



General Assembly

**Amendment**

February Session, 2008

LCO No. 5010

\*SB0047805010SR0\*

Offered by:  
SEN. MCKINNEY, 28<sup>th</sup> Dist.

To: Subst. Senate Bill No. 478                      File No. 174                      Cal. No. 148

**"AN ACT PROHIBITING COPAYMENTS FOR PREVENTIVE CARE."**

1            After the last section, add the following and renumber sections and  
2            internal references accordingly:

3            "Sec. 501. Section 38a-514 of the 2008 supplement to the general  
4            statutes is repealed and the following is substituted in lieu thereof  
5            (*Effective January 1, 2009*):

6            (a) Except as provided in subsection (j) of this section, each group  
7            health insurance policy, providing coverage of the type specified in  
8            subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,  
9            issued for delivery, renewed, amended or continued in this state on or  
10           after January 1, 2000, shall provide benefits for the diagnosis and  
11           treatment of mental or nervous conditions. For the purposes of this  
12           section, "mental or nervous conditions" means mental disorders, as  
13           defined in the most recent edition of the American Psychiatric  
14           Association's "Diagnostic and Statistical Manual of Mental Disorders".  
15           "Mental or nervous conditions" does not include (1) mental

16 retardation, (2) learning disorders, (3) motor skills disorders, (4)  
17 communication disorders, (5) caffeine-related disorders, (6) relational  
18 problems, and (7) additional conditions that may be a focus of clinical  
19 attention, that are not otherwise defined as mental disorders in the  
20 most recent edition of the American Psychiatric Association's  
21 "Diagnostic and Statistical Manual of Mental Disorders".

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

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

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

35 (1) A clinical social worker who is licensed under the provisions of  
36 chapter 383b and who has passed the clinical examination of the  
37 American Association of State Social Work Boards and has completed  
38 at least two thousand hours of post-master's social work experience in  
39 a nonprofit agency qualifying as a tax-exempt organization under  
40 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
41 corresponding internal revenue code of the United States, as from time  
42 to time amended, in a municipal, state or federal agency or in an  
43 institution licensed by the Department of Public Health under section  
44 19a-490 of the 2008 supplement to the general statutes;

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

47 (3) A licensed marital and family therapist who has completed at  
48 least two thousand hours of post-master's marriage and family therapy  
49 work experience in a nonprofit agency qualifying as a tax-exempt  
50 organization under Section 501(c) of the Internal Revenue Code of 1986  
51 or any subsequent corresponding internal revenue code of the United  
52 States, as from time to time amended, in a municipal, state or federal  
53 agency or in an institution licensed by the Department of Public Health  
54 under section 19a-490 of the 2008 supplement to the general statutes;

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

57 (5) A licensed alcohol and drug counselor, as defined in section 20-  
58 74s of the 2008 supplement to the general statutes, or a certified alcohol  
59 and drug counselor, as defined in section 20-74s of the 2008  
60 supplement to the general statutes; or

61 (6) A licensed professional counselor.

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

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

79 (5) of subsection (d) of this section; or (C) services rendered in a  
80 residential treatment facility by a licensed professional counselor who  
81 is eligible for reimbursement under subdivision (6) of subsection (d) of  
82 this section.

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

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

113 Families.

114 (h) Except in the case of emergency services or in the case of services  
115 for which an individual has been referred by a physician affiliated  
116 with a health care center, nothing in this section shall be construed to  
117 require a health care center to provide benefits under this section  
118 through facilities that are not affiliated with the health care center.

119 (i) In the case of any person admitted to a state institution or facility  
120 administered by the Department of Mental Health and Addiction  
121 Services, Department of Public Health, Department of Children and  
122 Families or the Department of Developmental Services, the state shall  
123 have a lien upon the proceeds of any coverage available to such person  
124 or a legally liable relative of such person under the terms of this  
125 section, to the extent of the per capita cost of such person's care. Except  
126 in the case of emergency services the provisions of this subsection shall  
127 not apply to coverage provided under a managed care plan, as defined  
128 in section 38a-478.

129 (j) A group health insurance policy may exclude the benefits  
130 required by this section if such benefits are included in a separate  
131 policy issued to the same group by an insurance company, health care  
132 center, hospital service corporation, medical service corporation or  
133 fraternal benefit society. Such separate policy, which shall include the  
134 benefits required by this section and the benefits required by section  
135 38a-533, shall not be required to include any other benefits mandated  
136 by this title.

137 (k) In the case of benefits based upon confinement in a residential  
138 treatment facility, such benefits shall be payable [only] in situations in  
139 which [(A) the insured has a serious mental illness which substantially  
140 impairs the person's thought, perception of reality, emotional process,  
141 or judgment or grossly impairs behavior as manifested by recent  
142 disturbed behavior, (B) the insured has been confined in a hospital for  
143 such illness for a period of at least three days immediately preceding  
144 such confinement in a residential treatment facility, and (C) such

145 illness would otherwise necessitate continued confinement in a  
146 hospital if such care and treatment were not available through a  
147 residential treatment center for children and adolescents] the insured  
148 has a serious mental or nervous condition that substantially impairs  
149 the insured's thoughts, perception of reality, emotional process or  
150 judgment or grossly impairs the behavior of the insured, and, upon an  
151 assessment of the insured by a physician, psychiatrist, psychologist or  
152 clinical social worker, cannot appropriately, safely or effectively be  
153 treated in an acute care, partial hospitalization, intensive outpatient or  
154 outpatient setting.

155 (l) The services rendered for which benefits are to be paid for  
156 confinement in a residential treatment facility must be based on an  
157 individual treatment plan. For purposes of this section, the term  
158 "individual treatment plan" means a treatment plan prescribed by a  
159 physician with specific attainable goals and objectives appropriate to  
160 both the patient and the treatment modality of the program."