

By Senator Stewart

13-01267-19

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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 that provide prepaid health care  
6       to 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 to  
24       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

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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.~~ As used in 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

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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

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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 regarding  
97 psychiatric and psychotherapeutic records submitted to an  
98 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  
101 to the furnishing of patient records.

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