

Amendment No.

CHAMBER ACTION

Senate

House

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Representative O'Toole offered the following:

Amendment to Amendment (885832) (with title amendment)

Remove lines 196-257 of the amendment and insert:

Section 6. Subsection (6) of section 395.003, Florida Statutes, is amended to read:

395.003 Licensure; denial, suspension, and revocation.—

(6) (a) A specialty hospital may not provide any service or regularly serve any population group beyond those services or groups specified in its license. A specialty-licensed children's hospital that is authorized to provide pediatric cardiac catheterization and pediatric open-heart surgery services may provide cardiovascular service to adults who, as children, were previously served by the hospital for congenital heart disease, or to those patients who are referred for a specialized procedure only for congenital heart disease by an adult

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17 hospital, without obtaining additional licensure as a provider
18 of adult cardiovascular services. The agency may request
19 documentation as needed to support patient selection and
20 treatment. This subsection does not apply to a specialty-
21 licensed children's hospital that is already licensed to provide
22 adult cardiovascular services.

23 (b) A specialty-licensed children's hospital that has
24 licensed neonatal intensive care unit beds and is located in a
25 county with a population of 1,750,000 or more may provide
26 obstetrical services, in accordance with the pertinent
27 guidelines promulgated by the American College of Obstetricians
28 and Gynecologists and with verification of guidelines and
29 compliance with internal safety standards by the Voluntary
30 Review for Quality of Care Program of the American College of
31 Obstetricians and Gynecologists and in compliance with the
32 agency's rules pertaining to the obstetrical department in a
33 hospital and offer healthy mothers all necessary critical care
34 equipment, services, and the capability of providing up to 10
35 beds for labor and delivery care, which services are restricted
36 to the diagnosis, care, and treatment of pregnant women of any
37 age who have documentation by an examining physician that
38 includes information regarding:

39 1. At least one fetal characteristic or condition diagnosed
40 intra-utero that would characterize the pregnancy or delivery as
41 high risk including structural abnormalities of the digestive,
42 central nervous, and cardiovascular systems and disorders of
43 genetic malformations and skeletal dysplasia, acute metabolic

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emergencies, and babies of mothers with rheumatologic disorders;

or

2. Medical advice or a diagnosis indicating that the fetus may require at least one perinatal intervention.

This paragraph shall not preclude a specialty-licensed children's hospital from complying with s. 395.1041 or the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. 1395dd.

Section 7. Sections 8 and 9 of this act may be cited as the "Cancer Treatment Fairness Act."

Section 8. Effective July 1, 2014, and applicable to policies issued or renewed on or after that date, section 627.42391, Florida Statutes, is created to read:

627.42391 Insurance policies; cancer treatment parity; orally administered cancer treatment medications.—

(1) As used in this section, the term:

(a) "Cancer treatment medication" means medication prescribed by a treating physician who determines that the medication is medically necessary to kill or slow the growth of cancerous cells in a manner consistent with nationally accepted standards of practice.

(b) "Cost sharing" includes copayments, coinsurance, dollar limits, and deductibles imposed on the covered person.

(c) "Grandfathered health plan" has the same meaning as provided in 42 U.S.C. s. 18011 and is subject to the conditions for maintaining status as a grandfathered health plan as specified in 45 C.F.R. s. 147.140.

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72 (2) An individual or group insurance policy delivered,
73 issued for delivery, renewed, amended, or continued in this
74 state that provides medical, major medical, or similar
75 comprehensive coverage and includes coverage for cancer
76 treatment medications must also cover prescribed, orally
77 administered cancer treatment medications and may not apply
78 cost-sharing requirements for orally administered cancer
79 treatment medications that are less favorable to the covered
80 person than cost-sharing requirements for intravenous or
81 injected cancer treatment medications covered under the policy
82 or contract.

83 (3) An insurer providing a policy or contract described in
84 subsection (2) and any participating entity through which the
85 insurer offers health services may not:

86 (a) Vary the terms of the policy in effect on July 1, 2014,
87 to avoid compliance with this section.

88 (b) Provide any incentive, including, but not limited to, a
89 monetary incentive, or impose treatment limitations to encourage
90 a covered person to accept less than the minimum protections
91 available under this section.

92 (c) Penalize a health care practitioner or reduce or limit
93 the compensation of a health care practitioner for recommending
94 or providing services or care to a covered person as required
95 under this section.

96 (d) Provide any incentive, including, but not limited to, a
97 monetary incentive, to induce a health care practitioner to
98 provide care or services that do not comply with this section.

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99 (e) Change the classification of any intravenous or
100 injected cancer treatment medication or increase the amount of
101 cost sharing applicable to any intravenous or injected cancer
102 treatment medication in effect on the effective date of this
103 section in order to achieve compliance with this section.

104 (4) This section does not apply to grandfathered health
105 plans or to Medicare supplement, dental, vision, long-term care,
106 disability, accident only, specified disease policies, or other
107 supplemental limited-benefit plans.

108
109 Notwithstanding this section, if the cost-sharing requirements
110 for intravenous or injected cancer treatment medications under
111 the policy or contract are less than \$50 per month, then the
112 cost-sharing requirements for orally administered cancer
113 treatment medications may be up to \$50 per month.

114 Section 9. Effective July 1, 2014, and applicable to
115 policies issued or renewed on or after that date, section
116 641.313, Florida Statutes, is created to read:

117 641.313 Health maintenance contracts; cancer treatment
118 parity; orally administered cancer treatment medications.-

119 (1) As used in this section, the term:

120 (a) "Cancer treatment medication" means medication
121 prescribed by a treating physician who determines that the
122 medication is medically necessary to kill or slow the growth of
123 cancerous cells in a manner consistent with nationally accepted
124 standards of practice.

125 (b) "Cost sharing" includes copayments, coinsurance, dollar
126 limits, and deductibles imposed on the covered person.

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127 (c) "Grandfathered health plan" has the same meaning as
128 provided in 42 U.S.C. s. 18011 and is subject to the conditions
129 for maintaining status as a grandfathered health plan as
130 specified in 45 C.F.R. s. 147.140.

131 (2) A health maintenance contract delivered, issued for
132 delivery, renewed, amended, or continued in this state that
133 provides medical, major medical, or similar comprehensive
134 coverage and includes coverage for cancer treatment medications
135 must also cover prescribed, orally administered cancer treatment
136 medications and may not apply cost-sharing requirements for
137 orally administered cancer treatment medications that are less
138 favorable to the covered person than cost-sharing requirements
139 for intravenous or injected cancer treatment medications covered
140 under the contract.

141 (3) A health maintenance organization providing a contract
142 described in subsection (2) and any participating entity through
143 which the health maintenance organization offers health services
144 may not:

145 (a) Vary the terms of the policy in effect on July 1, 2014,
146 to avoid compliance with this section.

147 (b) Provide any incentive, including, but not limited to, a
148 monetary incentive, or impose treatment limitations to encourage
149 a covered person to accept less than the minimum protections
150 available under this section.

151 (c) Penalize a health care practitioner or reduce or limit
152 the compensation of a health care practitioner for recommending
153 or providing services or care to a covered person as required
154 under this section.

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155 (d) Provide any incentive, including, but not limited to, a
156 monetary incentive, to induce a health care practitioner to
157 provide care or services that do not comply with this section.

158 (e) Change the classification of any intravenous or
159 injected cancer treatment medication or increase the amount of
160 cost sharing applicable to any intravenous or injected cancer
161 treatment medication in effect on the effective date of this
162 section in order to achieve compliance with this section.

163 (4) This section does not apply to grandfathered health
164 plans or to Medicare supplement, dental, vision, long-term care,
165 disability, accident only, specified disease policies, or other
166 supplemental limited-benefit plans.

167
168 Notwithstanding this section, if the cost-sharing requirements
169 for intravenous or injected cancer treatment medications under
170 the contract are less than \$50 per month, then the cost-sharing
171 requirements for orally administered cancer treatment
172 medications may be up to \$50 per month.

173 Section 10. Notwithstanding s. 893.055, Florida Statutes,
174 for the 2013-2014 fiscal year, the sum of \$500,000 in
175 nonrecurring funds is appropriated from the General Revenue Fund
176 to the Department of Health for the general administration of
177 the prescription drug monitoring program.

178 Section 11. Except as otherwise provided in this act, this
179 act shall take effect upon becoming a law.

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182 **T I T L E A M E N D M E N T**

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183 Remove lines 264-288 of the amendment and insert:
184 An act relating to health care; amending s. 395.4001,
185 F.S.; revising the definition of the terms "level II
186 trauma center" and "trauma center"; amending s.
187 395.401, F.S.; making conforming changes; amending s.
188 395.4025, F.S.; establishing criteria for designating
189 Level II trauma centers in areas with limited access
190 to trauma center services; amending s. 400.9905, F.S.;
191 revising a definition; amending s. 408.036, F.S.;
192 providing for expedited review of certificate-of-need
193 for licensed skilled nursing facilities in qualifying
194 retirement communities; providing criteria for
195 expedited review for licensed skilled nursing homes in
196 qualifying retirement communities; limiting the number
197 of beds per retirement community that can be added
198 through expedited review; amending s. 395.003, F.S.;
199 authorizing certain specialty-licensed children's
200 hospitals to provide obstetrical services under
201 certain circumstances; providing a short title;
202 creating ss. 627.42391 and 641.313, F.S.; providing
203 definitions; requiring that an individual or group
204 insurance policy or contract or a health maintenance
205 contract that provides coverage for cancer treatment
206 medications provide coverage for orally administered
207 cancer treatment medications; requiring that an
208 individual or group insurance policy or contract or a
209 health maintenance contract provide coverage for
210 orally administered cancer treatment medications on a

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211 basis no less favorable than that required by the
212 policy or contract for intravenously administered or
213 injected cancer treatment medications; excluding
214 grandfathered health plans and other specified types
215 of health care policies and supplemental limited-
216 benefit plans from coverage and from coverage and
217 cost-sharing requirements; prohibiting insurers,
218 health maintenance organizations, and certain other
219 entities from engaging in specified actions to avoid
220 compliance with this act; providing limits on certain
221 cost-sharing requirements; providing an appropriation
222 to the Department of Health to fund the administration
223 of the prescription drug monitoring program; providing
224 effective dates.