

1 A bill to be entitled
 2 An act relating to coverage for mental and nervous
 3 disorders; amending s. 627.668, F.S.; revising
 4 requirements for optional coverage for mental and nervous
 5 disorders; revising certain benefits limitations;
 6 providing an options application requirement; providing an
 7 effective date.

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

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

13 627.668 Optional coverage for mental and nervous disorders
 14 required; exception.--

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

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29 Diseases, to include schizophrenia, schizophrenia-form
30 disorders, schizo-affective disorders, paranoid and other
31 psychotic disorders, bipolar disorders, panic disorders,
32 obsessive-compulsive disorders, major depressive disorders,
33 anxiety disorders, mood disorders, pervasive development
34 disorders or autism, depression in childhood and adolescence,
35 personality disorders, paraphilias, attention deficit and
36 disruptive behavior disorders, tic disorders, eating disorders
37 including bulimia and anorexia, Asperger's disorder,
38 intermittent explosive disorder, posttraumatic stress disorder,
39 psychosis not otherwise specified (NOS) when diagnosed in a
40 child under 17 years of age, Rett's disorder, Tourette's
41 disorder, delirium, and dementia ~~the necessary care and~~
42 ~~treatment of mental and nervous disorders, as defined in the~~
43 ~~standard nomenclature of the American Psychiatric Association,~~
44 subject to the right of the applicant for a group policy or
45 contract to select any alternative benefits or level of benefits
46 as may be offered by the insurer, health maintenance
47 organization, or service plan corporation provided that, if
48 alternate inpatient, outpatient, or partial hospitalization
49 benefits are selected, such benefits shall not be less than the
50 level of benefits required under subsection ~~paragraph~~ (2) ~~(a),~~
51 ~~paragraph (2) (b), or paragraph (2) (c), respectively.~~

52 (2) Under group policies or contracts, inpatient hospital
53 benefits, partial hospitalization benefits, and outpatient
54 benefits consisting of durational limits, dollar amounts,
55 deductibles, and coinsurance factors may not be more restrictive
56 than the treatment limitations and cost-sharing requirements

57 under the plan that are applicable to other disease, illnesses,
58 and medical conditions. ~~shall not be less favorable than for~~
59 ~~physical illness generally, except that:~~

60 ~~(a) Inpatient benefits may be limited to not less than 30~~
61 ~~days per benefit year as defined in the policy or contract. If~~
62 ~~inpatient hospital benefits are provided beyond 30 days per~~
63 ~~benefit year, the durational limits, dollar amounts, and~~
64 ~~coinsurance factors thereto need not be the same as applicable~~
65 ~~to physical illness generally.~~

66 ~~(b) Outpatient benefits may be limited to \$1,000 for~~
67 ~~consultations with a licensed physician, a psychologist licensed~~
68 ~~pursuant to chapter 490, a mental health counselor licensed~~
69 ~~pursuant to chapter 491, a marriage and family therapist~~
70 ~~licensed pursuant to chapter 491, and a clinical social worker~~
71 ~~licensed pursuant to chapter 491. If benefits are provided~~
72 ~~beyond the \$1,000 per benefit year, the durational limits,~~
73 ~~dollar amounts, and coinsurance factors thereof need not be the~~
74 ~~same as applicable to physical illness generally.~~

75 ~~(c) Partial hospitalization benefits shall be provided~~
76 ~~under the direction of a licensed physician. For purposes of~~
77 ~~this part, the term "partial hospitalization services" is~~
78 ~~defined as those services offered by a program accredited by the~~
79 ~~Joint Commission on Accreditation of Hospitals (JCAH) or in~~
80 ~~compliance with equivalent standards. Alcohol rehabilitation~~
81 ~~programs accredited by the Joint Commission on Accreditation of~~
82 ~~Hospitals or approved by the state and licensed drug abuse~~
83 ~~rehabilitation programs shall also be qualified providers under~~
84 ~~this section. In any benefit year, if partial hospitalization~~

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85 ~~services or a combination of inpatient and partial~~
86 ~~hospitalization are utilized, the total benefits paid for all~~
87 ~~such services shall not exceed the cost of 30 days of inpatient~~
88 ~~hospitalization for psychiatric services, including physician~~
89 ~~fees, which prevail in the community in which the partial~~
90 ~~hospitalization services are rendered. If partial~~
91 ~~hospitalization services benefits are provided beyond the limits~~
92 ~~set forth in this paragraph, the durational limits, dollar~~
93 ~~amounts, and coinsurance factors thereof need not be the same as~~
94 ~~those applicable to physical illness generally.~~

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

99 (4)-(3) Insurers must maintain strict confidentiality
100 regarding psychiatric and psychotherapeutic records submitted to
101 an insurer for the purpose of reviewing a claim for benefits
102 payable under this section. These records submitted to an
103 insurer are subject to the limitations of s. 456.057, relating
104 to the furnishing of patient records.

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