

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
 7 for contingent application to certain persons; providing
 8 an effective date.

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

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

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

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

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

53 (2) Under group policies or contracts, inpatient hospital
54 benefits, partial hospitalization benefits, and outpatient
55 benefits consisting of durational limits, dollar amounts,
56 deductibles, and coinsurance factors may not be more restrictive

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

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

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

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

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

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

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

106 Section 2. This act shall take effect October 1, 2007,
107 except that the amendments to s. 627.668, Florida Statutes, made
108 by this act and incorporated under the State Group Insurance
109 Program established pursuant to s. 110.123, Florida Statutes,
110 shall not apply to state employees unless a specific
111 appropriation for that purpose is made in the General
112 Appropriations Act for fiscal year 2007-2008.