



General Assembly

January Session, 2007

**Committee Bill No. 238**

LCO No. 5024

\* SB00238HS 031307 \*

Referred to Committee on Select Committee on Children

Introduced by:  
(KID)

**AN ACT CONCERNING COVERAGE FOR COMMUNITY-BASED  
MENTAL HEALTH PROGRAMS FOR CHILDREN.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-488a of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective October 1, 2007*):

3 (a) Each individual health insurance policy providing coverage of  
4 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
5 38a-469 delivered, issued for delivery, renewed, amended or continued  
6 in this state on or after January 1, 2000, shall provide benefits for the  
7 diagnosis and treatment of mental or nervous conditions. For the  
8 purposes of this section, "mental or nervous conditions" means mental  
9 disorders, as defined in the most recent edition of the American  
10 Psychiatric Association's "Diagnostic and Statistical Manual of Mental  
11 Disorders". "Mental or nervous conditions" does not include (1) mental  
12 retardation, (2) learning disorders, (3) motor skills disorders, (4)  
13 communication disorders, (5) caffeine-related disorders, (6) relational  
14 problems, and (7) additional conditions that may be a focus of clinical  
15 attention, that are not otherwise defined as mental disorders in the  
16 most recent edition of the American Psychiatric Association's

17 "Diagnostic and Statistical Manual of Mental Disorders".

18 (b) No such policy shall establish any terms, conditions or benefits  
19 that place a greater financial burden on an insured for access to  
20 diagnosis or treatment of mental or nervous conditions than for  
21 diagnosis or treatment of medical, surgical or other physical health  
22 conditions.

23 (c) In the case of benefits payable for the services of a licensed  
24 physician, such benefits shall be payable for the same services when  
25 such services are lawfully rendered by a psychologist licensed under  
26 the provisions of chapter 383 or by such a licensed psychologist in a  
27 licensed hospital or clinic.

28 (d) In the case of benefits payable for the services of a licensed  
29 physician or psychologist, such benefits shall be payable for the same  
30 services when such services are rendered by:

31 (1) A clinical social worker who is licensed under the provisions of  
32 chapter 383b and who has passed the clinical examination of the  
33 American Association of State Social Work Boards and has completed  
34 at least two thousand hours of post-master's social work experience in  
35 a nonprofit agency qualifying as a tax-exempt organization under  
36 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
37 corresponding internal revenue code of the United States, as from time  
38 to time amended, in a municipal, state or federal agency or in an  
39 institution licensed by the Department of Public Health under section  
40 19a-490;

41 (2) A social worker who was certified as an independent social  
42 worker under the provisions of chapter 383b prior to October 1, 1990;

43 (3) A licensed marital and family therapist who has completed at  
44 least two thousand hours of post-master's marriage and family therapy  
45 work experience in a nonprofit agency qualifying as a tax-exempt  
46 organization under Section 501(c) of the Internal Revenue Code of 1986  
47 or any subsequent corresponding internal revenue code of the United

48 States, as from time to time amended, in a municipal, state or federal  
49 agency or in an institution licensed by the Department of Public Health  
50 under section 19a-490;

51 (4) A marital and family therapist who was certified under the  
52 provisions of chapter 383a prior to October 1, 1992;

53 (5) A licensed alcohol and drug counselor, as defined in section 20-  
54 74s, or a certified alcohol and drug counselor, as defined in section 20-  
55 74s; or

56 (6) A licensed professional counselor.

57 (e) For purposes of this section, the term "covered expenses" means  
58 the usual, customary and reasonable charges for treatment deemed  
59 necessary under generally accepted medical standards, except that in  
60 the case of a managed care plan, as defined in section 38a-478,  
61 "covered expenses" means the payments agreed upon in the contract  
62 between a managed care organization, as defined in section 38a-478,  
63 and a provider, as defined in section 38a-478.

64 (f) (1) In the case of benefits payable for the services of a licensed  
65 physician, such benefits shall be payable for (A) services rendered in a  
66 child guidance clinic or residential treatment facility by a person with a  
67 master's degree in social work or by a person with a master's degree in  
68 marriage and family therapy under the supervision of a psychiatrist,  
69 physician, licensed marital and family therapist, or licensed clinical  
70 social worker who is eligible for reimbursement under subdivisions (1)  
71 to (4), inclusive, of subsection (d) of this section; (B) services rendered  
72 in a residential treatment facility by a licensed or certified alcohol and  
73 drug counselor who is eligible for reimbursement under subdivision  
74 (5) of subsection (d) of this section; or (C) services rendered in a  
75 residential treatment facility by a licensed professional counselor who  
76 is eligible for reimbursement under subdivision (6) of subsection (d) of  
77 this section.

78 (2) In the case of benefits payable for the services of a licensed

79 psychologist under subsection (d) of this section, such benefits shall be  
80 payable for (A) services rendered in a child guidance clinic or  
81 residential treatment facility by a person with a master's degree in  
82 social work or by a person with a master's degree in marriage and  
83 family therapy under the supervision of such licensed psychologist,  
84 licensed marital and family therapist, or licensed clinical social worker  
85 who is eligible for reimbursement under subdivisions (1) to (4),  
86 inclusive, of subsection (d) of this section; (B) services rendered in a  
87 residential treatment facility by a licensed or certified alcohol and drug  
88 counselor who is eligible for reimbursement under subdivision (5) of  
89 subsection (d) of this section; or (C) services rendered in a residential  
90 treatment facility by a licensed professional counselor who is eligible  
91 for reimbursement under subdivision (6) of subsection (d) of this  
92 section.

93 (g) In the case of benefits payable for the service of a licensed  
94 physician practicing as a psychiatrist or a licensed psychologist, under  
95 subsection (d) of this section, such benefits shall be payable for  
96 outpatient services rendered (1) in a nonprofit community mental  
97 health center, as defined by the Department of Mental Health and  
98 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
99 operated by an accredited hospital or in a residential treatment facility;  
100 (2) under the supervision of a licensed physician practicing as a  
101 psychiatrist, a licensed psychologist, a licensed marital and family  
102 therapist, a licensed clinical social worker, a licensed or certified  
103 alcohol and drug counselor or a licensed professional counselor who is  
104 eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
105 subsection (d) of this section; and (3) within the scope of the license  
106 issued to the center or clinic by the Department of Public Health or to  
107 the residential treatment facility by the Department of Children and  
108 Families.

109 (h) In the case of benefits payable for the services of a licensed  
110 physician practicing as a psychiatrist or a licensed psychologist, under  
111 subsection (d) of this section, such benefits shall be payable for

112 outpatient services (1) for children with mental or nervous conditions,  
113 including (A) services rendered in a nonprofit community mental  
114 health center, as defined by the Department of Mental Health and  
115 Addiction Services, (B) services rendered in a psychiatric clinic or child  
116 guidance clinic, as defined in section 17a-20, (C) services rendered in a  
117 day treatment center, as defined in section 17a-22, or extended day  
118 treatment program, as defined in section 17a-147, (D) intensive home-  
119 based services for which a child has been referred by a physician, and  
120 (E) emergency crisis response services; (2) rendered under the  
121 supervision of a licensed physician practicing as a psychiatrist, a  
122 licensed psychologist, a licensed marital and family therapist, a  
123 licensed clinical social worker, a licensed or certified alcohol and drug  
124 counselor or a licensed professional counselor who is eligible for  
125 reimbursement under subdivisions (1) to (6), inclusive, of subsection  
126 (d) of this section; and (3) within the scope of the license issued to the  
127 center by the Department of Public Health or to the clinic or residential  
128 treatment facility by the Department of Children and Families. A  
129 policy pursuant to this section shall include a provision for the  
130 reimbursement of providers of services for children with mental or  
131 nervous conditions pursuant to this subsection at a rate equal to the  
132 rate paid for the provision of such services under the voluntary  
133 services program operated by the Department of Children and  
134 Families. As used in this subsection, "child" means a person under the  
135 age of eighteen.

136 [(h)] (i) Except in the case of emergency services or in the case of  
137 services for which an individual has been referred by a physician  
138 affiliated with a health care center, nothing in this section shall be  
139 construed to require a health care center to provide benefits under this  
140 section through facilities that are not affiliated with the health care  
141 center.

142 [(i)] (j) In the case of any person admitted to a state institution or  
143 facility administered by the Department of Mental Health and  
144 Addiction Services, Department of Public Health, Department of

145 Children and Families or the Department of Mental Retardation, the  
146 state shall have a lien upon the proceeds of any coverage available to  
147 such person or a legally liable relative of such person under the terms  
148 of this section, to the extent of the per capita cost of such person's care.  
149 Except in the case of emergency services, the provisions of this  
150 subsection shall not apply to coverage provided under a managed care  
151 plan, as defined in section 38a-478.

152 Sec. 2. Section 38a-514 of the general statutes is repealed and the  
153 following is substituted in lieu thereof (*Effective October 1, 2007*):

154 (a) Except as provided in subsection [(j)] (k) of this section, each  
155 group health insurance policy, providing coverage of the type  
156 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469,  
157 delivered, issued for delivery, renewed, amended or continued in this  
158 state on or after January 1, 2000, shall provide benefits for the  
159 diagnosis and treatment of mental or nervous conditions. For the  
160 purposes of this section, "mental or nervous conditions" means mental  
161 disorders, as defined in the most recent edition of the American  
162 Psychiatric Association's "Diagnostic and Statistical Manual of Mental  
163 Disorders". "Mental or nervous conditions" does not include (1) mental  
164 retardation, (2) learning disorders, (3) motor skills disorders, (4)  
165 communication disorders, (5) caffeine-related disorders, (6) relational  
166 problems, and (7) additional conditions that may be a focus of clinical  
167 attention, that are not otherwise defined as mental disorders in the  
168 most recent edition of the American Psychiatric Association's  
169 "Diagnostic and Statistical Manual of Mental Disorders".

170 (b) No such group policy shall establish any terms, conditions or  
171 benefits that place a greater financial burden on an insured for access  
172 to diagnosis or treatment of mental or nervous conditions than for  
173 diagnosis or treatment of medical, surgical or other physical health  
174 conditions.

175 (c) In the case of benefits payable for the services of a licensed  
176 physician, such benefits shall be payable for the same services when

177 such services are lawfully rendered by a psychologist licensed under  
178 the provisions of chapter 383 or by such a licensed psychologist in a  
179 licensed hospital or clinic.

180 (d) In the case of benefits payable for the services of a licensed  
181 physician or psychologist, such benefits shall be payable for the same  
182 services when such services are rendered by:

183 (1) A clinical social worker who is licensed under the provisions of  
184 chapter 383b and who has passed the clinical examination of the  
185 American Association of State Social Work Boards and has completed  
186 at least two thousand hours of post-master's social work experience in  
187 a nonprofit agency qualifying as a tax-exempt organization under  
188 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
189 corresponding internal revenue code of the United States, as from time  
190 to time amended, in a municipal, state or federal agency or in an  
191 institution licensed by the Department of Public Health under section  
192 19a-490;

193 (2) A social worker who was certified as an independent social  
194 worker under the provisions of chapter 383b prior to October 1, 1990;

195 (3) A licensed marital and family therapist who has completed at  
196 least two thousand hours of post-master's marriage and family therapy  
197 work experience in a nonprofit agency qualifying as a tax-exempt  
198 organization under Section 501(c) of the Internal Revenue Code of 1986  
199 or any subsequent corresponding internal revenue code of the United  
200 States, as from time to time amended, in a municipal, state or federal  
201 agency or in an institution licensed by the Department of Public Health  
202 under section 19a-490;

203 (4) A marital and family therapist who was certified under the  
204 provisions of chapter 383a prior to October 1, 1992;

205 (5) A licensed alcohol and drug counselor, as defined in section 20-  
206 74s, or a certified alcohol and drug counselor, as defined in section 20-  
207 74s; or

208 (6) A licensed professional counselor.

209 (e) For purposes of this section, the term "covered expenses" means  
210 the usual, customary and reasonable charges for treatment deemed  
211 necessary under generally accepted medical standards, except that in  
212 the case of a managed care plan, as defined in section 38a-478,  
213 "covered expenses" means the payments agreed upon in the contract  
214 between a managed care organization, as defined in section 38a-478,  
215 and a provider, as defined in section 38a-478.

216 (f) (1) In the case of benefits payable for the services of a licensed  
217 physician, such benefits shall be payable for (A) services rendered in a  
218 child guidance clinic or residential treatment facility by a person with a  
219 master's degree in social work or by a person with a master's degree in  
220 marriage and family therapy under the supervision of a psychiatrist,  
221 physician, licensed marital and family therapist or licensed clinical  
222 social worker who is eligible for reimbursement under subdivisions (1)  
223 to (4), inclusive, of subsection (d) of this section; (B) services rendered  
224 in a residential treatment facility by a licensed or certified alcohol and  
225 drug counselor who is eligible for reimbursement under subdivision  
226 (5) of subsection (d) of this section; or (C) services rendered in a  
227 residential treatment facility by a licensed professional counselor who  
228 is eligible for reimbursement under subdivision (6) of subsection (d) of  
229 this section.

230 (2) In the case of benefits payable for the services of a licensed  
231 psychologist under subsection (d) of this section, such benefits shall be  
232 payable for (A) services rendered in a child guidance clinic or  
233 residential treatment facility by a person with a master's degree in  
234 social work or by a person with a master's degree in marriage and  
235 family therapy under the supervision of such licensed psychologist,  
236 licensed marital and family therapist or licensed clinical social worker  
237 who is eligible for reimbursement under subdivisions (1) to (4),  
238 inclusive, of subsection (d) of this section; (B) services rendered in a  
239 residential treatment facility by a licensed or certified alcohol and drug  
240 counselor who is eligible for reimbursement under subdivision (5) of

241 subsection (d) of this section; or (C) services rendered in a residential  
242 treatment facility by a licensed professional counselor who is eligible  
243 for reimbursement under subdivision (6) of subsection (d) of this  
244 section.

245 (g) In the case of benefits payable for the service of a licensed  
246 physician practicing as a psychiatrist or a licensed psychologist, under  
247 subsection (d) of this section, such benefits shall be payable for  
248 outpatient services rendered (1) in a nonprofit community mental  
249 health center, as defined by the Department of Mental Health and  
250 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
251 operated by an accredited hospital or in a residential treatment facility;  
252 (2) under the supervision of a licensed physician practicing as a  
253 psychiatrist, a licensed psychologist, a licensed marital and family  
254 therapist, a licensed clinical social worker, a licensed or certified  
255 alcohol and drug counselor, or a licensed professional counselor who  
256 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
257 subsection (d) of this section; and (3) within the scope of the license  
258 issued to the center or clinic by the Department of Public Health or to  
259 the residential treatment facility by the Department of Children and  
260 Families.

261 (h) In the case of benefits payable for the services of a licensed  
262 physician practicing as a psychiatrist or a licensed psychologist, under  
263 subsection (d) of this section, such benefits shall be payable for  
264 outpatient services (1) for children with mental or nervous conditions,  
265 including (A) services rendered in a nonprofit community mental  
266 health center, as defined by the Department of Mental Health and  
267 Addiction Services, (B) services rendered in a psychiatric clinic or child  
268 guidance clinic, as defined in section 17a-20, (C) services rendered in a  
269 day treatment center, as defined in section 17a-22, or extended day  
270 treatment program, as defined in section 17a-147, (D) intensive home-  
271 based services for which a child has been referred by a physician, and  
272 (E) emergency crisis response services; (2) rendered under the  
273 supervision of a licensed physician practicing as a psychiatrist, a

274 licensed psychologist, a licensed marital and family therapist, a  
275 licensed clinical social worker, a licensed or certified alcohol and drug  
276 counselor or a licensed professional counselor who is eligible for  
277 reimbursement under subdivisions (1) to (6), inclusive, of subsection  
278 (d) of this section; and (3) within the scope of the license issued to the  
279 center by the Department of Public Health or to the clinic or residential  
280 treatment facility by the Department of Children and Families. A  
281 policy pursuant to this section shall include a provision for the  
282 reimbursement of providers of services for children with mental or  
283 nervous conditions pursuant to this subsection at a rate equal to the  
284 rate paid for the provision of such services under the voluntary  
285 services program operated by the Department of Children and  
286 Families. As used in this subsection, "child" means a person under the  
287 age of eighteen.

288 [(h)] (i) Except in the case of emergency services or in the case of  
289 services for which an individual has been referred by a physician  
290 affiliated with a health care center, nothing in this section shall be  
291 construed to require a health care center to provide benefits under this  
292 section through facilities that are not affiliated with the health care  
293 center.

294 [(i)] (j) In the case of any person admitted to a state institution or  
295 facility administered by the Department of Mental Health and  
296 Addiction Services, Department of Public Health, Department of  
297 Children and Families or the Department of Mental Retardation, the  
298 state shall have a lien upon the proceeds of any coverage available to  
299 such person or a legally liable relative of such person under the terms  
300 of this section, to the extent of the per capita cost of such person's care.  
301 Except in the case of emergency services the provisions of this  
302 subsection shall not apply to coverage provided under a managed care  
303 plan, as defined in section 38a-478.

304 [(j)] (k) A group health insurance policy may exclude the benefits  
305 required by this section if such benefits are included in a separate  
306 policy issued to the same group by an insurance company, health care

