

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 and limitations for optional coverage for
 5 mental and nervous disorders; specifying nonapplication
 6 under certain circumstances; amending s. 627.6675, F.S.;
 7 conforming a cross-reference; repealing s. 627.669, F.S.,
 8 relating to optional coverage required for substance abuse
 9 impaired persons; providing an effective date.

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

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

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

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

29 by standard nomenclature of the American Psychiatric
 30 Association, subject to the right of the applicant for a group
 31 policy or contract to select any alternative benefits or level
 32 of benefits as may be offered by the insurer, health maintenance
 33 organization, or service plan corporation, provided that, if
 34 alternate inpatient, outpatient, or partial hospitalization
 35 benefits are selected, such benefits shall not be less than the
 36 level of benefits required under subsections (2) and (3)
 37 paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c),
 38 respectively. With respect to the state group insurance program,
 39 the term "policyholder" means the State of Florida.

40 (2) Under group policies or contracts, inpatient hospital
 41 benefits, partial hospitalization benefits, and outpatient
 42 benefits consisting of durational limits, dollar amounts,
 43 deductibles, and coinsurance factors shall not be less favorable
 44 than for physical illness generally for the necessary care and
 45 treatment of schizophrenia and psychotic disorders, mood
 46 disorders, anxiety disorders, substance abuse disorders, eating
 47 disorders, and childhood ADD/ADHD.

48 (3)(2) Under group policies or contracts, inpatient
 49 hospital benefits, partial hospitalization benefits, and
 50 outpatient benefits for mental health disorders not listed in
 51 subsection (2) consisting of durational limits, dollar amounts,
 52 deductibles, and coinsurance factors shall not be less favorable
 53 than for physical illness generally, except that:

54 (a) Inpatient benefits may be limited to not less than 45
 55 ~~30~~ days per benefit year as defined in the policy or contract.
 56 If inpatient hospital benefits are provided beyond 45 ~~30~~ days

57 | per benefit year, the durational limits, dollar amounts, and
58 | coinsurance factors thereto need not be the same as applicable
59 | to physical illness generally.

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

70 | (c) Partial hospitalization benefits shall be provided
71 | under the direction of a licensed physician. For purposes of
72 | this part, the term "partial hospitalization services" is
73 | defined as those services offered by a program accredited by the
74 | Joint Commission on Accreditation of Hospitals (JCAH) or in
75 | compliance with equivalent standards. Alcohol rehabilitation
76 | programs accredited by the Joint Commission on Accreditation of
77 | Hospitals or approved by the state and licensed drug abuse
78 | rehabilitation programs shall also be qualified providers under
79 | this section. In any benefit year, if partial hospitalization
80 | services or a combination of inpatient and partial
81 | hospitalization are utilized, the total benefits paid for all
82 | such services shall not exceed the cost of 45 ~~30~~ days of
83 | inpatient hospitalization for psychiatric services, including
84 | physician fees, which prevail in the community in which the

HB 147

2009

85 partial hospitalization services are rendered. If partial
86 hospitalization services benefits are provided beyond the limits
87 set forth in this paragraph, the durational limits, dollar
88 amounts, and coinsurance factors thereof need not be the same as
89 those applicable to physical illness generally.

90 (4) In providing the benefits under this section, the
91 insurer or health maintenance organization may impose
92 appropriate financial incentives, peer review, utilization
93 requirements, and other methods used for the management of
94 benefits provided for other medical conditions, to reduce
95 service costs and utilization without compromising quality of
96 care.

97 (5)-(3) Insurers must maintain strict confidentiality
98 regarding psychiatric and psychotherapeutic records submitted to
99 an insurer for the purpose of reviewing a claim for benefits
100 payable under this section. These records submitted to an
101 insurer are subject to the limitations of s. 456.057, relating
102 to the furnishing of patient records.

103 (6) This section does not apply with respect to a group
104 health plan, or health insurance coverage offered in connection
105 with a group health plan, if the application of this section to
106 such plan or coverage has caused an increase in the costs under
107 the plan or for such coverage of more than 2 percent, as
108 determined and certified by an independent actuary to the Office
109 of Insurance Regulation.

110 Section 2. Paragraph (b) of subsection (8) of section
111 627.6675, Florida Statutes, is amended to read:

HB 147

2009

112 627.6675 Conversion on termination of
113 eligibility.--Subject to all of the provisions of this section,
114 a group policy delivered or issued for delivery in this state by
115 an insurer or nonprofit health care services plan that provides,
116 on an expense-incurred basis, hospital, surgical, or major
117 medical expense insurance, or any combination of these
118 coverages, shall provide that an employee or member whose
119 insurance under the group policy has been terminated for any
120 reason, including discontinuance of the group policy in its
121 entirety or with respect to an insured class, and who has been
122 continuously insured under the group policy, and under any group
123 policy providing similar benefits that the terminated group
124 policy replaced, for at least 3 months immediately prior to
125 termination, shall be entitled to have issued to him or her by
126 the insurer a policy or certificate of health insurance,
127 referred to in this section as a "converted policy." A group
128 insurer may meet the requirements of this section by contracting
129 with another insurer, authorized in this state, to issue an
130 individual converted policy, which policy has been approved by
131 the office under s. 627.410. An employee or member shall not be
132 entitled to a converted policy if termination of his or her
133 insurance under the group policy occurred because he or she
134 failed to pay any required contribution, or because any
135 discontinued group coverage was replaced by similar group
136 coverage within 31 days after discontinuance.

137 (8) BENEFITS OFFERED.--

HB 147

2009

138 (b) An insurer shall offer the benefits specified in s.
139 627.668 ~~and the benefits specified in s. 627.669~~ if those
140 benefits were provided in the group plan.

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

142 Section 4. This act shall take effect January 1, 2010, and
143 shall apply to policies and contracts issued or renewed on or
144 after that date.