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CHAMBER ACTION

Senate

House

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Floor: WD/2R
4/23/2008 2:12 PM



1 Senator Crist moved the following **amendment**:

3 **Senate Amendment (with title amendment)**

4 Between lines 24 and 25,

5 insert:

6 Section 2. Section 627.668, Florida Statutes, is amended to
7 read:

8 627.668 Optional coverage for mental and nervous disorders
9 required; exception.--

10 (1) Every insurer, health maintenance organization, and
11 nonprofit hospital and medical service plan corporation
12 transacting group health insurance or providing prepaid health
13 care in this state shall make available to the policyholder as
14 part of the application, for an appropriate additional premium
15 under a group hospital and medical expense-incurred insurance
16 policy, under a group prepaid health care contract, and under a
17 group hospital and medical service plan contract, the benefits or



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18 level of benefits specified in subsections (2) and (3) ~~subsection~~  
19 ~~(2)~~ for the necessary care and treatment of mental and nervous  
20 disorders, as defined in the most recent edition of the  
21 Diagnostic and Statistical Manual of Mental Disorders published  
22 by standard nomenclature of the American Psychiatric Association,  
23 subject to the right of the applicant for a group policy or  
24 contract to select any alternative benefits or level of benefits  
25 as may be offered by the insurer, health maintenance  
26 organization, or service plan corporation provided that, if  
27 alternate inpatient, outpatient, or partial hospitalization  
28 benefits are selected, such benefits shall not be less than the  
29 level of benefits required under subsections (2) and (3)  
30 ~~paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c),~~  
31 ~~respectively.~~

32 (2) Under group policies or contracts, inpatient hospital  
33 benefits, partial hospitalization benefits, and outpatient  
34 benefits consisting of durational limits, dollar amounts,  
35 deductibles, and coinsurance factors shall not be less favorable  
36 than for physical illness generally for the necessary care and  
37 treatment of schizophrenia, schizo-affective disorders, major  
38 depression, bipolar disorders, panic disorders, generalized  
39 anxiety disorders, posttraumatic stress disorders, substance abuse  
40 disorders, eating disorders, delirium, dementia, childhood  
41 ADD/ADHD, developmental disorders, borderline personality  
42 disorder, and mental disorder due to a medical condition.

43 (3) ~~(2)~~ Under group policies or contracts, inpatient  
44 hospital benefits, partial hospitalization benefits, and  
45 outpatient benefits for mental health disorders not listed in  
46 subsection (2) consisting of durational limits, dollar amounts,

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47 | ~~deductibles, and coinsurance factors~~ shall not be less favorable  
48 | than for physical illness generally, except that:

49 |       (a) Inpatient benefits may be limited to not less than 30  
50 | days per benefit year as defined in the policy or contract. If  
51 | inpatient hospital benefits are provided beyond 30 days per  
52 | benefit year, the durational limits, dollar amounts, and  
53 | coinsurance factors thereto need not be the same as applicable to  
54 | physical illness generally.

55 |       (b) Outpatient benefits may be limited to \$1,000 for  
56 | consultations with a licensed physician, a psychologist licensed  
57 | pursuant to chapter 490, a mental health counselor licensed  
58 | pursuant to chapter 491, a marriage and family therapist licensed  
59 | pursuant to chapter 491, and a clinical social worker licensed  
60 | pursuant to chapter 491. If benefits are provided beyond the  
61 | \$1,000 per benefit year, the durational limits, dollar amounts,  
62 | and coinsurance factors thereof need not be the same as  
63 | applicable to physical illness generally.

64 |       (c) Partial hospitalization benefits shall be provided  
65 | under the direction of a licensed physician. For purposes of this  
66 | part, the term "partial hospitalization services" is defined as  
67 | those services offered by a program accredited by the Joint  
68 | Commission on Accreditation of Hospitals (JCAH) or in compliance  
69 | with equivalent standards. Alcohol rehabilitation programs  
70 | accredited by the Joint Commission on Accreditation of Hospitals  
71 | or approved by the state and licensed drug abuse rehabilitation  
72 | programs shall also be qualified providers under this section. In  
73 | any benefit year, if partial hospitalization services or a  
74 | combination of inpatient and partial hospitalization are  
75 | utilized, the total benefits paid for all such services shall not  
76 | exceed the cost of 30 days of inpatient hospitalization for



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77 psychiatric services, including physician fees, which prevail in  
78 the community in which the partial hospitalization services are  
79 rendered. If partial hospitalization services benefits are  
80 provided beyond the limits set forth in this paragraph, the  
81 durational limits, dollar amounts, and coinsurance factors  
82 thereof need not be the same as those applicable to physical  
83 illness generally.

84 ~~(4)(3)~~ Insurers must maintain strict confidentiality  
85 regarding psychiatric and psychotherapeutic records submitted to  
86 an insurer for the purpose of reviewing a claim for benefits  
87 payable under this section. These records submitted to an insurer  
88 are subject to the limitations of s. 456.057, relating to the  
89 furnishing of patient records.

90 Section 3. Section 627.669, Florida Statutes, is repealed.

91 Section 4. Paragraph (b) of subsection (8) of section  
92 627.6675, Florida Statutes, is amended to read:

93 627.6675 Conversion on termination of eligibility.--Subject  
94 to all of the provisions of this section, a group policy  
95 delivered or issued for delivery in this state by an insurer or  
96 nonprofit health care services plan that provides, on an expense-  
97 incurred basis, hospital, surgical, or major medical expense  
98 insurance, or any combination of these coverages, shall provide  
99 that an employee or member whose insurance under the group policy  
100 has been terminated for any reason, including discontinuance of  
101 the group policy in its entirety or with respect to an insured  
102 class, and who has been continuously insured under the group  
103 policy, and under any group policy providing similar benefits  
104 that the terminated group policy replaced, for at least 3 months  
105 immediately prior to termination, shall be entitled to have  
106 issued to him or her by the insurer a policy or certificate of



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107 health insurance, referred to in this section as a "converted  
 108 policy." A group insurer may meet the requirements of this  
 109 section by contracting with another insurer, authorized in this  
 110 state, to issue an individual converted policy, which policy has  
 111 been approved by the office under s. 627.410. An employee or  
 112 member shall not be entitled to a converted policy if termination  
 113 of his or her insurance under the group policy occurred because  
 114 he or she failed to pay any required contribution, or because any  
 115 discontinued group coverage was replaced by similar group  
 116 coverage within 31 days after discontinuance.

117 (8) BENEFITS OFFERED.--

118 (b) An insurer shall offer the benefits specified in s.  
 119 627.668 ~~and the benefits specified in s. 627.669~~ if those  
 120 benefits were provided in the group plan.  
 121

122 ===== T I T L E A M E N D M E N T =====

123 And the title is amended as follows:

124  
125 Delete lines 2 and 3

126 and insert:

127 An act relating to health insurance plans; providing a  
 128 short title; amending s. 627.668, F.S.; revising the  
 129 requirements for optional coverage for mental and nervous  
 130 disorders; prohibiting the durational limits, dollar  
 131 amounts, deductibles, or coinsurance factors for certain  
 132 specified illnesses or conditions from being less  
 133 favorable than those for physical illness; repealing s.  
 134 627.669, F.S., relating to optional coverage for substance  
 135 abuse impaired persons; amending s. 627.6675, F.S.,  
 136 relating to required benefits; conforming provisions to

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137 | changes made by the act; providing for application;  
138 | providing a short title; creating s. 627.6686, F.S.;  
139 | providing