

By Senator Sullivan

22-1229-98

1 A bill to be entitled
2 An act relating to patient continuity of care;
3 amending s. 641.315, F.S.; prohibiting
4 contracts between a health maintenance provider
5 and a provider of health care services from
6 containing certain restrictions; amending s.
7 641.51, F.S., relating to health maintenance
8 organization quality assurance; requiring such
9 organizations to provide a subscriber continued
10 access to a treating provider terminated by the
11 organization; providing limitations;
12 prescribing the specific circumstances in which
13 treatment may continue; providing that each
14 enrollee or prospective enrollee in a
15 managed-care plan has the right to receive
16 certain information before enrolling or
17 renewing enrollment in the plan; providing an
18 effective date.

19
20 Be It Enacted by the Legislature of the State of Florida:

21
22 Section 1. Subsection (9) is added to section 641.315,
23 Florida Statutes, to read:

24 641.315 Provider contracts.--

25 (9) A contract between a health maintenance
26 organization and a provider of health care services may not
27 contain any provision that in any way prohibits or restricts
28 the provider from contracting with a different health
29 maintenance organization for the provision of the same or
30 different services.

31

1 Section 2. Subsection (7) of section 641.51, Florida
2 Statutes, is amended to read:

3 641.51 Quality assurance program; second medical
4 opinion requirement.--

5 (7) When an organization terminates a contract with a
6 treating provider for any reason other than for cause, the
7 ~~Each~~ organization shall allow subscribers for whom the
8 terminated provider was a treating provider to continue care
9 ~~for 60 days~~ with the a terminated treating provider through
10 completion of treatment of a condition for which the
11 subscriber was receiving care at the time of the termination,
12 until the subscriber selects another treating provider, or
13 during the next open enrollment period offered by the
14 organization, whichever is longer, but no longer than 1 year
15 after termination of the contract ~~when medically necessary,~~
16 ~~provided the subscriber has a life-threatening condition or a~~
17 ~~disabling and degenerative condition. Each organization shall~~
18 ~~allow a subscriber who is in the third trimester of pregnancy~~
19 ~~to continue care with a terminated treating provider until~~
20 ~~completion of postpartum care.~~ For care continued under this
21 subsection, the organization and the provider shall continue
22 to be bound by the terms of the terminated contract for such
23 ~~continued care. This subsection shall not apply to treating~~
24 ~~providers who have been terminated by the organization for~~
25 ~~cause.~~

26 Section 3. Each prospective enrollee in a managed-care
27 plan, before enrollment, and each current enrollee at least 30
28 days before annual renewal of the plan, has the right to
29 receive written information describing the terms and
30 conditions of the plan to enable the enrollee or prospective
31 enrollee to make informed decisions regarding his or her

1 choice of a system of health care delivery. The following
2 specific information must be communicated upon request:
3 financial arrangements, incentives, or contractual provisions
4 with hospitals, review companies, physicians, or any other
5 provider of health care services which could limit or induce
6 the limitation of the services offered, restrict referral or
7 treatment options, or negatively affect a physician's
8 fiduciary responsibility to his or her patients, including,
9 but not limited to, capitation, discounted fee for service,
10 salary arrangements, and any other method that could serve to
11 restrict the provision of medical or other services.

12 Section 4. This act shall take effect upon becoming a
13 law.

14
15 *****

16 SENATE SUMMARY

17 Prohibits the inclusion in a contract between a health
18 maintenance organization and a provider of health care
19 services of a provision that restricts the provider's
20 right to contract with another HMO. Requires health
21 maintenance organizations to provide a subscriber with
22 continued access to a treating provider that has been
23 terminated by the organization. Provides limitations.
24 Amends provisions prescribing the specific circumstances
25 in which treatment may continue. Provides that each
26 enrollee or prospective enrollee in a managed-care plan
27 has the right to receive certain information before
28 enrolling or renewing enrollment in the plan.
29
30
31