policy or contract to select any  
16 alternative benefits or level of benefits as may be offered by  
17 the insurer, health maintenance organization, or service plan  
18 corporation provided that, if alternate inpatient, outpatient,  
19 or partial hospitalization benefits are selected, such  
20 benefits shall not be less than the level of benefits required  
21 under subsection ~~paragraph~~ (2)(a), ~~paragraph (2)(b), or~~  
22 ~~paragraph (2)(c), respectively.~~

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 may not be more  
27 restrictive than the treatment limitations and cost-sharing  
28 requirements under the plan which are applicable to other  
29 disease, illnesses, and medical conditions. ~~shall not be less~~  
30 ~~favorable than for physical illness generally, except that:~~

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1           ~~(a) Inpatient benefits may be limited to not less than~~  
2 ~~30 days per benefit year as defined in the policy or contract.~~  
3 ~~If inpatient hospital benefits are provided beyond 30 days per~~  
4 ~~benefit year, the durational limits, dollar amounts, and~~  
5 ~~coinsurance factors thereto need not be the same as applicable~~  
6 ~~to physical illness generally.~~

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

17           ~~(c) Partial hospitalization benefits shall be provided~~  
18 ~~under the direction of a licensed physician. For purposes of~~  
19 ~~this part, the term "partial hospitalization services" is~~  
20 ~~defined as those services offered by a program accredited by~~  
21 ~~the Joint Commission on Accreditation of Hospitals (JCAH) or~~  
22 ~~in compliance with equivalent standards. Alcohol~~  
23 ~~rehabilitation programs accredited by the Joint Commission on~~  
24 ~~Accreditation of Hospitals or approved by the state and~~  
25 ~~licensed drug abuse rehabilitation programs shall also be~~  
26 ~~qualified providers under this section. In any benefit year,~~  
27 ~~if partial hospitalization services or a combination of~~  
28 ~~inpatient and partial hospitalization are utilized, the total~~  
29 ~~benefits paid for all such services shall not exceed the cost~~  
30 ~~of 30 days of inpatient hospitalization for psychiatric~~  
31 ~~services, including physician fees, which prevail in the~~

1 ~~community in which the partial hospitalization services are~~  
2 ~~rendered. If partial hospitalization services benefits are~~  
3 ~~provided beyond the limits set forth in this paragraph, the~~  
4 ~~durational limits, dollar amounts, and coinsurance factors~~  
5 ~~thereof need not be the same as those applicable to physical~~  
6 ~~illness generally.~~

7 (3) In the case of a group health plan that offers a  
8 participant or beneficiary two or more benefit package options  
9 under the plan, the requirements of this section shall be  
10 applied separately with respect to each such option.

11 ~~(4)(3)~~ Insurers must maintain strict confidentiality  
12 regarding psychiatric and psychotherapeutic records submitted  
13 to an insurer for the purpose of reviewing a claim for  
14 benefits payable under this section. These records submitted  
15 to an insurer are subject to the limitations of s. 456.057,  
16 relating to the furnishing of patient records.

17 Section 2. This act shall take effect July 1, 2007.  
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