By Senators Ostalkiewicz, Grant, Williams and Myers

12-911-98

1 A bill to be entitled 2 An act relating to health insurance coverage 3 for employees of small businesses; amending s. 4 627.6699, F.S., the "Employee Health Care 5 Access Act"; providing limitations on coverage that must be included under health benefit 6 7 plans issued by small business carriers; providing an effective date. 8 9 10 Be It Enacted by the Legislature of the State of Florida: 11 12 Section 1. Paragraph (b) of subsection (12) of section 627.6699, Florida Statutes, is amended to read: 13 14 627.6699 Employee Health Care Access Act.--(12) STANDARD, BASIC, AND LIMITED HEALTH BENEFIT 15 16 PLANS. --17 (b)1. Each small employer carrier issuing new health benefit plans shall offer to any small employer, upon request, 18 19 a standard health benefit plan and a basic health benefit plan 20 each of which that meets the criteria set forth in this section. 21 22 For purposes of this subsection, the terms "standard health benefit plan" and "basic health benefit plan" 23 mean policies or contracts that a small employer carrier 24 25 offers to eligible small employers and that contain: 26 a. An exclusion for services that are not medically 27 necessary or that are not covered preventive health services; 28 and 29 b. A procedure for preauthorization by the small 30 employer carrier, or its designees. 31

- 3. A small employer carrier may include the following managed care provisions in the policy or contract to control costs:
- a. A preferred provider arrangement or exclusive provider organization or any combination thereof, in which a small employer carrier enters into a written agreement with the provider to provide services at specified levels of reimbursement or to provide reimbursement to specified providers. Any such written agreement between a provider and a small employer carrier must contain a provision under which the parties agree that the insured individual or covered member has no obligation to make payment for any medical service rendered by the provider which is determined not to be medically necessary. A carrier may use preferred provider arrangements or exclusive provider arrangements to the same extent as allowed in group products that are not issued to small employers.
- b. A procedure for utilization review by the small employer carrier or its designees.

This subparagraph does not prohibit a small employer carrier from including in its policy or contract additional managed care and cost containment provisions, subject to the approval of the department, which have potential for controlling costs in a manner that does not result in inequitable treatment of insureds or subscribers. The carrier may use such provisions to the same extent as authorized for group products that are not issued to small employers.

- 4. The standard health benefit plan shall include coverage for:
 - a. Coverage for Inpatient hospitalization;

1 Coverage for Outpatient services; 2 Coverage for Newborn children pursuant to s. 3 627.6575; 4 Coverage for Child care supervision services 5 pursuant to s. 627.6579; 6 Coverage for Adopted children upon placement in the 7 residence pursuant to s. 627.6578; Coverage for Mammograms pursuant to s. 627.6613; 8 9 Coverage for Handicapped children pursuant to s. 10 627.6615; 11 h. Emergency or urgent care out of the geographic service area; and 12 i. Coverage for Services provided by a hospice 13 licensed under s. 400.602 in cases where such coverage would 14 be the most appropriate and the most cost-effective method for 15 treating a covered illness. 16 17 The standard health benefit plan and the basic health benefit plan may include a schedule of benefit 18 19 limitations for specified services and procedures. If the committee develops such a schedule of benefits limitation for 20 the standard health benefit plan or the basic health benefit 21 plan, a small employer carrier offering the plan must offer 22 the employer an option for increasing the benefit schedule 23 24 amounts by 4 percent annually. 25 The basic health benefit plan shall include all of the benefits specified in subparagraph 4.; however, the basic 26 health benefit plan shall place additional restrictions on the 27 28 benefits and utilization and may also impose additional cost 29 containment measures. 30 Sections 627.419(2), (3), and (4), 627.6574,

627.6612, 627.66121, 627.66122, 627.6616, 627.6618, and

31

627.668 apply to the standard health benefit plan and to the basic health benefit plan. However, notwithstanding said provisions, the plans may specify limits on the number of authorized treatments, if such limits are reasonable and do not discriminate against any type of provider.

- Each small employer carrier that provides for inpatient and outpatient services by allopathic hospitals may provide as an option of the insured similar inpatient and outpatient services by hospitals accredited by the American Osteopathic Association when such services are available and the osteopathic hospital agrees to provide the service.
- Coverage for an induced abortion and related procedures is required only when such procedures are performed to save the life of the mother.

Section 2. This act shall take effect July 1, 1998.

16 17

19 20

15

2

3

4 5

6

7

8 9

10

11

12

13 14

SENATE SUMMARY

18

Provides, under the "Employee Health Care Access Act," that insurance carriers that issue health insurance policies covering employees of small businesses need not provide coverage for an induced abortion and related procedures unless such procedures are performed to save the life of the mother.

22

21

23

24 25

26

27

28

29

30

31