



General Assembly

February Session, 2016

***Raised Bill No. 99***

LCO No. 1052



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT CONCERNING BENEFITS PAYABLE FOR ASSESSMENTS  
TO DETERMINE A DIAGNOSIS OF A CONDITION AND RELATED  
CONSULTATIONS.***

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

1 Section 1. Section 38a-488a of the 2016 supplement to the general  
2 statutes, as amended by section 44 of public act 15-5 of the June special  
3 session, is repealed and the following is substituted in lieu thereof  
4 (*Effective January 1, 2017*):

5 (a) For the purposes of this section: (1) "Mental or nervous  
6 conditions" means mental disorders, as defined in the most recent  
7 edition of the American Psychiatric Association's "Diagnostic and  
8 Statistical Manual of Mental Disorders". "Mental or nervous  
9 conditions" does not include (A) intellectual disabilities, (B) specific  
10 learning disorders, (C) motor disorders, (D) communication disorders,  
11 (E) caffeine-related disorders, (F) relational problems, and (G) other  
12 conditions that may be a focus of clinical attention, that are not  
13 otherwise defined as mental disorders in the most recent edition of the  
14 American Psychiatric Association's "Diagnostic and Statistical Manual

15 of Mental Disorders"; (2) "benefits payable" means the usual,  
16 customary and reasonable charges for treatment deemed necessary  
17 under generally accepted medical standards, except that in the case of  
18 a managed care plan, as defined in section 38a-478, "benefits payable"  
19 means the payments agreed upon in the contract between a managed  
20 care organization, as defined in section 38a-478, and a provider, as  
21 defined in section 38a-478; (3) "acute treatment services" means  
22 twenty-four-hour medically supervised treatment for a substance use  
23 disorder, that is provided in a medically managed or medically  
24 monitored inpatient facility; and (4) "clinical stabilization services"  
25 means twenty-four-hour clinically managed postdetoxification  
26 treatment, including, but not limited to, relapse prevention, family  
27 outreach, aftercare planning and addiction education and counseling.

28 (b) Each individual health insurance policy providing coverage of  
29 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
30 38a-469 delivered, issued for delivery, renewed, amended or continued  
31 in this state shall provide benefits for the diagnosis and treatment of  
32 mental or nervous conditions. Benefits payable include, but need not  
33 be limited to:

34 (1) General inpatient hospitalization, including in state-operated  
35 facilities;

36 (2) Medically necessary acute treatment services and medically  
37 necessary clinical stabilization services;

38 (3) General hospital outpatient services, including at state-operated  
39 facilities;

40 (4) Psychiatric inpatient hospitalization, including in state-operated  
41 facilities;

42 (5) Psychiatric outpatient hospital services, including at state-  
43 operated facilities;

44 (6) Intensive outpatient services, including at state-operated  
45 facilities;

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

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

55 (9) Intensive, home-based services designed to address specific  
56 mental or nervous conditions in a child;

57 (10) Evidence-based family-focused therapy that specializes in the  
58 treatment of juvenile substance use disorders;

59 (11) Short-term family therapy intervention;

60 (12) Nonhospital inpatient detoxification;

61 (13) Medically monitored detoxification;

62 (14) Ambulatory detoxification;

63 (15) Inpatient services at psychiatric residential treatment facilities;

64 (16) Rehabilitation services provided in residential treatment  
65 facilities, general hospitals, psychiatric hospitals or psychiatric  
66 facilities;

67 (17) Observation beds in acute hospital settings;

68 (18) Psychological and neuropsychological testing conducted by an  
69 appropriately licensed health care provider;

70 (19) Trauma screening conducted by a licensed behavioral health  
71 professional;

72 (20) Depression screening, including maternal depression screening,  
73 conducted by a licensed behavioral health professional;

74 (21) Substance use screening conducted by a licensed behavioral  
75 health professional;

76 (22) Intensive, family-based and community-based treatment  
77 programs that focus on addressing environmental systems that impact  
78 chronic and violent juvenile offenders;

79 (23) Other home-based therapeutic interventions for children;

80 (24) Chemical maintenance treatment, as defined in section 19a-495-  
81 570 of the regulations of Connecticut state agencies; and

82 (25) Extended day treatment programs, as described in section 17a-  
83 22.

84 (c) No such policy shall establish any terms, conditions or benefits  
85 that (1) place a greater financial burden on an insured for access to  
86 diagnosis or treatment of mental or nervous conditions than for  
87 diagnosis or treatment of medical, surgical or other physical health  
88 conditions, [or] (2) prohibit an insured from obtaining or a health care  
89 provider from being reimbursed for multiple screening services as part  
90 of a single-day visit to a health care provider or a multicare institution,  
91 as defined in section 19a-490, or (3) limit the number of visits to a  
92 health care provider or a multicare institution to assess an insured for a  
93 diagnosis of a condition.

94 (d) In the case of benefits payable for the services of a licensed  
95 physician, such benefits shall be payable for the same services when  
96 such services are lawfully rendered by a psychologist licensed under  
97 the provisions of chapter 383 or by such a licensed psychologist in a  
98 licensed hospital or clinic.

99 (e) In the case of benefits payable for the services of a licensed  
100 physician or psychologist, such benefits shall be payable for the same  
101 services when such services are rendered by:

102 (1) A clinical social worker who is licensed under the provisions of  
103 chapter 383b and who has passed the clinical examination of the  
104 American Association of State Social Work Boards and has completed  
105 at least two thousand hours of post-master's social work experience in  
106 a nonprofit agency qualifying as a tax-exempt organization under  
107 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
108 corresponding internal revenue code of the United States, as from time  
109 to time amended, in a municipal, state or federal agency or in an  
110 institution licensed by the Department of Public Health under section  
111 19a-490;

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

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

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

124 (5) A licensed alcohol and drug counselor, as defined in section 20-  
125 74s, or a certified alcohol and drug counselor, as defined in section 20-  
126 74s;

127 (6) A licensed professional counselor; or

128 (7) An advanced practice registered nurse licensed under the  
129 provisions of chapter 378.

130 (f) (1) In the case of benefits payable for the services of a licensed  
131 physician, such benefits shall be payable for (A) services rendered in a  
132 child guidance clinic or residential treatment facility by a person with a  
133 master's degree in social work or by a person with a master's degree in  
134 marriage and family therapy under the supervision of a psychiatrist,  
135 physician, licensed marital and family therapist, or licensed clinical  
136 social worker who is eligible for reimbursement under subdivisions (1)  
137 to (4), inclusive, of subsection (e) of this section; (B) services rendered  
138 in a residential treatment facility by a licensed or certified alcohol and  
139 drug counselor who is eligible for reimbursement under subdivision  
140 (5) of subsection (e) of this section; or (C) services rendered in a  
141 residential treatment facility by a licensed professional counselor who  
142 is eligible for reimbursement under subdivision (6) of subsection (e) of  
143 this section.

144 (2) In the case of benefits payable for the services of a licensed  
145 psychologist under subsection (e) of this section, such benefits shall be  
146 payable for (A) services rendered in a child guidance clinic or  
147 residential treatment facility by a person with a master's degree in  
148 social work or by a person with a master's degree in marriage and  
149 family therapy under the supervision of such licensed psychologist,  
150 licensed marital and family therapist, or licensed clinical social worker  
151 who is eligible for reimbursement under subdivisions (1) to (4),  
152 inclusive, of subsection (e) of this section; (B) services rendered in a  
153 residential treatment facility by a licensed or certified alcohol and drug  
154 counselor who is eligible for reimbursement under subdivision (5) of  
155 subsection (e) of this section; or (C) services rendered in a residential  
156 treatment facility by a licensed professional counselor who is eligible  
157 for reimbursement under subdivision (6) of subsection (e) of this  
158 section.

159 (g) In the case of benefits payable for the service of a licensed

160 physician practicing as a psychiatrist or a licensed psychologist, under  
161 subsection (e) of this section, such benefits shall be payable for  
162 outpatient services rendered (1) in a nonprofit community mental  
163 health center, as defined by the Department of Mental Health and  
164 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
165 operated by an accredited hospital or in a residential treatment facility;  
166 (2) under the supervision of a licensed physician practicing as a  
167 psychiatrist, a licensed psychologist, a licensed marital and family  
168 therapist, a licensed clinical social worker, a licensed or certified  
169 alcohol and drug counselor or a licensed professional counselor who is  
170 eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
171 subsection (e) of this section; and (3) within the scope of the license  
172 issued to the center or clinic by the Department of Public Health or to  
173 the residential treatment facility by the Department of Children and  
174 Families.

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

180 (i) In the case of any person admitted to a state institution or facility  
181 administered by the Department of Mental Health and Addiction  
182 Services, Department of Public Health, Department of Children and  
183 Families or the Department of Developmental Services, the state shall  
184 have a lien upon the proceeds of any coverage available to such person  
185 or a legally liable relative of such person under the terms of this  
186 section, to the extent of the per capita cost of such person's care. Except  
187 in the case of emergency services, the provisions of this subsection  
188 shall not apply to coverage provided under a managed care plan, as  
189 defined in section 38a-478.

190 (j) In addition to the benefits payable under subsections (b) to (g),  
191 inclusive, of this section, each such policy shall provide benefits for the

192 services of a provider specified in subsection (d) or (e) of this section  
193 for any consultation with such provider that includes the insured or a  
194 family member of the insured (1) during an assessment for a diagnosis  
195 of a condition, and (2) after a diagnosis of a mental or nervous  
196 condition has been made.

197 Sec. 2. Section 38a-514 of the 2016 supplement to the general  
198 statutes, as amended by section 46 of public act 15-5 of the June special  
199 session, is repealed and the following is substituted in lieu thereof  
200 (*Effective January 1, 2017*):

201 (a) For the purposes of this section: (1) "Mental or nervous  
202 conditions" means mental disorders, as defined in the most recent  
203 edition of the American Psychiatric Association's "Diagnostic and  
204 Statistical Manual of Mental Disorders". "Mental or nervous  
205 conditions" does not include (A) intellectual disabilities, (B) specific  
206 learning disorders, (C) motor disorders, (D) communication disorders,  
207 (E) caffeine-related disorders, (F) relational problems, and (G) other  
208 conditions that may be a focus of clinical attention, that are not  
209 otherwise defined as mental disorders in the most recent edition of the  
210 American Psychiatric Association's "Diagnostic and Statistical Manual  
211 of Mental Disorders"; (2) "benefits payable" means the usual,  
212 customary and reasonable charges for treatment deemed necessary  
213 under generally accepted medical standards, except that in the case of  
214 a managed care plan, as defined in section 38a-478, "benefits payable"  
215 means the payments agreed upon in the contract between a managed  
216 care organization, as defined in section 38a-478, and a provider, as  
217 defined in section 38a-478; (3) "acute treatment services" means  
218 twenty-four-hour medically supervised treatment for a substance use  
219 disorder, that is provided in a medically managed or medically  
220 monitored inpatient facility; and (4) "clinical stabilization services"  
221 means twenty-four-hour clinically managed postdetoxification  
222 treatment, including, but not limited to, relapse prevention, family  
223 outreach, aftercare planning and addiction education and counseling.

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

230 (1) General inpatient hospitalization, including in state-operated  
231 facilities;

232 (2) Medically necessary acute treatment services and medically  
233 necessary clinical stabilization services;

234 (3) General hospital outpatient services, including at state-operated  
235 facilities;

236 (4) Psychiatric inpatient hospitalization, including in state-operated  
237 facilities;

238 (5) Psychiatric outpatient hospital services, including at state-  
239 operated facilities;

240 (6) Intensive outpatient services, including at state-operated  
241 facilities;

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

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

251 (9) Intensive, home-based services designed to address specific

- 252 mental or nervous conditions in a child;
- 253 (10) Evidence-based family-focused therapy that specializes in the  
254 treatment of juvenile substance use disorders;
- 255 (11) Short-term family therapy intervention;
- 256 (12) Nonhospital inpatient detoxification;
- 257 (13) Medically monitored detoxification;
- 258 (14) Ambulatory detoxification;
- 259 (15) Inpatient services at psychiatric residential treatment facilities;
- 260 (16) Rehabilitation services provided in residential treatment  
261 facilities, general hospitals, psychiatric hospitals or psychiatric  
262 facilities;
- 263 (17) Observation beds in acute hospital settings;
- 264 (18) Psychological and neuropsychological testing conducted by an  
265 appropriately licensed health care provider;
- 266 (19) Trauma screening conducted by a licensed behavioral health  
267 professional;
- 268 (20) Depression screening, including maternal depression screening,  
269 conducted by a licensed behavioral health professional;
- 270 (21) Substance use screening conducted by a licensed behavioral  
271 health professional;
- 272 (22) Intensive, family-based and community-based treatment  
273 programs that focus on addressing environmental systems that impact  
274 chronic and violent juvenile offenders;
- 275 (23) Other home-based therapeutic interventions for children;

276 (24) Chemical maintenance treatment, as defined in section 19a-495-  
277 570 of the regulations of Connecticut state agencies; and

278 (25) Extended day treatment programs, as described in section 17a-  
279 22.

280 (c) No such group policy shall establish any terms, conditions or  
281 benefits that (1) place a greater financial burden on an insured for  
282 access to diagnosis or treatment of mental or nervous conditions than  
283 for diagnosis or treatment of medical, surgical or other physical health  
284 conditions, [or] (2) prohibit an insured from obtaining or a health care  
285 provider from being reimbursed for multiple screening services as part  
286 of a single-day visit to a health care provider or a multicare institution,  
287 as defined in section 19a-490, or (3) limit the number of visits to a  
288 health care provider or a multicare institution to assess an insured for a  
289 diagnosis of a condition.

290 (d) In the case of benefits payable for the services of a licensed  
291 physician, such benefits shall be payable for the same services when  
292 such services are lawfully rendered by a psychologist licensed under  
293 the provisions of chapter 383 or by such a licensed psychologist in a  
294 licensed hospital or clinic.

295 (e) In the case of benefits payable for the services of a licensed  
296 physician or psychologist, such benefits shall be payable for the same  
297 services when such services are rendered by:

298 (1) A clinical social worker who is licensed under the provisions of  
299 chapter 383b and who has passed the clinical examination of the  
300 American Association of State Social Work Boards and has completed  
301 at least two thousand hours of post-master's social work experience in  
302 a nonprofit agency qualifying as a tax-exempt organization under  
303 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
304 corresponding internal revenue code of the United States, as from time  
305 to time amended, in a municipal, state or federal agency or in an  
306 institution licensed by the Department of Public Health under section

307 19a-490;

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

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

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

320 (5) A licensed alcohol and drug counselor, as defined in section 20-  
321 74s, or a certified alcohol and drug counselor, as defined in section 20-  
322 74s;

323 (6) A licensed professional counselor; or

324 (7) An advanced practice registered nurse licensed under the  
325 provisions of chapter 378.

326 (f) (1) In the case of benefits payable for the services of a licensed  
327 physician, such benefits shall be payable for (A) services rendered in a  
328 child guidance clinic or residential treatment facility by a person with a  
329 master's degree in social work or by a person with a master's degree in  
330 marriage and family therapy under the supervision of a psychiatrist,  
331 physician, licensed marital and family therapist or licensed clinical  
332 social worker who is eligible for reimbursement under subdivisions (1)  
333 to (4), inclusive, of subsection (e) of this section; (B) services rendered  
334 in a residential treatment facility by a licensed or certified alcohol and  
335 drug counselor who is eligible for reimbursement under subdivision

336 (5) of subsection (e) of this section; or (C) services rendered in a  
337 residential treatment facility by a licensed professional counselor who  
338 is eligible for reimbursement under subdivision (6) of subsection (e) of  
339 this section.

340 (2) In the case of benefits payable for the services of a licensed  
341 psychologist under subsection (e) of this section, such benefits shall be  
342 payable for (A) services rendered in a child guidance clinic or  
343 residential treatment facility by a person with a master's degree in  
344 social work or by a person with a master's degree in marriage and  
345 family therapy under the supervision of such licensed psychologist,  
346 licensed marital and family therapist or licensed clinical social worker  
347 who is eligible for reimbursement under subdivisions (1) to (4),  
348 inclusive, of subsection (e) of this section; (B) services rendered in a  
349 residential treatment facility by a licensed or certified alcohol and drug  
350 counselor who is eligible for reimbursement under subdivision (5) of  
351 subsection (e) of this section; or (C) services rendered in a residential  
352 treatment facility by a licensed professional counselor who is eligible  
353 for reimbursement under subdivision (6) of subsection (e) of this  
354 section.

355 (g) In the case of benefits payable for the service of a licensed  
356 physician practicing as a psychiatrist or a licensed psychologist, under  
357 subsection (e) of this section, such benefits shall be payable for  
358 outpatient services rendered (1) in a nonprofit community mental  
359 health center, as defined by the Department of Mental Health and  
360 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
361 operated by an accredited hospital or in a residential treatment facility;  
362 (2) under the supervision of a licensed physician practicing as a  
363 psychiatrist, a licensed psychologist, a licensed marital and family  
364 therapist, a licensed clinical social worker, a licensed or certified  
365 alcohol and drug counselor, or a licensed professional counselor who  
366 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of  
367 subsection (e) of this section; and (3) within the scope of the license  
368 issued to the center or clinic by the Department of Public Health or to

369 the residential treatment facility by the Department of Children and  
370 Families.

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

376 (i) In the case of any person admitted to a state institution or facility  
377 administered by the Department of Mental Health and Addiction  
378 Services, Department of Public Health, Department of Children and  
379 Families or the Department of Developmental Services, the state shall  
380 have a lien upon the proceeds of any coverage available to such person  
381 or a legally liable relative of such person under the terms of this  
382 section, to the extent of the per capita cost of such person's care. Except  
383 in the case of emergency services the provisions of this subsection shall  
384 not apply to coverage provided under a managed care plan, as defined  
385 in section 38a-478.

386 (j) A group health insurance policy may exclude the benefits  
387 required by this section if such benefits are included in a separate  
388 policy issued to the same group by an insurance company, health care  
389 center, hospital service corporation, medical service corporation or  
390 fraternal benefit society. Such separate policy, which shall include the  
391 benefits required by this section and the benefits required by section  
392 38a-533, shall not be required to include any other benefits mandated  
393 by this title.

394 (k) In the case of benefits based upon confinement in a residential  
395 treatment facility, such benefits shall be payable in situations in which  
396 the insured has a serious mental or nervous condition that  
397 substantially impairs the insured's thoughts, perception of reality,  
398 emotional process or judgment or grossly impairs the behavior of the  
399 insured, and, upon an assessment of the insured by a physician,

400 psychiatrist, psychologist or clinical social worker, cannot  
401 appropriately, safely or effectively be treated in an acute care, partial  
402 hospitalization, intensive outpatient or outpatient setting.

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

409 (m) In addition to the benefits payable under subsections (b) to (g),  
410 inclusive, and subsections (k) and (l) of this section, each such policy  
411 shall provide benefits for the services of a provider specified in  
412 subsection (d) or (e) of this section for any consultation with such  
413 provider that includes the insured or a family member of the insured  
414 (1) during an assessment for a diagnosis of a condition, and (2) after a  
415 diagnosis of a mental or nervous condition has been made.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2017	38a-488a
Sec. 2	January 1, 2017	38a-514

**Statement of Purpose:**

To prohibit limits on the number of visits to assess an insured for a diagnosis of a condition and to require health insurance coverage for consultations with certain health care providers during the assessment for a diagnosis of a condition and after a diagnosis of a mental or nervous condition.

*[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.]*