

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 requiring specified entities that transact group
 5 health insurance or provide prepaid health care to
 6 make available to policyholders under specified
 7 policies and contracts certain benefits for the care
 8 and treatment of mental and nervous disorders without
 9 an additional premium; providing that alternative
 10 residential treatment benefits offered by certain
 11 entities may not be less than a specified level of
 12 benefits; defining the term "residential treatment";
 13 revising coverage limit requirements on inpatient
 14 hospital benefits, outpatient benefits, and partial
 15 hospitalization benefits; requiring policies and
 16 contracts to provide for the transfer of unused
 17 inpatient hospital benefits to outpatient benefits or
 18 residential treatment benefits; providing an effective
 19 date.

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

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

25 627.668 ~~Optional~~ Coverage for mental and nervous disorders

26 ~~required~~; exception.—

27 (1) Every insurer, health maintenance organization, and
28 nonprofit hospital and medical service plan corporation
29 transacting group health insurance or providing prepaid health
30 care in this state shall make available to the policyholder as
31 part of the application, ~~for an appropriate additional premium~~
32 under a group hospital and medical expense-incurred insurance
33 policy, under a group prepaid health care contract, and under a
34 group hospital and medical service plan contract, the benefits
35 or level of benefits specified in subsection (2) for the
36 necessary care and treatment of mental and nervous disorders, as
37 defined in the standard nomenclature of the American Psychiatric
38 Association, subject to the right of the applicant for a group
39 policy or contract to select any alternative benefits or level
40 of benefits as may be offered by the insurer, health maintenance
41 organization, or service plan corporation. ~~provided that,~~ If
42 alternative ~~alternate~~ inpatient, outpatient, ~~or~~ partial
43 hospitalization, or residential treatment benefits are selected,
44 such benefits may ~~shall~~ not be less than the level of benefits
45 required under subsection (2) ~~paragraph (2) (a), paragraph~~
46 ~~(2) (b), or paragraph (2) (c), respectively.~~ For purposes of this
47 section, the term "residential treatment" means placement for
48 observation, diagnosis, or treatment of mental or nervous
49 disorders in a residential treatment facility licensed under s.
50 394.875 or a hospital licensed under chapter 395.

51 (2) Under group policies or contracts, inpatient hospital
52 benefits, partial hospitalization benefits, and outpatient
53 benefits consisting of durational limits, dollar amounts,
54 deductibles, and coinsurance factors may ~~shall~~ not be less
55 favorable than for physical illness generally, except that:

56 (a) Inpatient benefits may be limited to not less than 45
57 ~~30~~ days per benefit year as defined in the policy or contract.
58 If inpatient hospital benefits are provided beyond 45 ~~30~~ days
59 per benefit year, the durational limits, dollar amounts, and
60 coinsurance factors thereto need not be the same as applicable
61 to physical illness generally. However, the policy or contract
62 must provide that unused inpatient hospital benefits may be
63 transferred to either outpatient benefits or residential
64 treatment benefits.

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

75 (c) Partial hospitalization benefits shall be provided

76 | under the direction of a licensed physician. For purposes of
77 | this part, the term "partial hospitalization services" is
78 | defined as those services offered by a program that is
79 | accredited by an accrediting organization whose standards
80 | incorporate comparable regulations required by this state.
81 | Alcohol rehabilitation programs accredited by an accrediting
82 | organization whose standards incorporate comparable regulations
83 | required by this state or approved by the state and licensed
84 | drug abuse rehabilitation programs shall also be qualified
85 | providers under this section. In a given benefit year, if
86 | partial hospitalization services or a combination of inpatient
87 | and partial hospitalization are used, the total benefits paid
88 | for all such services may not exceed the cost of 121 ~~30~~ days
89 | after inpatient hospitalization for psychiatric services,
90 | including physician fees, which prevail in the community in
91 | which the partial hospitalization services are rendered. If
92 | partial hospitalization services benefits are provided beyond
93 | the limits set forth in this paragraph, the durational limits,
94 | dollar amounts, and coinsurance factors thereof need not be the
95 | same as those applicable to physical illness generally.

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

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101 | to the furnishing of patient records.

102 | Section 2. This act shall take effect July 1, 2018.