

By Senator Crist

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1 A bill to be entitled
2 An act relating to health insurance policies; amending
3 s. 627.668, F.S.; revising the requirements for
4 optional coverage for mental and nervous disorders;
5 prohibiting the durational limits, dollar amounts,
6 deductibles, or coinsurance factors for certain
7 specified illnesses or conditions from being less
8 favorable than those for physical illness; increasing
9 the number of days for which inpatient benefits may be
10 limited; increasing the monetary amount by which
11 outpatient benefits may be limited for consultations
12 with certain health care professionals and therapists;
13 repealing s. 627.669, F.S., relating to optional
14 coverage for substance abuse impaired persons;
15 amending s. 627.6675, F.S., relating to required
16 benefits; conforming provisions to changes made by the
17 act; providing for application; providing an effective
18 date.

19
20 Be It Enacted by the Legislature of the State of Florida:

21
22 Section 1. Section 627.668, Florida Statutes, is amended to
23 read:

24 627.668 Optional coverage for mental and nervous disorders
25 required; exception.—

26 (1) Every insurer, health maintenance organization, and
27 nonprofit hospital and medical service plan corporation
28 transacting group health insurance or providing prepaid health
29 care in this state shall make available to the policyholder as

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30 part of the application, for an appropriate additional premium
31 under a group hospital and medical expense-incurred insurance
32 policy, under a group prepaid health care contract, and under a
33 group hospital and medical service plan contract, the benefits
34 or level of benefits specified in subsections (2) and (3)
35 ~~subsection (2)~~ for the necessary care and treatment of mental
36 and nervous disorders, as defined in the most recent edition of
37 the Diagnostic and Statistical Manual of Mental Disorders
38 published by standard nomenclature of the American Psychiatric
39 Association, subject to the right of the applicant for a group
40 policy or contract to select any alternative benefits or level
41 of benefits as may be offered by the insurer, health maintenance
42 organization, or service plan corporation provided that, if
43 alternate inpatient, outpatient, or partial hospitalization
44 benefits are selected, such benefits shall not be less than the
45 level of benefits required under subsections (2) and (3)
46 ~~paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c),~~
47 respectively.

48 (2) Under group policies or contracts, inpatient hospital
49 benefits, partial hospitalization benefits, and outpatient
50 benefits consisting of durational limits, dollar amounts,
51 deductibles, and coinsurance factors shall not be less favorable
52 than for physical illness generally for the necessary care and
53 treatment of schizophrenia, schizo-affective disorders, major
54 depression, bipolar disorders, panic disorders, generalized
55 anxiety disorders, posttraumatic stress disorders, substance
56 abuse disorders, eating disorders, delirium, dementia, childhood
57 ADD/ADHD, developmental disorders, borderline personality
58 disorder, and mental disorder due to a medical condition.

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59 (3)~~(2)~~ Under group policies or contracts, inpatient
60 hospital benefits, partial hospitalization benefits, and
61 outpatient benefits for mental health disorders not listed in
62 subsection (2) consisting of durational limits, dollar amounts,
63 ~~deductibles, and coinsurance factors~~ shall not be less favorable
64 than for physical illness generally, except that:

65 (a) Inpatient benefits may be limited to not less than 45
66 ~~30~~ days per benefit year as defined in the policy or contract.
67 If inpatient hospital benefits are provided beyond 45 ~~30~~ days
68 per benefit year, the durational limits, dollar amounts, and
69 coinsurance factors thereto need not be the same as applicable
70 to physical illness generally.

71 (b) Outpatient benefits may be limited to \$5,000 ~~\$1,000~~ for
72 consultations with a licensed physician, a psychologist licensed
73 pursuant to chapter 490, a mental health counselor licensed
74 pursuant to chapter 491, a marriage and family therapist
75 licensed pursuant to chapter 491, and a clinical social worker
76 licensed pursuant to chapter 491. If benefits are provided
77 beyond the \$5,000 ~~\$1,000~~ per benefit year, the durational
78 limits, dollar amounts, and coinsurance factors thereof need not
79 be the same as applicable to physical illness generally.

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

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88 rehabilitation programs shall also be qualified providers under
89 this section. In any benefit year, if partial hospitalization
90 services or a combination of inpatient and partial
91 hospitalization are utilized, the total benefits paid for all
92 such services shall not exceed the cost of 30 days of inpatient
93 hospitalization for psychiatric services, including physician
94 fees, which prevail in the community in which the partial
95 hospitalization services are rendered. If partial
96 hospitalization services benefits are provided beyond the limits
97 set forth in this paragraph, the durational limits, dollar
98 amounts, and coinsurance factors thereof need not be the same as
99 those applicable to physical illness generally.

100 (4)~~(3)~~ Insurers must maintain strict confidentiality
101 regarding psychiatric and psychotherapeutic records submitted to
102 an insurer for the purpose of reviewing a claim for benefits
103 payable under this section. These records submitted to an
104 insurer are subject to the limitations of s. 456.057, relating
105 to the furnishing of patient records.

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

107 Section 3. Paragraph (b) of subsection (8) of section
108 627.6675, Florida Statutes, is amended to read:

109 627.6675 Conversion on termination of eligibility.—Subject
110 to all of the provisions of this section, a group policy
111 delivered or issued for delivery in this state by an insurer or
112 nonprofit health care services plan that provides, on an
113 expense-incurred basis, hospital, surgical, or major medical
114 expense insurance, or any combination of these coverages, shall
115 provide that an employee or member whose insurance under the
116 group policy has been terminated for any reason, including

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

134 (8) BENEFITS OFFERED.—

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

138 Section 4. This act shall take effect January 1, 2010, and
139 applies to policies and contracts issued or renewed on or after
140 that date.