

1                                   A bill to be entitled  
 2           An act relating to insurance coverage for mental and  
 3           nervous disorders; amending s. 627.668, F.S.;  
 4           providing that certain coverage for mental and nervous  
 5           disorders under specified health insurance policies or  
 6           contracts is mandatory rather than optional; revising  
 7           requirements for inpatient benefits under such  
 8           coverage to permit transferring unused benefits to  
 9           outpatient or residential treatment benefits; defining  
 10          the term "residential treatment"; redefining and  
 11          revising limits for outpatient benefits; revising  
 12          limits for partial hospitalization benefits;  
 13          conforming provisions to changes made by the act;  
 14          providing an effective date.

15  
 16 Be It Enacted by the Legislature of the State of Florida:

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 18           Section 1. Section 627.668, Florida Statutes, is amended  
 19           to read:

20           627.668 Mandatory ~~Optional~~ coverage for mental and nervous  
 21           disorders ~~required~~; exception.—

22           (1) Every insurer, health maintenance organization, and  
 23           nonprofit hospital and medical service plan corporation  
 24           transacting group health insurance or providing prepaid health  
 25           care in this state shall make available to the policyholder as  
 26           part of the application, ~~for an appropriate additional premium~~

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27 | under a group hospital and medical expense-incurred insurance  
28 | policy, under a group prepaid health care contract, and under a  
29 | group hospital and medical service plan contract, the benefits  
30 | or level of benefits specified in subsection (2) for the  
31 | necessary care and treatment of mental and nervous disorders, as  
32 | defined in the standard nomenclature of the American Psychiatric  
33 | Association, subject to the right of the applicant for a group  
34 | policy or contract to select any alternative benefits or level  
35 | of benefits as may be offered by the insurer, health maintenance  
36 | organization, or service plan corporation provided that, if  
37 | alternate inpatient, outpatient, ~~or~~ partial hospitalization, or  
38 | residential treatment benefits are selected, such benefits shall  
39 | not be less than the level of benefits required under subsection  
40 | (2) paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c),  
41 | respectively. For purposes of this section, the term  
42 | "residential treatment" means the continuous observation,  
43 | monitoring, and treatment by professional staff to treat  
44 | patients with mental or nervous disorders.

45 | (2) Under group policies or contracts, inpatient hospital  
46 | benefits, partial hospitalization benefits, and outpatient  
47 | benefits consisting of durational limits, dollar amounts,  
48 | deductibles, and coinsurance factors shall not be less favorable  
49 | than for physical illness generally, except that:

50 | (a) Inpatient benefits may be limited to not less than 45  
51 | ~~30~~ days per benefit year as defined in the policy or contract.  
52 | If inpatient hospital benefits are provided beyond 45 ~~30~~ days

53 per benefit year, the durational limits, dollar amounts, and  
54 coinsurance factors thereto need not be the same as applicable  
55 to physical illness generally. However, the policy or contract  
56 must provide that unused inpatient hospital benefits may be  
57 transferred to either outpatient benefits or residential  
58 treatment benefits.

59 (b) Outpatient benefits may be limited to 30 hours of  
60 ~~\$1,000 for~~ consultations with a licensed physician, a  
61 psychologist licensed pursuant to chapter 490, a mental health  
62 counselor licensed pursuant to chapter 491, a marriage and  
63 family therapist licensed pursuant to chapter 491, and a  
64 clinical social worker licensed pursuant to chapter 491. If  
65 benefits are provided beyond 30 hours ~~the \$1,000~~ per benefit  
66 year, the durational limits, dollar amounts, and coinsurance  
67 factors thereof need not be the same as applicable to physical  
68 illness generally.

69 (c) Partial hospitalization benefits shall be provided  
70 under the direction of a licensed physician. For purposes of  
71 this part, the term "partial hospitalization services" is  
72 defined as those services offered by a program that is  
73 accredited by an accrediting organization whose standards  
74 incorporate comparable regulations required by this state.  
75 Alcohol rehabilitation programs accredited by an accrediting  
76 organization whose standards incorporate comparable regulations  
77 required by this state or approved by the state and licensed  
78 drug abuse rehabilitation programs shall also be qualified

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79 providers under this section. In a given benefit year, if  
80 partial hospitalization services or a combination of inpatient  
81 and partial hospitalization are used, the total benefits paid  
82 for all such services may not exceed the cost of 121 ~~30~~ days  
83 after inpatient hospitalization for psychiatric services,  
84 including physician fees, which prevail in the community in  
85 which the partial hospitalization services are rendered. If  
86 partial hospitalization services benefits are provided beyond  
87 the limits set forth in this paragraph, the durational limits,  
88 dollar amounts, and coinsurance factors thereof need not be the  
89 same as those applicable to physical illness generally.

90 (3) Insurers must maintain strict confidentiality  
91 regarding psychiatric and psychotherapeutic records submitted to  
92 an insurer for the purpose of reviewing a claim for benefits  
93 payable under this section. These records submitted to an  
94 insurer are subject to the limitations of s. 456.057, relating  
95 to the furnishing of patient records.

96 Section 2. This act shall take effect July 1, 2016.