

1 birth or acquired during the neonatal period. Such coverage
2 for inherited diseases of amino acids and organic acids shall
3 include food products modified to be low protein, in an amount
4 not to exceed \$2,500 annually for any insured individual,
5 through the age of 24.

6 (b) Amino-acid-based elemental formulas, regardless of
7 the method of intake, for the medically necessary treatment of
8 medically diagnosed conditions such as severe multiple
9 allergies, gastroesophageal reflux, and eosinophilic disorders
10 when ordered by a licensed physician.

11 (2) This section applies to any person or family
12 notwithstanding the existence of any preexisting condition.

13 Section 2. Section 627.668, Florida Statutes, is
14 amended to read:

15 627.668 Optional coverage for mental and nervous
16 disorders required; exception.--

17 (1) Every insurer, health maintenance organization,
18 and nonprofit hospital and medical service plan corporation
19 transacting group health insurance or providing prepaid health
20 care in this state shall make available to the policyholder as
21 part of the application, for an appropriate additional premium
22 under a group hospital and medical expense-incurred insurance
23 policy, under a group prepaid health care contract, and under
24 a group hospital and medical service plan contract, the
25 benefits or level of benefits specified in subsection (2) for
26 medically necessary treatment and care for all diagnostic
27 categories of mental health conditions listed in the most
28 recent edition of the Diagnostic and Statistical Manual of
29 Mental Disorders, published by the American Psychiatric
30 Association, and as listed in the mental and behavioral
31 disorders section of the current International Classification

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

25 (2) Under group policies or contracts, inpatient
26 hospital benefits, partial hospitalization benefits, and
27 outpatient benefits consisting of durational limits, dollar
28 amounts, deductibles, and coinsurance factors may not be more
29 restrictive than the treatment limitations and cost-sharing
30 requirements under the plan which are applicable to other
31

1 ~~disease, illnesses, and medical conditions. shall not be less~~
2 ~~favorable than for physical illness generally, except that:~~

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

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

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

1 ~~of 30 days of inpatient hospitalization for psychiatric~~
2 ~~services, including physician fees, which prevail in the~~
3 ~~community in which the partial hospitalization services are~~
4 ~~rendered. If partial hospitalization services benefits are~~
5 ~~provided beyond the limits set forth in this paragraph, the~~
6 ~~durational limits, dollar amounts, and coinsurance factors~~
7 ~~thereof need not be the same as those applicable to physical~~
8 ~~illness generally.~~

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

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

19 Section 3. This act shall take effect January 1, 2008,
20 and applies to policies and contracts issued or renewed on or
21 after that date.

22
23 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
24 COMMITTEE SUBSTITUTE FOR
25 Senate Bill 1834

26 The committee substitute provides the following changes:

- 27 1. Requires coverage for medically necessary care and
28 treatment of mental disorders.
29 2. Revises health insurance coverage for enteral formulas.
30 3. Changes the effective date of the bill to January 1,
31 2008, and provides application to policies and contracts
issued or renewed on or after that date.