



General Assembly

January Session, 2011

Raised Bill No. 877

LCO No. 2672

02672_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

AN ACT CONCERNING MENTAL HEALTH PARITY.

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

1 Section 1. Section 38a-514 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2012*):

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

17 most recent edition of the American Psychiatric Association's
18 "Diagnostic and Statistical Manual of Mental Disorders".

19 (b) (1) No such group policy shall establish any terms, conditions or
20 benefits that place a greater financial burden on an insured for access
21 to diagnosis or treatment of mental or nervous conditions than for
22 diagnosis or treatment of medical, surgical or other physical health
23 conditions.

24 (2) Each such group policy shall comply with the provisions set
25 forth in the Paul Wellstone and Pete Domenici Mental Health Parity
26 and Addiction Equity Act of 2008, P.L. 110-343, as amended from time
27 to time, and the regulations adopted thereunder.

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

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

36 (1) A clinical social worker who is licensed under the provisions of
37 chapter 383b and who has passed the clinical examination of the
38 American Association of State Social Work Boards and has completed
39 at least two thousand hours of post-master's social work experience in
40 a nonprofit agency qualifying as a tax-exempt organization under
41 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
42 corresponding internal revenue code of the United States, as from time
43 to time amended, in a municipal, state or federal agency or in an
44 institution licensed by the Department of Public Health under section
45 19a-490;

46 (2) A social worker who was certified as an independent social

47 worker under the provisions of chapter 383b prior to October 1, 1990;

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

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

58 (5) A licensed alcohol and drug counselor, as defined in section 20-
59 74s, or a certified alcohol and drug counselor, as defined in section 20-
60 74s; 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 in situations in which
139 the insured has a serious mental or nervous condition that
140 substantially impairs the insured's thoughts, perception of reality,
141 emotional process or judgment or grossly impairs the behavior of the

142 insured, and, upon an assessment of the insured by a physician,
143 psychiatrist, psychologist or clinical social worker, cannot
144 appropriately, safely or effectively be treated in an acute care, partial
145 hospitalization, intensive outpatient or outpatient setting.

146 (l) The services rendered for which benefits are to be paid for
147 confinement in a residential treatment facility [must] shall be based on
148 an individual treatment plan. For purposes of this section, the term
149 "individual treatment plan" means a treatment plan prescribed by a
150 physician with specific attainable goals and objectives appropriate to
151 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	January 1, 2012	38a-514

Statement of Purpose:

To require all group health insurance policies in the state providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes to comply with the provisions of the federal Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008.

[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.]