

1                                   A bill to be entitled  
 2           An act relating to optional coverage for mental and  
 3           nervous disorders; amending s. 627.668, F.S.; revising  
 4           requirements for optional coverage for mental and nervous  
 5           disorders; revising certain benefits limitations; limiting  
 6           applicability; providing a definition; permitting benefits  
 7           to be provided by an exclusive provider or group of  
 8           exclusive providers; permitting benefits to be provided  
 9           through a contract with exclusive providers; providing for  
 10          care management; providing an exemption; providing an  
 11          effective date.

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 13   Be It Enacted by the Legislature of the State of Florida:

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 15           Section 1. Present subsection (3) of section 627.668,  
 16           Florida Statutes, is renumbered as subsection (4), and a new  
 17           subsection (3) is added to that section to read:

18           627.668 Optional coverage for mental and nervous disorders  
 19           required; exception.--

20           (3) (a) Every insurer and health maintenance organization  
 21           transacting group health insurance or providing prepaid health  
 22           care in this state shall make available to the policyholder, for  
 23           an appropriate additional premium, as part of the application  
 24           for a group hospital and medical expense-incurred insurance  
 25           policy under a group prepaid health care contract or a group  
 26           health maintenance organization contract, coverage for the  
 27           treatment of serious mental illness, which treatment is  
 28           determined to be medically necessary.

29        (b) Under group policies or contracts, inpatient hospital  
30 benefits, partial hospitalization benefits, and outpatient  
31 benefits consisting of durational limits, dollar amounts,  
32 deductibles, and coinsurance factors must be the same for  
33 serious mental illness as for physical illness generally.  
34 Notwithstanding the provisions of this subsection, an insurer or  
35 health maintenance organization may limit inpatient coverage to  
36 45 days per year and may limit outpatient coverage to 60 visits  
37 per year.

38        (c) This subsection does not apply to any group health  
39 plan or group health insurance covered in connection with a  
40 group health plan for any plan year of a small employer as  
41 defined in s. 627.6699.

42        (d) As used in this subsection, the term "serious mental  
43 illness" means the following psychiatric illnesses as defined by  
44 the American Psychiatric Association in the most current edition  
45 of the Diagnostic and Statistical Manual of Mental Disorders:  
46 schizophrenia, schizoaffective disorder, panic disorder, bipolar  
47 affective disorder, major depressive disorder, and obsessive-  
48 compulsive disorder.

49        (e) Notwithstanding other provisions of this section,  
50 chapter 641, s. 627.6471, or s. 627.6472, an insurer or health  
51 maintenance organization may require that the covered services  
52 required by this subsection be provided by an exclusive provider  
53 of health care or a group of exclusive providers of health care  
54 which has entered into a written agreement with the insurer or  
55 health maintenance organization to provide benefits under this  
56 subsection. The insurer or health maintenance organization may

57 condition the payment of such benefits, in whole or in part, on  
58 the use of such exclusive providers.

59 (f) The insurer or health maintenance organization may  
60 directly or indirectly enter into a contract with an exclusive  
61 provider of health care or a group of exclusive providers of  
62 health care to provide benefits under this subsection. In  
63 providing benefits under this subsection, the insurer or health  
64 maintenance organization may impose other appropriate financial  
65 incentives, peer review, utilization requirements, and other  
66 methods used for the management of benefits provided for other  
67 medical conditions or by management methods unique to mental  
68 health benefits to reduce service costs and utilization without  
69 compromising quality of care.

70 (g) This subsection does not apply with respect to a group  
71 health plan or health insurance coverage offered in connection  
72 with a group health plan if the application of this subsection  
73 to such plan or coverage results in an increase in the cost  
74 under the plan or for such coverage of at least 2 percent, as  
75 determined and certified by an insurer's or health maintenance  
76 organization's actuary.

77 Section 2. This act shall take effect July 1, 2008.