

1 A bill to be entitled
 2 An act relating to optional coverage for mental and
 3 nervous disorders; amending s. 627.668, F.S.; revising
 4 requirements for optional coverage for mental and nervous
 5 disorders; revising certain benefits limitations; limiting
 6 applicability; providing definitions; permitting benefits
 7 to be provided by an exclusive provider or group of
 8 exclusive providers; permitting benefits to be provided
 9 through a contract with exclusive providers; providing for
 10 care management; providing an exemption; providing an
 11 effective date.

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

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 15 Section 1. Present subsection (3) of section 627.668,
 16 Florida Statutes, is renumbered as subsection (4), and a new
 17 subsection (3) is added to that section to read:

18 627.668 Optional coverage for mental and nervous disorders
 19 required; exception.--

20 (3) (a) Every insurer and health maintenance organization
 21 transacting group health insurance or providing prepaid health
 22 care in this state shall make available to the policyholder, for
 23 an appropriate additional premium, as part of the application
 24 for a group hospital and medical expense-incurred insurance
 25 policy under a group prepaid health care contract or a group
 26 health maintenance organization contract, coverage for the
 27 treatment of serious mental illness, which treatment is
 28 determined to be medically necessary. With respect to the state

29 group insurance program, the term "policyholder" means the State
30 of Florida.

31 (b) Under group policies or contracts, inpatient hospital
32 benefits, partial hospitalization benefits, and outpatient
33 benefits consisting of durational limits, dollar amounts,
34 deductibles, and coinsurance factors must be the same for
35 serious mental illness as for physical illness generally.
36 Notwithstanding the provisions of this subsection, an insurer or
37 health maintenance organization may limit inpatient coverage to
38 45 days per year and may limit outpatient coverage to 60 visits
39 per year.

40 (c) This subsection does not apply to any group health
41 plan or group health insurance covered in connection with a
42 group health plan for any plan year of a small employer as
43 defined in s. 627.6699.

44 (d) As used in this subsection, the term "serious mental
45 illness" means the following psychiatric illnesses as defined by
46 the American Psychiatric Association in the most current edition
47 of the Diagnostic and Statistical Manual of Mental Disorders:
48 schizophrenia, schizoaffective disorder, panic disorder, bipolar
49 affective disorder, major depressive disorder, and obsessive-
50 compulsive disorder.

51 (e) Notwithstanding other provisions of this section,
52 chapter 641, s. 627.6471, or s. 627.6472, an insurer or health
53 maintenance organization may require that the covered services
54 required by this subsection be provided by an exclusive provider
55 of health care or a group of exclusive providers of health care
56 which has entered into a written agreement with the insurer or

57 health maintenance organization to provide benefits under this
58 subsection. The insurer or health maintenance organization may
59 condition the payment of such benefits, in whole or in part, on
60 the use of such exclusive providers.

61 (f) The insurer or health maintenance organization may
62 directly or indirectly enter into a contract with an exclusive
63 provider of health care or a group of exclusive providers of
64 health care to provide benefits under this subsection. In
65 providing benefits under this subsection, the insurer or health
66 maintenance organization may impose other appropriate financial
67 incentives, peer review, utilization requirements, and other
68 methods used for the management of benefits provided for other
69 medical conditions or by management methods unique to mental
70 health benefits to reduce service costs and utilization without
71 compromising quality of care.

72 (g) This subsection does not apply with respect to a group
73 health plan or health insurance coverage offered in connection
74 with a group health plan if the application of this subsection
75 to such plan or coverage results in an increase in the cost
76 under the plan or for such coverage of at least 2 percent, as
77 determined and certified by an insurer's or health maintenance
78 organization's actuary.

79 Section 2. This act shall take effect July 1, 2008.