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By the Committee on Health Care Standards & Regulatory Reform and Representative Bloom

A bill to be entitled An act relating to health care; amending s. 408.706, F.S.; prohibiting discrimination against physicians, osteopaths, physician assistants, chiropractors, optometrists, nurses, occupational or physical therapists, or psychologists, who apply for participation in an accountable health partnership's provider network, based solely on the statute under which they are licensed; requiring accountable health partnerships to demonstrate and ensure such nondiscrimination; providing for complaints; providing for cease and desist orders; providing for revocation of designation as an accountable health partnership; amending ss. 627.6471 and 627.6472, F.S.; defining "reasonable access," with regard to the operation of preferred provider contracts and exclusive provider organizations, to prohibit such discrimination; requiring an exclusive provider organization's plan of operation to demonstrate such nondiscrimination; amending ss. 641.21 and 641.405, F.S.; requiring the application for a health maintenance organization or prepaid health clinic certificate of authority to be accompanied by a plan of operation demonstrating such nondiscrimination; amending s. 641.315, F.S.; prohibiting health maintenance organizations from engaging in such discrimination in its provider contracts; creating s. 641.3923, F.S;

prohibiting a person, entity, or health maintenance organization from engaging in such discrimination in establishing its provider panel; requiring health maintenance organizations to demonstrate and ensure such nondiscrimination; providing for complaints; providing for hearings; providing for cease and desist orders; providing for suspension or revocation of a health maintenance organization's certificate of authority; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (12) and (13) of section 408.706, Florida Statutes, are renumbered as subsections (13) and (14), respectively, and a new subsection (12) is added to said section to read:

408.706 Community health purchasing alliances; accountable health partnerships.--

(12)(a) An accountable health partnership, in considering and acting on an application for provider participation in its provider network, shall not deny the application of an otherwise qualified health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 463, chapter 464, part III of chapter 468, chapter 486, or chapter 490, who provides services within his or her lawful scope of practice under said chapters, solely because the health care provider is licensed under any of those chapters.

(b) An accountable health partnership shall be required to demonstrate and shall ensure that it does not

discriminate against, or exclude from participation as providers in its provider network, health care providers 2 licensed under chapter 458, chapter 459, chapter 460, chapter 3 463, chapter 464, part III of chapter 468, chapter 486, or 4 5 chapter 490, who provide services within their lawful scope of 6 practice under said chapters, solely because the health care 7 providers are licensed under any of those chapters. 8 (c) Compliance with this subsection shall be enforced 9 by filing a complaint with the agency against the accountable health partnership network alleged to have violated this 10 subsection. Complaints may be filed by the agency, health 11 care providers, subscribers, or community health alliances, or 12 13 any other interested person. Upon the filing of a complaint, the accountable health partnership that is the subject of the 14 15 complaint shall be required to demonstrate compliance with this subsection. Where compliance with this subsection cannot 16 17 be demonstrated, the agency shall issue a cease and desist 18 order to the offending accountable health partnership. 19 Failure to comply with the cease and desist order shall result in revocation of the designation of the accountable health 20 21 partnership. 22 Section 2. Paragraph (d) is added to subsection (1) of 23 section 627.6471, Florida Statutes, 1996 Supplement, to read: 627.6471 Contracts for reduced rates of payment; 24 25 limitations; coinsurance and deductibles.--(1) As used in this section: 26 27 (d) "Reasonable access" means that the insurer does 28 not discriminate against otherwise qualified health care 29 providers licensed under chapter 458, chapter 459, chapter 30 460, chapter 463, chapter 464, part III of chapter 468,

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lawful scope of practice under said chapters, solely because the health care providers are licensed under any of those chapters.

Section 3. Subsection (1) of section 627.6472, Florida Statutes, is amended, paragraph (f) of subsection (5) is redesignated as paragraph (g), and a new paragraph (f) is added to said subsection, to read:

627.6472 Exclusive provider organizations.--

- (1) As used in this section, the term:
- $\underline{\text{(a)}}_{\text{(e)}}$ "Agency" means the Agency for Health Care Administration.
- $\underline{\text{(b)}(a)}$ "Complaint" means any dissatisfaction expressed by a policyholder concerning an insurer or its network providers.
- (c)(b) "Emergency care" means medical services provided after the sudden or unexpected onset of a medical condition manifesting itself by acute symptoms, including injury caused by an accident, which are severe enough that the lack of immediate medical attention could reasonably be expected to result in any of the following:
- 1. The patient's life or health would be placed in serious jeopardy.
 - 2. Vital bodily functions would be seriously impaired.
- 3. There would be serious and permanent dysfunction of a bodily organ or part.
- (d)(c) "Exclusive provider" means a provider of health care, or a group of providers of health care, that has entered into a written agreement with the insurer to provide benefits under a health insurance policy issued under this section, which agreement shall include any health care provider listed

in s. 627.419(3) and (4) and shall provide reasonable access to such health care providers.

 $\underline{\text{(e)}(d)}$ "Exclusive provider provision" means any provision that conditions the payment of benefits, in whole or in part, on the use of exclusive providers.

- (f) "Grievance" means dissatisfaction with the administration, claims practices, or provisions of services concerning an insurer or its network providers, expressed in writing by a policyholder under a health insurance policy or certificate.
- (g) "Reasonable access" means that the insurer does not discriminate against otherwise qualified health care providers licensed under chapter 458, chapter 459, chapter 460, chapter 463, chapter 464, part III of chapter 468, chapter 486, or chapter 490, who provide services within their lawful scope of practice under said chapters, solely because the health care providers are licensed under any of those chapters.

(h)(g) "Service area" means the geographic area approved by the agency within which an insurer is authorized to offer a health insurance policy.

- (5) The proposed plan of operation must include:
- (f) Written information demonstrating that the insurer does not discriminate against or exclude from participation an otherwise qualified health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 463, chapter 464, part III of chapter 468, chapter 486, or chapter 490, who provides services within his or her lawful scope of practice under said chapters, solely because the health care provider is licensed under any of those chapters.

Section 4. Paragraph (j) of subsection (1) of section 641.21, Florida Statutes, 1996 Supplement, is redesignated as paragraph (k), and a new paragraph (j) is added to said subsection to read:

641.21 Application for certificate.--

- (1) Before any entity may operate a health maintenance organization, it shall obtain a certificate of authority from the department. The department shall accept and shall begin its review of an application for a certificate of authority anytime after an organization has filed an application for a health care provider certificate pursuant to part III of this chapter. However, the department shall not issue a certificate of authority to any applicant which does not possess a valid health care provider certificate issued by the agency. Each application for a certificate shall be on such form as the department shall prescribe, shall be verified by the oath of two officers of the corporation and properly notarized, and shall be accompanied by the following:
- (j) A plan of operation that demonstrates that the health maintenance organization does not discriminate against or exclude from participation health care providers licensed under chapter 458, chapter 459, chapter 460, chapter 463, chapter 464, part III of chapter 468, chapter 486, or chapter 490, who provide services within their lawful scope of practice under said chapters, solely because the health care providers are licensed under any of those chapters.

Section 5. Subsection (8) is added to section 641.315, Florida Statutes, 1996 Supplement, to read:

641.315 Provider contracts.--

(8) A health maintenance organization shall not refuse to enter into a provider contract with an otherwise qualified

health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 463, chapter 464, part III of chapter 2 468, chapter 486, or chapter 490, who provides services within 3 his or her lawful scope of practice under said chapters, 4 5 solely because the health care provider is licensed under any 6 of those chapters. 7 Section 6. Section 641.3923, Florida Statutes, is 8 created to read: 9 641.3923 Provider discrimination prohibited.--10 (1) A person, entity, or health maintenance organization, in considering and acting upon an application 11 for provider participation in its provider panel, may not deny 12 13 the application of an otherwise qualified health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 14 15 463, chapter 464, part III of chapter 468, chapter 486, or chapter 490, who provides services within his or her lawful 16 17 scope of practice under said chapters, solely because the 18 health care provider is licensed under any of those chapters. 19 (2) Each health maintenance organization is required 20 to demonstrate and must ensure that it does not discriminate 21 against, or exclude from participation as health care 22 providers in its provision of health care services, health 23 care providers licensed under chapter 458, chapter 459, chapter 460, chapter 463, chapter 464, part III of chapter 24 468, chapter 486, or chapter 490, who provide services within 25 26 their lawful scope of practice under said chapters, solely 27 because the health care providers are licensed under any of 28 those chapters. 29 (3) Compliance with this section shall be enforced by

filing a complaint with the agency against the person, entity, or health maintenance organization alleged to have violated

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this section. Complaints may be filed by the agency, health care providers, or subscribers, or any other interested person. Upon the filing of a complaint, the person, entity, or health maintenance organization that is the subject of the complaint is required to demonstrate compliance with this section. Where compliance with this section cannot be demonstrated, the agency shall conduct or cause to be conducted a hearing in accordance with chapter 120.

(4) After the hearing, if it is determined that a violation of this section has occurred, the agency shall issue an order requiring the violator to cease and desist from engaging in discriminatory practices. Failure to comply with the cease and desist order shall result in suspension or revocation of the certificate of authority of the health maintenance organization.

Section 7. Paragraph (h) is added to subsection (2) of section 641.405, Florida Statutes, to read:

641.405 Application for certificate of authority to operate prepaid health clinic.--

- (2) Each application for a certificate of authority shall be on such form as the department prescribes, and such application shall be accompanied by:
- (h) A plan of operation that demonstrates or ensures that the applicant does not discriminate against or exclude from participation health care providers licensed under chapter 458, chapter 459, chapter 460, chapter 463, chapter 464, part III of chapter 468, chapter 486, or chapter 490, who provide services within their lawful scope of practice under said chapters, solely because the health care providers are licensed under any of those chapters.

Section 8. This act shall take effect October 1, 1997.