

1 A bill to be entitled
2 An act relating to health insurance contracts;
3 amending ss. 627.6416, 627.6579, F.S.; amending
4 the definition of the term "child health
5 supervision services"; amending requirements
6 for such services; providing requirements for
7 the coverage of such services under health
8 insurance policies and under group, blanket, or
9 franchise health insurance policies; amending
10 s. 627.6699, F.S.; authorizing certain small
11 employer carriers to impose certain
12 requirements in participating in,
13 administering, or issuing certain health
14 benefits under certain circumstances; amending
15 s. 641.31, F.S.; providing requirements for
16 health maintenance contracts relating to
17 coverage of newborn children and premiums
18 relating thereto; requiring the continuing
19 coverage, past the usual limiting age, of
20 certain dependent children; requiring health
21 maintenance contracts relating to family
22 coverage to provide specified child health
23 supervision services; providing an effective
24 date.

25
26 Be It Enacted by the Legislature of the State of Florida:

27
28 Section 1. Section 627.6416, Florida Statutes, is
29 amended to read:

30 627.6416 Coverage for child health supervision
31 services.--

1 (1) All health insurance policies providing coverage
2 on an expense-incurred basis which provide coverage for a
3 member of a family of the insured or subscriber must ~~shall~~, as
4 to such family member's coverage, also provide that the health
5 insurance benefits applicable for children include coverage
6 for child health supervision services from the moment of birth
7 to age 16 years. Such services must ~~shall~~ be exempt from any
8 deductible provisions that are ~~which may be~~ in force in such
9 policies or contracts.

10 (2) As used in ~~For purposes of~~ this section, the term
11 "child health supervision services" means physician-delivered
12 or physician-supervised services that ~~which shall~~ include, at
13 a ~~as the minimum, benefit coverage for~~ services delivered at
14 the intervals and scope stated in this section.

15 (a) ~~For purposes of this section,~~ Child health
16 supervision services must ~~shall~~ include periodic ~~18~~ visits
17 which shall ~~at approximately the following age intervals:~~
18 ~~birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15~~
19 ~~months, 18 months, 2 years, 3 years, 4 years, 5 years, 6~~
20 ~~years, 8 years, 10 years, 12 years, 14 years, and 16 years.~~
21 ~~Services to be covered at each visit~~ include a history, a
22 physical examination, ~~and~~ a developmental assessment and
23 anticipatory guidance, ~~and~~ appropriate immunizations and
24 laboratory tests. Such services and periodic visits shall be
25 provided in accordance with prevailing medical standards
26 consistent with the Recommendations for Preventive Pediatric
27 Health Care of the American Academy of Pediatrics. ~~in~~
28 ~~keeping with prevailing medical standards.~~

29 (b) Minimum benefits may be limited to one visit
30 payable to one provider for all of the services provided at
31 each visit cited in this section.

1 (3) This section does not apply to disability income,
2 specified disease, Medicare supplement, or hospital indemnity
3 policies.

4 Section 2. Section 627.6579, Florida Statutes, is
5 amended to read:

6 627.6579 Coverage for child health supervision
7 services.--

8 (1) All group, blanket, or franchise health insurance
9 policies providing coverage on an expense-incurred basis which
10 provide coverage for a family member of the certificateholder
11 or subscriber must ~~shall~~, as to such family member's coverage,
12 also provide that the health insurance benefits applicable for
13 children include coverage for child health supervision
14 services from the moment of birth to age 16 years. Such
15 services must ~~shall~~ be exempt from any deductible provisions
16 that are ~~which may be~~ in force in such policies or contracts.

17 (2) As used in ~~For purposes of~~ this section, the term
18 "child health supervision services" means physician-delivered
19 or physician-supervised services that ~~which shall~~ include, at
20 a ~~as the~~ minimum, benefit coverage for services delivered at
21 the intervals and scope stated in this section.

22 (a) ~~For purposes of this section,~~ Child health
23 supervision services must ~~shall~~ include periodic ~~18~~ visits
24 which shall ~~at approximately the following age intervals:~~
25 ~~birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15~~
26 ~~months, 18 months, 2 years, 3 years, 4 years, 5 years, 6~~
27 ~~years, 8 years, 10 years, 12 years, 14 years, and 16 years.~~
28 ~~Services to be covered at each visit include a history, a~~
29 ~~physical examination, and a developmental assessment and~~
30 ~~anticipatory guidance, and appropriate immunizations and~~
31 ~~laboratory tests. Such services and periodic visits shall be~~

1 provided in accordance with prevailing medical standards
2 consistent with the Recommendations for Preventive Pediatric
3 Health Care of the American Academy of Pediatrics. ~~in~~
4 ~~keeping with prevailing medical standards.~~

5 (b) Minimum benefits may be limited to one visit
6 payable to one provider for all of the services provided at
7 each visit cited in this section.

8 (3) This section does not apply to disability income,
9 specified disease, Medicare supplement, or hospital indemnity
10 policies.

11 Section 3. Paragraph (h) of subsection (5) of section
12 627.6699, Florida Statutes, 1996 Supplement, is amended to
13 read:

14 627.6699 Employee Health Care Access Act.--

15 (5) AVAILABILITY OF COVERAGE.--

16 (h) All health benefit plans issued under this section
17 must comply with the following conditions:

18 1. In determining whether a preexisting condition
19 provision applies to an eligible employee or dependent, credit
20 must be given for the time the person was covered under
21 qualifying previous coverage if the previous coverage was
22 continuous to a date not more than 30 days prior to the
23 effective date of the new coverage, exclusive of any
24 applicable waiting period under the plan.

25 2. Late enrollees may be excluded from coverage only
26 for the greater of 18 months or the period of an 18-month
27 preexisting condition exclusion; however, if both a period of
28 exclusion from coverage and a preexisting condition exclusion
29 are applicable to a late enrollee, the combined period may not
30 exceed 18 months after the effective date of coverage. For
31 employers who have fewer than three employees, a late enrollee

1 may be excluded from coverage for no longer than 24 months if
2 he was not covered by qualifying previous coverage continually
3 to a date not more than 30 days before the effective date of
4 his new coverage.

5 3. Any requirement used by a small employer carrier in
6 determining whether to provide coverage to a small employer
7 group, including requirements for minimum participation of
8 eligible employees and minimum employer contributions, must be
9 applied uniformly among all small employer groups having the
10 same number of eligible employees applying for coverage or
11 receiving coverage from the small employer carrier, except
12 that a small employer carrier that participates in,
13 administers, or issues health benefits pursuant to s. 381.0406
14 which do not include a preexisting condition exclusion may
15 require as a condition of offering such benefits that the
16 employer has had no health insurance coverage for its
17 employees for a period of at least 6 months. A small employer
18 carrier may vary application of minimum participation
19 requirements and minimum employer contribution requirements
20 only by the size of the small employer group.

21 4. In applying minimum participation requirements with
22 respect to a small employer, a small employer carrier shall
23 not consider as an eligible employee employees or dependents
24 who have qualifying existing coverage in an employer-based
25 group insurance plan or an ERISA qualified self-insurance plan
26 in determining whether the applicable percentage of
27 participation is met.

28 5. A small employer carrier shall not increase any
29 requirement for minimum employee participation or any
30 requirement for minimum employer contribution applicable to a
31 small employer at any time after the small employer has been

1 accepted for coverage, unless the employer size has changed,
2 in which case the small employer carrier may apply the
3 requirements that are applicable to the new group size.

4 6. If a small employer carrier offers coverage to a
5 small employer, it must offer coverage to all the small
6 employer's eligible employees and their dependents. A small
7 employer carrier may not offer coverage limited to certain
8 persons in a group or to part of a group, except with respect
9 to late enrollees.

10 7. A small employer carrier may not modify any health
11 benefit plan issued to a small employer with respect to a
12 small employer or any eligible employee or dependent through
13 riders, endorsements, or otherwise to restrict or exclude
14 coverage for certain diseases or medical conditions otherwise
15 covered by the health benefit plan.

16 8. An initial enrollment period of at least 30 days
17 must be provided. An annual 30-day open enrollment period
18 must be offered to each small employer's eligible employees
19 and their dependents.

20 Section 4. Subsection (9) of section 641.31, Florida
21 Statutes, 1996 Supplement, is amended, and subsections (29)
22 and (30) are added to that section, to read:

23 641.31 Health maintenance contracts.--

24 (9) All health maintenance contracts that ~~which~~
25 provide coverage, benefits, or services for a member of the
26 family of the subscriber must ~~shall~~, as to such family
27 member's coverage, benefits, or services, provide also that
28 the coverage, benefits, or services applicable for children
29 must ~~shall~~ be provided with respect to a ~~preenrolled~~ newborn
30 child of the subscriber, or covered family member of the
31 subscriber, from the moment of birth. However, with respect

1 to a newborn child of a covered family member other than the
2 spouse of the insured or subscriber, the coverage for the
3 newborn child terminates 18 months after the birth of the
4 newborn child.The coverage, benefits, or services for newborn
5 children must ~~shall~~ consist of coverage for injury or
6 sickness, including the necessary care or treatment of
7 medically diagnosed congenital defects, birth abnormalities,
8 or prematurity, and transportation costs of the newborn to and
9 from the nearest appropriate facility appropriately staffed
10 and equipped to treat the newborn's condition, when such
11 transportation is certified by the attending physician as
12 medically necessary to protect the health and safety of the
13 newborn child.

14 (a) A contract may require the subscriber to notify
15 the plan of the birth of a child within a time period, as
16 specified in the contract, of not less than 30 days after the
17 birth, or a contract may require the pre-enrollment of a
18 newborn prior to birth. However, if timely notice is given, a
19 plan may not charge an additional premium for additional
20 coverage of the newborn child for not less than 30 days after
21 the birth of the child. If timely notice is not given, the
22 plan may charge an additional premium from the date of birth.
23 The contract may not deny coverage of the child due to failure
24 of the subscriber to timely notify the plan of the birth of
25 the child or to pre-enroll the child.

26 (b) If the contract does not require the subscriber to
27 notify the plan of the birth of a child within a specified
28 time period, the plan may not deny coverage of the child nor
29 may it retroactively charge the subscriber an additional
30 premium for the child; however, the contract may prospectively
31 charge the member an additional premium for the child if the

1 plan provides at least 45 days' notice of the additional
2 charge.

3 (29) If a health maintenance contract provides that
4 coverage of a dependent child of the subscriber will terminate
5 upon attainment of the limiting age for dependent children
6 which is specified in the contract, the contract must also
7 provide in substance that attainment of the limiting age does
8 not terminate the coverage of the child while the child
9 continues to be both:

10 (a) Incapable of self-sustaining employment by reason
11 of mental retardation or physical handicap, and

12 (b) Chiefly dependent upon the employee or member for
13 support and maintenance.

14
15 If the claim is denied under a contract for the stated reason
16 that the child has attained the limiting age for dependent
17 children specified in the contract the notice or denial must
18 state that the subscriber has the burden of establishing that
19 the child continues to meet the criteria specified in
20 paragraphs (a) and (b).

21 (30)(a) All health maintenance contracts which provide
22 coverage, benefits, or services for a member of the family of
23 the subscriber must, as to such family member's coverage,
24 benefits, or services, also provide that the benefits
25 applicable for children include coverage for child health
26 supervision services from the moment of birth to age 16 years.

27 (b) As used in this subsection, the term "child health
28 supervision services" means physician-delivered or
29 physician-supervised services that include, at a minimum,
30 services delivered at the intervals and scope stated in this
31 subsection.

1 1. Child health supervision services must include
2 periodic visits which shall include a history, a physical
3 examination, a developmental assessment and anticipatory
4 guidance, and appropriate immunizations and laboratory tests.
5 Such services and periodic visits shall be provided in
6 accordance with prevailing medical standards consistent with
7 the Recommendations for Preventive Pediatric Health Care of
8 the American Academy of Pediatrics.

9 2. Minimum benefits may be limited to one visit
10 payable to one provider for all of the services provided at
11 each visit cited in this subsection.

12 Section 5. This act shall take effect July 1, 1997.

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