



General Assembly

**Amendment**

January Session, 2015

LCO No. 8579



Offered by:

SEN. CRISCO, 17<sup>th</sup> Dist.

SEN. BYE, 5<sup>th</sup> Dist.

To: Senate Bill No. 1085

File No. 449

Cal. No. 274

**"AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR MENTAL OR NERVOUS CONDITIONS."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 38a-488a of the general statutes is repealed and  
4 the following is substituted in lieu thereof (*Effective January 1, 2016*):

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

14 [(1)] (A) intellectual disabilities, [(2)] (B) specific learning disorders,  
15 [(3)] (C) motor disorders, [(4)] (D) communication disorders, [(5)] (E)  
16 caffeine-related disorders, [(6)] (F) relational problems, and [(7)] (G)  
17 other conditions that may be a focus of clinical attention, that are not  
18 otherwise defined as mental disorders in the most recent edition of the  
19 American Psychiatric Association's "Diagnostic and Statistical Manual  
20 of Mental Disorders"; [, except that coverage for an insured under such  
21 policy who has been diagnosed with autism spectrum disorder prior to  
22 the release of the fifth edition of the American Psychiatric Association's  
23 "Diagnostic and Statistical Manual of Mental Disorders" shall be  
24 provided in accordance with subsection (b) of section 38a-488b.] (2)  
25 "benefits payable" means the usual, customary and reasonable charges  
26 for treatment deemed necessary under generally accepted medical  
27 standards, except that in the case of a managed care plan, as defined in  
28 section 38a-478, "benefits payable" means the payments agreed upon in  
29 the contract between a managed care organization, as defined in  
30 section 38a-478, and a provider, as defined in section 38a-478; (3) "acute  
31 treatment services" means twenty-four-hour medically supervised  
32 treatment for a substance use disorder, that is provided in a medically  
33 managed or medically monitored inpatient facility; and (4) "clinical  
34 stabilization services" means twenty-four-hour clinically managed  
35 postdetoxification treatment, including, but not limited to, relapse  
36 prevention, family outreach, aftercare planning and addiction  
37 education and counseling.

38 (b) Each individual health insurance policy providing coverage of  
39 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
40 38a-469 delivered, issued for delivery, renewed, amended or continued  
41 in this state shall provide benefits for the diagnosis and treatment of  
42 mental or nervous conditions. Benefits payable include, but need not  
43 be limited to:

44 (1) General inpatient hospitalization, including in state-operated  
45 facilities;

46 (2) Medically necessary acute treatment services and medically

- 47 necessary clinical stabilization services;
- 48 (3) General hospital outpatient services, including at state-operated  
49 facilities;
- 50 (4) Psychiatric inpatient hospitalization, including in state-operated  
51 facilities;
- 52 (5) Psychiatric outpatient hospital services, including at state-  
53 operated facilities;
- 54 (6) Intensive outpatient services, including at state-operated  
55 facilities;
- 56 (7) Partial hospitalization, including at state-operated facilities;
- 57 (8) Evidence-based maternal, infant and early childhood home  
58 visitation services, as described in Section 2951 of the Patient  
59 Protection and Affordable Care Act, P.L. 111-148, as amended from  
60 time to time, that are designed to improve health outcomes for  
61 pregnant women, postpartum mothers and newborns and children,  
62 including, but not limited to, for maternal substance use disorders or  
63 depression and relationship-focused interventions for children with  
64 mental or nervous conditions or substance use disorders;
- 65 (9) Intensive, home-based services designed to address specific  
66 mental or nervous conditions in a child while remediating problematic  
67 parenting practices and addressing other family and educational  
68 challenges that affect the child's and family's ability to function;
- 69 (10) Intensive, family-based and community-based treatment  
70 programs that focus on addressing environmental systems that impact  
71 chronic and violent juvenile offenders;
- 72 (11) Evidence-based family-focused therapy that specializes in the  
73 treatment of juvenile substance use disorders and delinquency;
- 74 (12) Short-term family therapy intervention and juvenile diversion

75 programs that target at-risk children to address adolescent behavior  
76 problems, conduct disorders, substance use disorders and  
77 delinquency;

78 (13) Other home-based therapeutic interventions for children;

79 (14) Chemical maintenance treatment, as defined in section 19a-495-  
80 570 of the regulations of Connecticut state agencies;

81 (15) Nonhospital inpatient detoxification;

82 (16) Medically monitored detoxification;

83 (17) Ambulatory detoxification;

84 (18) Inpatient services at psychiatric residential treatment facilities;

85 (19) Extended day treatment programs, as described in section 17a-  
86 22;

87 (20) Rehabilitation services provided in residential treatment  
88 facilities, general hospitals, psychiatric hospitals or psychiatric  
89 facilities;

90 (21) Observation beds in acute hospital settings;

91 (22) Psychological and neuropsychological testing conducted by an  
92 appropriately licensed health care provider;

93 (23) Trauma screening conducted by a licensed behavioral health  
94 professional;

95 (24) Depression screening, including maternal depression screening,  
96 conducted by a licensed behavioral health professional; and

97 (25) Substance use screening conducted by a licensed behavioral  
98 health professional.

99 [(b)] (c) No such policy shall establish any terms, conditions or

100 benefits that place a greater financial burden on an insured for access  
101 to diagnosis or treatment of mental or nervous conditions than for  
102 diagnosis or treatment of medical, surgical or other physical health  
103 conditions, or prohibit an insured from obtaining or a health care  
104 provider from being reimbursed for multiple screening services as part  
105 of a single-day visit to a health care provider or a multicare institution,  
106 as defined in section 19a-490.

107 ~~[(c)]~~ (d) In the case of benefits payable for the services of a licensed  
108 physician, such benefits shall be payable for the same services when  
109 such services are lawfully rendered by a psychologist licensed under  
110 the provisions of chapter 383 or by such a licensed psychologist in a  
111 licensed hospital or clinic.

112 ~~[(d)]~~ (e) In the case of benefits payable for the services of a licensed  
113 physician or psychologist, such benefits shall be payable for the same  
114 services when such services are rendered by:

115 (1) A clinical social worker who is licensed under the provisions of  
116 chapter 383b and who has passed the clinical examination of the  
117 American Association of State Social Work Boards and has completed  
118 at least two thousand hours of post-master's social work experience in  
119 a nonprofit agency qualifying as a tax-exempt organization under  
120 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
121 corresponding internal revenue code of the United States, as from time  
122 to time amended, in a municipal, state or federal agency or in an  
123 institution licensed by the Department of Public Health under section  
124 19a-490;

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

127 (3) A licensed marital and family therapist who has completed at  
128 least two thousand hours of post-master's marriage and family therapy  
129 work experience in a nonprofit agency qualifying as a tax-exempt  
130 organization under Section 501(c) of the Internal Revenue Code of 1986

131 or any subsequent corresponding internal revenue code of the United  
132 States, as from time to time amended, in a municipal, state or federal  
133 agency or in an institution licensed by the Department of Public Health  
134 under section 19a-490;

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

137 (5) A licensed alcohol and drug counselor, as defined in section 20-  
138 74s, or a certified alcohol and drug counselor, as defined in section 20-  
139 74s; [or]

140 (6) A licensed professional counselor; or

141 (7) An advanced practice registered nurse licensed under chapter  
142 378.

143 [(e) For purposes of this section, the term "covered expenses" means  
144 the usual, customary and reasonable charges for treatment deemed  
145 necessary under generally accepted medical standards, except that in  
146 the case of a managed care plan, as defined in section 38a-478,  
147 "covered expenses" means the payments agreed upon in the contract  
148 between a managed care organization, as defined in section 38a-478,  
149 and a provider, as defined in section 38a-478.]

150 (f) (1) In the case of benefits payable for the services of a licensed  
151 physician, such benefits shall be payable for (A) services rendered in a  
152 child guidance clinic or residential treatment facility by a person with a  
153 master's degree in social work or by a person with a master's degree in  
154 marriage and family therapy under the supervision of a psychiatrist,  
155 physician, licensed marital and family therapist, or licensed clinical  
156 social worker who is eligible for reimbursement under subdivisions (1)  
157 to (4), inclusive, of subsection [(d)] (e) of this section; (B) services  
158 rendered in a residential treatment facility by a licensed or certified  
159 alcohol and drug counselor who is eligible for reimbursement under  
160 subdivision (5) of subsection [(d)] (e) of this section; or (C) services  
161 rendered in a residential treatment facility by a licensed professional

162 counselor who is eligible for reimbursement under subdivision (6) of  
163 subsection [(d)] (e) of this section.

164 (2) In the case of benefits payable for the services of a licensed  
165 psychologist under subsection [(d)] (e) of this section, such benefits  
166 shall be payable for (A) services rendered in a child guidance clinic or  
167 residential treatment facility by a person with a master's degree in  
168 social work or by a person with a master's degree in marriage and  
169 family therapy under the supervision of such licensed psychologist,  
170 licensed marital and family therapist, or licensed clinical social worker  
171 who is eligible for reimbursement under subdivisions (1) to (4),  
172 inclusive, of subsection [(d)] (e) of this section; (B) services rendered in  
173 a residential treatment facility by a licensed or certified alcohol and  
174 drug counselor who is eligible for reimbursement under subdivision  
175 (5) of subsection [(d)] (e) of this section; or (C) services rendered in a  
176 residential treatment facility by a licensed professional counselor who  
177 is eligible for reimbursement under subdivision (6) of subsection [(d)]  
178 (e) of this section.

179 (g) In the case of benefits payable for the service of a licensed  
180 physician practicing as a psychiatrist or a licensed psychologist, under  
181 subsection [(d)] (e) of this section, such benefits shall be payable for  
182 outpatient services rendered (1) in a nonprofit community mental  
183 health center, as defined by the Department of Mental Health and  
184 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
185 operated by an accredited hospital or in a residential treatment facility;  
186 (2) under the supervision of a licensed physician practicing as a  
187 psychiatrist, a licensed psychologist, a licensed marital and family  
188 therapist, a licensed clinical social worker, a licensed or certified  
189 alcohol and drug counselor or a licensed professional counselor who is  
190 eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
191 subsection [(d)] (e) of this section; and (3) within the scope of the  
192 license issued to the center or clinic by the Department of Public  
193 Health or to the residential treatment facility by the Department of  
194 Children and Families.

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

200 (i) In the case of any person admitted to a state institution or facility  
201 administered by the Department of Mental Health and Addiction  
202 Services, Department of Public Health, Department of Children and  
203 Families or the Department of Developmental Services, the state shall  
204 have a lien upon the proceeds of any coverage available to such person  
205 or a legally liable relative of such person under the terms of this  
206 section, to the extent of the per capita cost of such person's care. Except  
207 in the case of emergency services, the provisions of this subsection  
208 shall not apply to coverage provided under a managed care plan, as  
209 defined in section 38a-478.

210 Sec. 2. Section 38a-514 of the general statutes is repealed and the  
211 following is substituted in lieu thereof (*Effective January 1, 2016*):

212 (a) [Except as provided in subsection (j) of this section, each group  
213 health insurance policy, providing coverage of the type specified in  
214 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,  
215 issued for delivery, renewed, amended or continued in this state shall  
216 provide benefits for the diagnosis and treatment of mental or nervous  
217 conditions.] For the purposes of this section: [ "mental or nervous  
218 conditions"] (1) "Mental or nervous conditions" means mental  
219 disorders, as defined in the most recent edition of the American  
220 Psychiatric Association's "Diagnostic and Statistical Manual of Mental  
221 Disorders". "Mental or nervous conditions" does not include [(1)] (A)  
222 intellectual disabilities, [(2)] (B) specific learning disorders, [(3)] (C)  
223 motor disorders, [(4)] (D) communication disorders, [(5)] (E) caffeine-  
224 related disorders, [(6)] (F) relational problems, and [(7)] (G) other  
225 conditions that may be a focus of clinical attention, that are not  
226 otherwise defined as mental disorders in the most recent edition of the  
227 American Psychiatric Association's "Diagnostic and Statistical Manual

228 of Mental Disorders"; [, except that coverage for an insured under such  
229 policy who has been diagnosed with autism spectrum disorder prior to  
230 the release of the fifth edition of the American Psychiatric Association's  
231 "Diagnostic and Statistical Manual of Mental Disorders" shall be  
232 provided in accordance with subsection (i) of section 38a-514b.] (2)  
233 "benefits payable" means the usual, customary and reasonable charges  
234 for treatment deemed necessary under generally accepted medical  
235 standards, except that in the case of a managed care plan, as defined in  
236 section 38a-478, "benefits payable" means the payments agreed upon in  
237 the contract between a managed care organization, as defined in  
238 section 38a-478, and a provider, as defined in section 38a-478; (3) "acute  
239 treatment services" means twenty-four-hour medically supervised  
240 treatment for a substance use disorder, that is provided in a medically  
241 managed or medically monitored inpatient facility; and (4) "clinical  
242 stabilization services" means twenty-four-hour clinically managed  
243 postdetoxification treatment, including, but not limited to, relapse  
244 prevention, family outreach, aftercare planning and addiction  
245 education and counseling.

246 (b) Except as provided in subsection (j) of this section, each group  
247 health insurance policy, providing coverage of the type specified in  
248 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,  
249 issued for delivery, renewed, amended or continued in this state shall  
250 provide benefits for the diagnosis and treatment of mental or nervous  
251 conditions. Benefits payable include, but need not be limited to:

252 (1) General inpatient hospitalization, including in state-operated  
253 facilities;

254 (2) Medically necessary acute treatment services and medically  
255 necessary clinical stabilization services;

256 (3) General hospital outpatient services, including at state-operated  
257 facilities;

258 (4) Psychiatric inpatient hospitalization, including in state-operated

259 facilities;

260 (5) Psychiatric outpatient hospital services, including at state-  
261 operated facilities;

262 (6) Intensive outpatient services, including at state-operated  
263 facilities;

264 (7) Partial hospitalization, including at state-operated facilities;

265 (8) Evidence-based maternal, infant and early childhood home  
266 visitation services, as described in Section 2951 of the Patient  
267 Protection and Affordable Care Act, P.L. 111-148, as amended from  
268 time to time, that are designed to improve health outcomes for  
269 pregnant women, postpartum mothers and newborns and children,  
270 including, but not limited to, for maternal substance use disorders or  
271 depression and relationship-focused interventions for children with  
272 mental or nervous conditions or substance use disorders;

273 (9) Intensive, home-based services designed to address specific  
274 mental or nervous conditions in a child while remediating problematic  
275 parenting practices and addressing other family and educational  
276 challenges that affect the child's and family's ability to function;

277 (10) Intensive, family-based and community-based treatment  
278 programs that focus on addressing environmental systems that impact  
279 chronic and violent juvenile offenders;

280 (11) Evidence-based family-focused therapy that specializes in the  
281 treatment of juvenile substance use disorders and delinquency;

282 (12) Short-term family therapy intervention and juvenile diversion  
283 programs that target at-risk children to address adolescent behavior  
284 problems, conduct disorders, substance use disorders and  
285 delinquency;

286 (13) Other home-based therapeutic interventions for children;

- 287     (14) Chemical maintenance treatment, as defined in section 19a-495-  
288     570 of the regulations of Connecticut state agencies;
- 289     (15) Nonhospital inpatient detoxification;
- 290     (16) Medically monitored detoxification;
- 291     (17) Ambulatory detoxification;
- 292     (18) Inpatient services at psychiatric residential treatment facilities;
- 293     (19) Extended day treatment programs, as described in section 17a-  
294     22;
- 295     (20) Rehabilitation services provided in residential treatment  
296     facilities, general hospitals, psychiatric hospitals or psychiatric  
297     facilities;
- 298     (21) Observation beds in acute hospital settings;
- 299     (22) Psychological and neuropsychological testing conducted by an  
300     appropriately licensed health care provider;
- 301     (23) Trauma screening conducted by a licensed behavioral health  
302     professional;
- 303     (24) Depression screening, including maternal depression screening,  
304     conducted by a licensed behavioral health professional; and
- 305     (25) Substance use screening conducted by a licensed behavioral  
306     health professional.
- 307     [(b)] (c) No such group policy shall establish any terms, conditions  
308     or benefits that place a greater financial burden on an insured for  
309     access to diagnosis or treatment of mental or nervous conditions than  
310     for diagnosis or treatment of medical, surgical or other physical health  
311     conditions, or prohibit an insured from obtaining or a health care  
312     provider from being reimbursed for multiple screening services as part

313 of a single-day visit to a health care provider or a multicare institution,  
314 as defined in section 19a-490.

315 ~~[(c)]~~ (d) In the case of benefits payable for the services of a licensed  
316 physician, such benefits shall be payable for the same services when  
317 such services are lawfully rendered by a psychologist licensed under  
318 the provisions of chapter 383 or by such a licensed psychologist in a  
319 licensed hospital or clinic.

320 ~~[(d)]~~ (e) In the case of benefits payable for the services of a licensed  
321 physician or psychologist, such benefits shall be payable for the same  
322 services when such services are rendered by:

323 (1) A clinical social worker who is licensed under the provisions of  
324 chapter 383b and who has passed the clinical examination of the  
325 American Association of State Social Work Boards and has completed  
326 at least two thousand hours of post-master's social work experience in  
327 a nonprofit agency qualifying as a tax-exempt organization under  
328 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
329 corresponding internal revenue code of the United States, as from time  
330 to time amended, in a municipal, state or federal agency or in an  
331 institution licensed by the Department of Public Health under section  
332 19a-490;

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

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

343 (4) A marital and family therapist who was certified under the

344 provisions of chapter 383a prior to October 1, 1992;

345 (5) A licensed alcohol and drug counselor, as defined in section 20-  
346 74s, or a certified alcohol and drug counselor, as defined in section 20-  
347 74s; [or]

348 (6) A licensed professional counselor; or

349 (7) An advanced practice registered nurse licensed under chapter  
350 378.

351 [(e) For purposes of this section, the term "covered expenses" means  
352 the usual, customary and reasonable charges for treatment deemed  
353 necessary under generally accepted medical standards, except that in  
354 the case of a managed care plan, as defined in section 38a-478,  
355 "covered expenses" means the payments agreed upon in the contract  
356 between a managed care organization, as defined in section 38a-478,  
357 and a provider, as defined in section 38a-478.]

358 (f) (1) In the case of benefits payable for the services of a licensed  
359 physician, such benefits shall be payable for (A) services rendered in a  
360 child guidance clinic or residential treatment facility by a person with a  
361 master's degree in social work or by a person with a master's degree in  
362 marriage and family therapy under the supervision of a psychiatrist,  
363 physician, licensed marital and family therapist or licensed clinical  
364 social worker who is eligible for reimbursement under subdivisions (1)  
365 to (4), inclusive, of subsection [(d)] (e) of this section; (B) services  
366 rendered in a residential treatment facility by a licensed or certified  
367 alcohol and drug counselor who is eligible for reimbursement under  
368 subdivision (5) of subsection [(d)] (e) of this section; or (C) services  
369 rendered in a residential treatment facility by a licensed professional  
370 counselor who is eligible for reimbursement under subdivision (6) of  
371 subsection [(d)] (e) of this section.

372 (2) In the case of benefits payable for the services of a licensed  
373 psychologist under subsection [(d)] (e) of this section, such benefits  
374 shall be payable for (A) services rendered in a child guidance clinic or

375 residential treatment facility by a person with a master's degree in  
376 social work or by a person with a master's degree in marriage and  
377 family therapy under the supervision of such licensed psychologist,  
378 licensed marital and family therapist or licensed clinical social worker  
379 who is eligible for reimbursement under subdivisions (1) to (4),  
380 inclusive, of subsection [(d)] (e) of this section; (B) services rendered in  
381 a residential treatment facility by a licensed or certified alcohol and  
382 drug counselor who is eligible for reimbursement under subdivision  
383 (5) of subsection [(d)] (e) of this section; or (C) services rendered in a  
384 residential treatment facility by a licensed professional counselor who  
385 is eligible for reimbursement under subdivision (6) of subsection [(d)]  
386 (e) of this section.

387 (g) In the case of benefits payable for the service of a licensed  
388 physician practicing as a psychiatrist or a licensed psychologist, under  
389 subsection [(d)] (e) of this section, such benefits shall be payable for  
390 outpatient services rendered (1) in a nonprofit community mental  
391 health center, as defined by the Department of Mental Health and  
392 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
393 operated by an accredited hospital or in a residential treatment facility;  
394 (2) under the supervision of a licensed physician practicing as a  
395 psychiatrist, a licensed psychologist, a licensed marital and family  
396 therapist, a licensed clinical social worker, a licensed or certified  
397 alcohol and drug counselor, or a licensed professional counselor who  
398 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
399 subsection [(d)] (e) of this section; and (3) within the scope of the  
400 license issued to the center or clinic by the Department of Public  
401 Health or to the residential treatment facility by the Department of  
402 Children and Families.

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

408 (i) In the case of any person admitted to a state institution or facility  
409 administered by the Department of Mental Health and Addiction  
410 Services, Department of Public Health, Department of Children and  
411 Families or the Department of Developmental Services, the state shall  
412 have a lien upon the proceeds of any coverage available to such person  
413 or a legally liable relative of such person under the terms of this  
414 section, to the extent of the per capita cost of such person's care. Except  
415 in the case of emergency services the provisions of this subsection shall  
416 not apply to coverage provided under a managed care plan, as defined  
417 in section 38a-478.

418 (j) A group health insurance policy may exclude the benefits  
419 required by this section if such benefits are included in a separate  
420 policy issued to the same group by an insurance company, health care  
421 center, hospital service corporation, medical service corporation or  
422 fraternal benefit society. Such separate policy, which shall include the  
423 benefits required by this section and the benefits required by section  
424 38a-533, shall not be required to include any other benefits mandated  
425 by this title.

426 (k) In the case of benefits based upon confinement in a residential  
427 treatment facility, such benefits shall be payable in situations in which  
428 the insured has a serious mental or nervous condition that  
429 substantially impairs the insured's thoughts, perception of reality,  
430 emotional process or judgment or grossly impairs the behavior of the  
431 insured, and, upon an assessment of the insured by a physician,  
432 psychiatrist, psychologist or clinical social worker, cannot  
433 appropriately, safely or effectively be treated in an acute care, partial  
434 hospitalization, intensive outpatient or outpatient setting.

435 (l) The services rendered for which benefits are to be paid for  
436 confinement in a residential treatment facility shall be based on an  
437 individual treatment plan. For purposes of this section, the term  
438 "individual treatment plan" means a treatment plan prescribed by a  
439 physician with specific attainable goals and objectives appropriate to  
440 both the patient and the treatment modality of the program.

441       Sec. 3. (*Effective from passage*) Not later than September 1, 2015, the  
442 Insurance Commissioner and the Healthcare Advocate shall convene a  
443 working group that shall include, but is not limited to, representatives  
444 from the health insurance industry, health care providers and  
445 consumers, to study and make recommendations for the development  
446 and implementation of policies that, with respect to utilization of  
447 inpatient mental health services and substance use disorder services,  
448 improve the alignment of utilization review procedures and health  
449 insurance coverage with the clinical recommendations of treating  
450 health care providers. Not later than January 1, 2016, the commissioner  
451 and the Healthcare Advocate shall jointly submit a report, in  
452 accordance with the provisions of section 11-4a of the general statutes,  
453 of such recommendations to the joint standing committees of the  
454 General Assembly having cognizance of matters relating to insurance  
455 and public health."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2016</i>	38a-488a
Sec. 2	<i>January 1, 2016</i>	38a-514
Sec. 3	<i>from passage</i>	New section