

By Senator Peaden

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1 A bill to be entitled

2 An act relating to optional coverage for health-related  
3 disorders; amending s. 627.42395, F.S.; including certain  
4 amino-acid-based formulas within requirements concerning  
5 optional coverage for enteral formulas; amending s.  
6 627.668, F.S.; revising requirements for optional coverage  
7 for mental and nervous disorders; revising certain  
8 benefits limitations; providing an options application  
9 requirement; providing applicability; providing an  
10 effective date.

11  
12 Be It Enacted by the Legislature of the State of Florida:

13  
14 Section 1. Section 627.42395, Florida Statutes, is amended  
15 to read:

16 627.42395 Coverage for certain prescription and  
17 nonprescription enteral or amino acid formulas.--

18 (1) Notwithstanding any other provision of law, any health  
19 insurance policy delivered or issued for delivery, to any person  
20 in this state or any group, blanket, or franchise health  
21 insurance policy delivered or issued for delivery in this state  
22 shall make available to the policyholder as part of the  
23 application, for an appropriate additional premium, coverage for:

24 (a) Prescription and nonprescription enteral formulas for  
25 home use which are physician prescribed as medically necessary  
26 for the treatment of inherited diseases of amino acid, organic  
27 acid, carbohydrate, or fat metabolism as well as malabsorption  
28 originating from congenital defects present at birth or acquired  
29 during the neonatal period. Such coverage for inherited diseases

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30 of amino acids and organic acids shall include food products  
31 modified to be low protein, in an amount not to exceed \$2,500  
32 annually for any insured individual, through the age of 24.

33 (b) Amino-acid-based elemental formulas, regardless of the  
34 method of intake, for the medically necessary treatment of  
35 medically diagnosed conditions such as severe multiple allergies,  
36 gastroesophageal reflux, and eosinophilic disorders when ordered  
37 by a licensed physician.

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

40 Section 2. Section 627.668, Florida Statutes, is amended to  
41 read:

42 627.668 Optional coverage for mental and nervous disorders  
43 required; exception.--

44 (1) Every insurer, health maintenance organization, and  
45 nonprofit hospital and medical service plan corporation  
46 transacting group health insurance or providing prepaid health  
47 care in this state shall make available to the policyholder as  
48 part of the application, for an appropriate additional premium  
49 under a group hospital and medical expense-incurred insurance  
50 policy, under a group prepaid health care contract, and under a  
51 group hospital and medical service plan contract, the benefits or  
52 level of benefits specified in subsection (2) for medically  
53 necessary treatment and care for all diagnostic categories of  
54 mental health conditions listed in the most recent edition of the  
55 Diagnostic and Statistical Manual of Mental Disorders, published  
56 by the American Psychiatric Association, and as listed in the  
57 mental and behavioral disorders section of the current  
58 International Classification of Diseases, which shall include,

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59 but not be limited to, schizophrenia, schizophrenia-form  
60 disorders, schizo-affective disorders, paranoid and other  
61 psychotic disorders, bipolar disorders, panic disorders,  
62 obsessive-compulsive disorders, major depressive disorders,  
63 anxiety disorders, mood disorders, pervasive development  
64 disorders or autism, depression in childhood and adolescence,  
65 personality disorders, paraphilias, attention deficit and  
66 disruptive behavior disorders, tic disorders, eating disorders  
67 including bulimia and anorexia, Asperger's disorder, intermittent  
68 explosive disorder, posttraumatic stress disorder, psychosis not  
69 otherwise specified (NOS) when diagnosed in a child under 17  
70 years of age, Rett's disorder, Tourette's disorder, delirium, and  
71 dementia ~~the necessary care and treatment of mental and nervous~~  
72 ~~disorders, as defined in the standard nomenclature of the~~  
73 ~~American Psychiatric Association,~~ subject to the right of the  
74 applicant for a group policy or contract to select any  
75 alternative benefits or level of benefits as may be offered by  
76 the insurer, health maintenance organization, or service plan  
77 corporation provided that, if alternate inpatient, outpatient, or  
78 partial hospitalization benefits are selected, such benefits  
79 shall not be less than the level of benefits required under  
80 subsection paragraph (2)(a), paragraph (2)(b), or paragraph  
81 (2)(c), respectively.

82 (2) Under group policies or contracts, inpatient hospital  
83 benefits, partial hospitalization benefits, and outpatient  
84 benefits consisting of durational limits, dollar amounts,  
85 deductibles, and coinsurance factors may not be more restrictive  
86 than the treatment limitations and cost-sharing requirements  
87 under the plan which are applicable to other disease, illnesses,

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88 ~~and medical conditions. shall not be less favorable than for~~  
89 ~~physical illness generally, except that:~~

90 ~~(a) Inpatient benefits may be limited to not less than 30~~  
91 ~~days per benefit year as defined in the policy or contract. If~~  
92 ~~inpatient hospital benefits are provided beyond 30 days per~~  
93 ~~benefit year, the durational limits, dollar amounts, and~~  
94 ~~coinsurance factors thereto need not be the same as applicable to~~  
95 ~~physical illness generally.~~

96 ~~(b) Outpatient benefits may be limited to \$1,000 for~~  
97 ~~consultations with a licensed physician, a psychologist licensed~~  
98 ~~pursuant to chapter 490, a mental health counselor licensed~~  
99 ~~pursuant to chapter 491, a marriage and family therapist licensed~~  
100 ~~pursuant to chapter 491, and a clinical social worker licensed~~  
101 ~~pursuant to chapter 491. If benefits are provided beyond the~~  
102 ~~\$1,000 per benefit year, the durational limits, dollar amounts,~~  
103 ~~and coinsurance factors thereof need not be the same as~~  
104 ~~applicable to physical illness generally.~~

105 ~~(c) Partial hospitalization benefits shall be provided~~  
106 ~~under the direction of a licensed physician. For purposes of this~~  
107 ~~part, the term "partial hospitalization services" is defined as~~  
108 ~~those services offered by a program accredited by the Joint~~  
109 ~~Commission on Accreditation of Hospitals (JCAH) or in compliance~~  
110 ~~with equivalent standards. Alcohol rehabilitation programs~~  
111 ~~accredited by the Joint Commission on Accreditation of Hospitals~~  
112 ~~or approved by the state and licensed drug abuse rehabilitation~~  
113 ~~programs shall also be qualified providers under this section. In~~  
114 ~~any benefit year, if partial hospitalization services or a~~  
115 ~~combination of inpatient and partial hospitalization are~~  
116 ~~utilized, the total benefits paid for all such services shall not~~

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117 ~~exceed the cost of 30 days of inpatient hospitalization for~~  
118 ~~psychiatric services, including physician fees, which prevail in~~  
119 ~~the community in which the partial hospitalization services are~~  
120 ~~rendered. If partial hospitalization services benefits are~~  
121 ~~provided beyond the limits set forth in this paragraph, the~~  
122 ~~durational limits, dollar amounts, and coinsurance factors~~  
123 ~~thereof need not be the same as those applicable to physical~~  
124 ~~illness generally.~~

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

129 (4) ~~(3)~~ Insurers must maintain strict confidentiality  
130 regarding psychiatric and psychotherapeutic records submitted to  
131 an insurer for the purpose of reviewing a claim for benefits  
132 payable under this section. These records submitted to an insurer  
133 are subject to the limitations of s. 456.057, relating to the  
134 furnishing of patient records.

135 Section 3. This act shall take effect January 1, 2009, and  
136 applies to policies and contracts issued or renewed on or after  
137 that date.