By Representatives Crow, Flanagan, Ogles, Morroni, Fuller, Lacasa, Villalobos, Burroughs, K. Pruitt, Carlton, Stabins, Sublette, Fasano and D. Prewitt

1	A bill to be entitled
2	An act relating to health care service
3	programs; amending s. 440.11, F.S.;
4	establishing exclusive liability of health
5	maintenance organizations; providing
6	application; amending s. 641.28, F.S.; revising
7	award of attorney's fees in civil actions under
8	certain circumstances; amending s. 641.315,
9	F.S.; providing additional criteria for certain
10	provider contracts; amending s. 641.3903, F.S.;
11	specifying additional practices as unfair
12	methods of competition or unfair or deceptive
13	acts or practices; amending s. 641.3917, F.S.;
14	authorizing civil actions against health
15	maintenance organizations by certain persons
16	under certain circumstances; providing
17	requirements and procedures; providing for
18	liability for damages and attorney's fees;
19	prohibiting punitive damages under certain
20	circumstances; requiring the advance posting of
21	discovery costs; providing a legislative
22	declaration; providing an appropriation;
23	providing an effective date.
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25	Be It Enacted by the Legislature of the State of Florida:
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27	Section 1. Section 440.11, Florida Statutes, is
28	amended to read:
29	440.11 Exclusiveness of liability
30	(4) Notwithstanding the provisions of s. 624.155 $or s$.
31	641.3917, the liability of a carrier or a health maintenance

organization to an employee or to anyone entitled to bring suit in the name of the employee shall be as provided in this chapter, which shall be exclusive and in place of all other liability.

Section 2. Section 641.28, Florida Statutes, 1996 Supplement, is amended to read:

641.28 Civil remedy.--

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- (1) In any civil action brought to enforce the terms and conditions of a health maintenance organization contract:
- (a) If the civil action is filed before or within 60 days after the subscriber or enrollee filed a grievance or notice of intent to sue with the statewide provider and subscriber assistance program established pursuant to s. 408.7056 or a notice pursuant to s. 641.3917, the prevailing party is entitled to recover reasonable attorney's fees and court costs.
- (b) If the civil action is filed pursuant to s. 641.3917 more than 60 days after the subscriber or enrollee filed a notice of intent to sue with the statewide provider and subscriber assistance program established pursuant to s. 408.7056 or a notice pursuant to s. 641.3917, and the subscriber or enrollee receives a final judgment or decree against the health maintenance organization in favor of the subscriber or enrollee, the court shall enter a judgment or decree against the health maintenance organization in favor of the subscriber or enrollee for reasonable attorney's fees and court costs.
- (2) This section shall not be construed to authorize a civil action against the department, its employees, or the Insurance Commissioner or against the Agency for Health Care 31 Administration, its employees, or the director of the agency.

Section 3. Subsection (8) is added to section 641.315, Florida Statutes, 1996 Supplement, to read:

641.315 Provider contracts.--

(8) No contract between a health maintenance organization and a provider of health care services shall contain any provision restricting the provider's ability to communicate information to the provider's patient regarding medical care or treatment options for the patient when the provider deems knowledge of such information by the patient to be in the best interest of the patient.

Section 4. Paragraphs (c), (d), and (e) are added to subsection (10) of section 641.3903, Florida Statutes, 1996 Supplement, and subsection (14) is added to said section, to read:

641.3903 Unfair methods of competition and unfair or deceptive acts or practices defined.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:

- (10) ILLEGAL DEALINGS IN PREMIUMS; EXCESS OR REDUCED CHARGES FOR HEALTH MAINTENANCE COVERAGE.--
- (c) Canceling or otherwise terminating any health maintenance contract or coverage, or requiring execution of a consent to rate endorsement, during the stated contract term for the purpose of offering to issue, or issuing, a similar or identical contract to the same subscriber or enrollee with the same exposure at a higher premium rate or continuing an existing contract with the same exposure at an increased premium.
- (d) Issuing a nonrenewal notice on any health maintenance organization contract, or requiring execution of a consent to rate endorsement, for the purpose of offering to

issue, or issuing, a similar or identical contract to the same subscriber or enrollee at a higher premium rate or continuing an existing contract at an increased premium without meeting any applicable notice requirements.

- (e) Canceling or issuing a nonrenewal notice on any health maintenance organization contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.
- (14) REFUSAL TO COVER.--In addition to other
 provisions of this code, the refusal to cover, or continue to
 cover, any individual solely because of:
- (a) Race, color, creed, marital status, sex, or national origin;
- (b) The residence, age, or lawful occupation of the individual, unless there is a reasonable relationship between the residence, age, or lawful occupation of the individual and the coverage issued or to be issued; or
- (c) The fact that the enrollee or applicant had been previously refused insurance coverage or health maintenance organization coverage by any insurer or health maintenance organization when such refusal to cover or continue to cover for this reason occurs with such frequency as to indicate a general business practice.

Section 5. Section 641.3917, Florida Statutes, is amended to read:

641.3917 Civil liability.—The provisions of this part are cumulative to rights under the general civil and common law, and no action of the department shall abrogate such rights to damage or other relief in any court.

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require:

has allegedly violated.

(1) Any person to whom a duty is owed may bring a civil action against a health maintenance organization when such person suffers damages as a result of: (a) A violation of s. 641.3903(5)(a), (b), (c)1.-7., (10), or (12) by the health maintenance organization; or (b) The health maintenance organization's failure to provide a covered service when in good faith the health maintenance organization should have provided such service had it acted fairly and honestly toward its subscriber or enrollee and with due regard for the subscriber's interests and, in the independent medical judgment of a contract treating physician or other physician authorized by the health maintenance organization, the service is medically necessary. 15 However, a person pursuing a remedy under this section need 16 not prove that such act was committed or performed with such frequency as to indicate a general business practice. (2)(a) As a condition precedent to bringing an action under this section, the department and the health maintenance 19 organization must have been given 60 days' written notice of 21 the violation. If the department returns a notice for lack of specificity, the 60-day time period shall not begin until a 23 proper notice is filed. (b) The notice shall be on a form provided by the 24 department and shall state with specificity the following

information, and such other information as the department may

1. The provision of law, including the specific language of the law, which the health maintenance organization

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- 2. The facts and circumstances giving rise to the violation.
- $\underline{\mbox{3.}}$ The name of any individual involved in the violation.
- 4. Any reference to specific contract language that is relevant to the violation.
- 5. A statement that the notice is given in order to perfect the right to pursue the civil remedy authorized by this section.
- (c) Within 20 days after receipt of the notice, the department may return any notice that does not provide the specific information required by this section and the department shall indicate the specific deficiencies contained in the notice. A determination by the department to return a notice for lack of specificity is exempt from the requirements of chapter 120.
- (d) No action shall lie under this section if, within 60 days after filing notice, the damages are paid or the circumstances giving rise to the violation are corrected.
- (e) The health maintenance organization that is the recipient of a notice filed pursuant to this section shall report to the department on the disposition of the alleged violation.
- (f) The applicable statute of limitations for an action under this section shall be tolled for a period of 65 days by the mailing of the notice required by this subsection or the mailing of a subsequent notice required by this subsection.
- (3) Upon adverse adjudication at trial or upon appeal, the health maintenance organization shall be liable for

damages, together with court costs and reasonable attorney's fees, incurred by the plaintiff.

- (4) Punitive damages shall not be awarded under this section unless the acts giving rise to the violation occur with such frequency as to indicate a general business practice and are either willful, wanton, and malicious or are in reckless disregard for the rights of any subscriber or enrollee. Any person who pursues a claim under this subsection shall post, in advance, the costs of discovery. Such costs shall be awarded to the health maintenance organization if no punitive damages are awarded to the plaintiff.
- 25) This section shall not be construed to authorize a class action suit against a health maintenance organization or a civil action against the department, its employees, or the Insurance Commissioner, or against the Agency for Health Care Administration, its employees, or the director of the agency or to create a cause of action when a health maintenance organization or a prepaid health plan refuses to provide service on the grounds that the charge for a service was unreasonably high, unless otherwise provided in paragraph (1)(b).
- not preempt any other remedy or cause of action provided for pursuant to any other law or pursuant to the common law of this state. Any person may obtain a judgment under either the common law remedy of bad faith or the remedy provided in this section, but is not entitled to a judgment under both remedies. This section does not create a common law cause of action. The damages recoverable under this section include damages which are a reasonably foreseeable result of a

1	specified violation of this section by the health maintenance
2	organization and may include an award or judgment in an amount
3	that exceeds contract limits.
4	(b) This section does not create a cause of action for
5	medical malpractice. Such action shall be subject to the
6	provisions of chapter 766.
7	(c) This section shall not apply to the provision of
8	medical care, treatment, or attendance pursuant to chapter
9	<u>440.</u>
10	Section 6. The Legislature finds that the provisions
11	of this bill will fulfill an important state interest.
12	Section 7. There are hereby appropriated three
13	positions and \$112,000 from the Insurance Commissioner's
14	Regulatory Trust Fund to the Department of Insurance for the
15	purposes of carrying out the provisions of this act.
16	Section 8. This act shall take effect July 1, 1997.
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19	HOUSE SUMMARY
20	Establishes exclusive liability for health maintenance
21	Establishes exclusive liability for health maintenance organizations. Clarifies award of attorney's fees in civil actions against health maintenance organizations
22	and prepaid health plans. Prohibits provider contracts
23	from restricting a provider from communicating information to a patient. Specifies additional activities as unfair methods of competition and unfair or
24	deceptive acts or practices. Provides procedures and requirements for bringing civil actions against health maintenance organizations. See bill for details.
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