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