



General Assembly

January Session, 2009

Raised Bill No. 821

LCO No. 2705

02705_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

AN ACT CONCERNING MARITAL AND FAMILY THERAPISTS.

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 Section 38a-488a of the general statutes is repealed and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 January 1, 2010*):

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)]~~ (3) A licensed alcohol and drug counselor, as defined in section
54 20-74s, or a certified alcohol and drug counselor, as defined in section
55 20-74s; or

56 ~~[(6)]~~ (4) 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,] and (2) of subsection (d) of this section; (B) services
72 rendered in a residential treatment facility by a licensed or certified
73 alcohol and drug counselor who is eligible for reimbursement under
74 subdivision ~~[(5)]~~ (3) of subsection (d) of this section; or (C) services
75 rendered in a residential treatment facility by a licensed professional
76 counselor who is eligible for reimbursement under subdivision ~~[(6)]~~ (4)
77 of subsection (d) of 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
85 worker who is eligible for reimbursement under subdivisions (1) [to
86 (4), inclusive,] and (2) of subsection (d) of this section; (B) services
87 rendered in a residential treatment facility by a licensed or certified
88 alcohol and drug counselor who is eligible for reimbursement under
89 subdivision [(5)] (3) of subsection (d) of this section; or (C) services
90 rendered in a residential treatment facility by a licensed professional
91 counselor who is eligible for reimbursement under subdivision [(6)] (4)
92 of subsection (d) of this 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)] (4), inclusive,
105 of 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) Except in the case of emergency services or in the case of services
110 for which an individual has been referred by a physician affiliated

111 with a health care center, nothing in this section shall be construed to
112 require a health care center to provide benefits under this section
113 through facilities that are not affiliated with the health care center.

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

124 Sec. 2. Section 38a-514 of the general statutes is repealed and the
125 following is substituted in lieu thereof (*Effective January 1, 2010*):

126 (a) Except as provided in subsection (j) of this section, each group
127 health insurance policy, providing coverage of the type specified in
128 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,
129 issued for delivery, renewed, amended or continued in this state on or
130 after January 1, 2000, shall provide benefits for the diagnosis and
131 treatment of mental or nervous conditions. For the purposes of this
132 section, "mental or nervous conditions" means mental disorders, as
133 defined in the most recent edition of the American Psychiatric
134 Association's "Diagnostic and Statistical Manual of Mental Disorders".
135 "Mental or nervous conditions" does not include (1) mental
136 retardation, (2) learning disorders, (3) motor skills disorders, (4)
137 communication disorders, (5) caffeine-related disorders, (6) relational
138 problems, and (7) additional conditions that may be a focus of clinical
139 attention, that are not otherwise defined as mental disorders in the
140 most recent edition of the American Psychiatric Association's
141 "Diagnostic and Statistical Manual of Mental Disorders".

142 (b) No such group policy shall establish any terms, conditions or

143 benefits that place a greater financial burden on an insured for access
144 to diagnosis or treatment of mental or nervous conditions than for
145 diagnosis or treatment of medical, surgical or other physical health
146 conditions.

147 (c) In the case of benefits payable for the services of a licensed
148 physician, such benefits shall be payable for the same services when
149 such services are lawfully rendered by a psychologist licensed under
150 the provisions of chapter 383 or by such a licensed psychologist in a
151 licensed hospital or clinic.

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

155 (1) A clinical social worker who is licensed under the provisions of
156 chapter 383b and who has passed the clinical examination of the
157 American Association of State Social Work Boards and has completed
158 at least two thousand hours of post-master's social work experience in
159 a nonprofit agency qualifying as a tax-exempt organization under
160 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
161 corresponding internal revenue code of the United States, as from time
162 to time amended, in a municipal, state or federal agency or in an
163 institution licensed by the Department of Public Health under section
164 19a-490;

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

167 [(3) A licensed marital and family therapist who has completed at
168 least two thousand hours of post-master's marriage and family therapy
169 work experience in a nonprofit agency qualifying as a tax-exempt
170 organization under Section 501(c) of the Internal Revenue Code of 1986
171 or any subsequent corresponding internal revenue code of the United
172 States, as from time to time amended, in a municipal, state or federal
173 agency or in an institution licensed by the Department of Public Health

174 under section 19a-490;

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

177 [(5)] (3) A licensed alcohol and drug counselor, as defined in section
178 20-74s, or a certified alcohol and drug counselor, as defined in section
179 20-74s; or

180 [(6)] (4) A licensed professional counselor.

181 (e) For purposes of this section, the term "covered expenses" means
182 the usual, customary and reasonable charges for treatment deemed
183 necessary under generally accepted medical standards, except that in
184 the case of a managed care plan, as defined in section 38a-478,
185 "covered expenses" means the payments agreed upon in the contract
186 between a managed care organization, as defined in section 38a-478,
187 and a provider, as defined in section 38a-478.

188 (f) (1) In the case of benefits payable for the services of a licensed
189 physician, such benefits shall be payable for (A) services rendered in a
190 child guidance clinic or residential treatment facility by a person with a
191 master's degree in social work or by a person with a master's degree in
192 marriage and family therapy under the supervision of a psychiatrist,
193 physician [, licensed marital and family therapist] or licensed clinical
194 social worker who is eligible for reimbursement under subdivisions (1)
195 [to (4), inclusive,] and (2) of subsection (d) of this section; (B) services
196 rendered in a residential treatment facility by a licensed or certified
197 alcohol and drug counselor who is eligible for reimbursement under
198 subdivision [(5)] (3) of subsection (d) of this section; or (C) services
199 rendered in a residential treatment facility by a licensed professional
200 counselor who is eligible for reimbursement under subdivision [(6)] (4)
201 of subsection (d) of this section.

202 (2) In the case of benefits payable for the services of a licensed
203 psychologist under subsection (d) of this section, such benefits shall be

204 payable for (A) services rendered in a child guidance clinic or
205 residential treatment facility by a person with a master's degree in
206 social work [or by a person with a master's degree in marriage and
207 family therapy under the supervision of such licensed psychologist,
208 licensed marital and family therapist] or licensed clinical social worker
209 who is eligible for reimbursement under subdivisions (1) [to (4),
210 inclusive,] and (2) of subsection (d) of this section; (B) services
211 rendered in a residential treatment facility by a licensed or certified
212 alcohol and drug counselor who is eligible for reimbursement under
213 subdivision [(5)] (3) of subsection (d) of this section; or (C) services
214 rendered in a residential treatment facility by a licensed professional
215 counselor who is eligible for reimbursement under subdivision [(6)] (4)
216 of subsection (d) of this section.

217 (g) In the case of benefits payable for the service of a licensed
218 physician practicing as a psychiatrist or a licensed psychologist, under
219 subsection (d) of this section, such benefits shall be payable for
220 outpatient services rendered (1) in a nonprofit community mental
221 health center, as defined by the Department of Mental Health and
222 Addiction Services, in a nonprofit licensed adult psychiatric clinic
223 operated by an accredited hospital or in a residential treatment facility;
224 (2) under the supervision of a licensed physician practicing as a
225 psychiatrist, a licensed psychologist, [a licensed marital and family
226 therapist,] a licensed clinical social worker, a licensed or certified
227 alcohol and drug counselor, or a licensed professional counselor who
228 is eligible for reimbursement under subdivisions (1) to [(6)] (4),
229 inclusive, of subsection (d) of this section; and (3) within the scope of
230 the license issued to the center or clinic by the Department of Public
231 Health or to the residential treatment facility by the Department of
232 Children and Families.

233 (h) Except in the case of emergency services or in the case of services
234 for which an individual has been referred by a physician affiliated
235 with a health care center, nothing in this section shall be construed to
236 require a health care center to provide benefits under this section

237 through facilities that are not affiliated with the health care center.

238 (i) In the case of any person admitted to a state institution or facility
239 administered by the Department of Mental Health and Addiction
240 Services, Department of Public Health, Department of Children and
241 Families or the Department of Developmental Services, the state shall
242 have a lien upon the proceeds of any coverage available to such person
243 or a legally liable relative of such person under the terms of this
244 section, to the extent of the per capita cost of such person's care. Except
245 in the case of emergency services the provisions of this subsection shall
246 not apply to coverage provided under a managed care plan, as defined
247 in section 38a-478.

248 (j) A group health insurance policy may exclude the benefits
249 required by this section if such benefits are included in a separate
250 policy issued to the same group by an insurance company, health care
251 center, hospital service corporation, medical service corporation or
252 fraternal benefit society. Such separate policy, which shall include the
253 benefits required by this section and the benefits required by section
254 38a-533, shall not be required to include any other benefits mandated
255 by this title.

256 (k) In the case of benefits based upon confinement in a residential
257 treatment facility, such benefits shall be payable in situations in which
258 the insured has a serious mental or nervous condition that
259 substantially impairs the insured's thoughts, perception of reality,
260 emotional process or judgment or grossly impairs the behavior of the
261 insured, and, upon an assessment of the insured by a physician,
262 psychiatrist, psychologist or clinical social worker, cannot
263 appropriately, safely or effectively be treated in an acute care, partial
264 hospitalization, intensive outpatient or outpatient setting.

265 (l) The services rendered for which benefits are to be paid for
266 confinement in a residential treatment facility [must] shall be based on
267 an individual treatment plan. For purposes of this section, the term
268 "individual treatment plan" means a treatment plan prescribed by a

269 physician with specific attainable goals and objectives appropriate to
270 both the patient and the treatment modality of the program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2010</i>	38a-488a
Sec. 2	<i>January 1, 2010</i>	38a-514

Statement of Purpose:

To reduce the cost of health insurance policies by removing certain providers.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]