

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.; revising
 4 the requirements for insurance coverage for the care
 5 and treatment of mental and nervous disorders;
 6 providing that alternative residential treatment
 7 benefits offered by certain entities may not be less
 8 than a specified level of benefits; defining the term
 9 "residential treatment"; revising coverage limit
 10 requirements on inpatient hospital benefits,
 11 outpatient benefits, and partial hospitalization
 12 benefits; requiring policies and contracts to provide
 13 for the transfer of unused inpatient benefits to
 14 outpatient benefits or residential treatment benefits;
 15 providing an effective date.

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

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

21 627.668 ~~Optional~~ Coverage for mental and nervous disorders
 22 required; exception.—

23 (1) Every insurer, health maintenance organization, and
 24 nonprofit hospital and medical service plan corporation
 25 transacting group health insurance or providing prepaid health

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

47 | (2) Under group policies or contracts, inpatient ~~hospital~~
 48 | benefits, partial hospitalization benefits, and outpatient
 49 | benefits consisting of durational limits, dollar amounts,
 50 | deductibles, and coinsurance factors may ~~shall~~ not be less

51 favorable than for physical illness generally, except that:

52 (a) Inpatient benefits may be limited to not less than 45
53 ~~30~~ days per benefit year as defined in the policy or contract.
54 If inpatient ~~hospital~~ benefits are provided beyond 45 ~~30~~ days
55 per benefit year, the durational limits, dollar amounts, and
56 coinsurance factors thereto need not be the same as applicable
57 to physical illness generally. However, the policy or contract
58 must provide that unused inpatient benefits may be transferred
59 to outpatient benefits or residential treatment benefits.

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

70 (c) Partial hospitalization benefits shall be provided
71 under the direction of a licensed physician. For purposes of
72 this paragraph ~~part~~, the term "partial hospitalization services"
73 is defined as those services offered by a program that is
74 accredited by an accrediting organization whose standards
75 incorporate comparable regulations required by this state.

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

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

97 | Section 2. This act shall take effect July 1, 2019.