

By Senator Crist

12-00040-08

2008164__

1 A bill to be entitled

2 An act relating to coverage for mental, nervous, and
3 substance-related disorders; amending s. 627.668, F.S.;
4 revising requirements for optional coverage for mental,
5 nervous, and substance-related disorders; revising certain
6 benefits limitations; providing an options application
7 requirement; repealing s. 627.669, F.S., relating to
8 optional coverage required for substance abuse impaired
9 persons; amending s. 627.6675, F.S.; conforming a cross-
10 reference; providing an effective date.

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

13
14 Section 1. Section 627.668, Florida Statutes, is amended to
15 read:

16 627.668 Optional coverage for mental, ~~and~~ nervous, and
17 substance-related disorders required; exception.--

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

12-00040-08

2008164__

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

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

12-00040-08

2008164__

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

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

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

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

12-00040-08

2008164__

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

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

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

108 Section 2. Section 627.669, Florida Statutes, is repealed.

109 Section 3. Paragraph (b) of subsection (8) of section
110 627.6675, Florida Statutes, is amended to read:

111 627.6675 Conversion on termination of eligibility.--Subject
112 to all of the provisions of this section, a group policy
113 delivered or issued for delivery in this state by an insurer or
114 nonprofit health care services plan that provides, on an expense-
115 incurred basis, hospital, surgical, or major medical expense
116 insurance, or any combination of these coverages, shall provide

12-00040-08

2008164__

117 | that an employee or member whose insurance under the group policy
118 | has been terminated for any reason, including discontinuance of
119 | the group policy in its entirety or with respect to an insured
120 | class, and who has been continuously insured under the group
121 | policy, and under any group policy providing similar benefits
122 | that the terminated group policy replaced, for at least 3 months
123 | immediately prior to termination, shall be entitled to have
124 | issued to him or her by the insurer a policy or certificate of
125 | health insurance, referred to in this section as a "converted
126 | policy." A group insurer may meet the requirements of this
127 | section by contracting with another insurer, authorized in this
128 | state, to issue an individual converted policy, which policy has
129 | been approved by the office under s. 627.410. An employee or
130 | member shall not be entitled to a converted policy if termination
131 | of his or her insurance under the group policy occurred because
132 | he or she failed to pay any required contribution, or because any
133 | discontinued group coverage was replaced by similar group
134 | coverage within 31 days after discontinuance.

135 | (8) BENEFITS OFFERED.--

136 | (b) An insurer shall offer the benefits specified in s.
137 | 627.668 ~~and the benefits specified in s. 627.669~~ if those
138 | benefits were provided in the group plan.

139 | Section 4. This act shall take effect January 1, 2009.