

By Senator Kurth

15-1118-99

See HB 371

1 A bill to be entitled
 2 An act relating to health insurance; creating
 3 the "Equity in Contraceptive Coverage Act of
 4 1999"; providing legislative findings and
 5 intent; providing requirements with respect to
 6 plans provided by religious health plan
 7 sponsors; creating ss. 627.64061 and 627.65741,
 8 F.S., and amending 641.31, F.S.; requiring
 9 certain health insurance policies and health
 10 maintenance contracts to provide coverage for
 11 prescription oral contraceptives; amending s.
 12 627.6515, F.S.; applying certain requirements
 13 for group coverage to out-of-state groups;
 14 amending s. 627.6699, F.S.; applying certain
 15 requirements for group coverage to coverage for
 16 small employers; providing an effective date.

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 18 Be It Enacted by the Legislature of the State of Florida:

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 20 Section 1. This act may be cited as the "Equity in
 21 Prescription Insurance and Contraceptive Coverage Act of
 22 1999."

23 Section 2. Legislative findings and intent.--

24 (1) The Legislature finds that:

25 (a) Each year, more than half of all pregnancies in
 26 this state are unintended.

27 (b) Contraceptive services are part of basic health
 28 care, allowing families to both adequately space desired
 29 pregnancies and avoid unintended pregnancy.

30 (c) Contraceptives are highly cost effective, yielding
 31 from \$4 to \$14 dollars in savings for every dollar expended.

1 (d) By reducing rates of unintended pregnancy,
2 contraceptives help reduce the need for abortions.

3 (e) Unintended pregnancies lead to higher rates of
4 infant mortality, low birth weight, and maternal morbidity and
5 threaten the economic viability of families.

6 (f) Most women in this state of childbearing age rely
7 on private employment-related insurance to cover their medical
8 expenses.

9 (g) Most private insurers cover prescription drugs,
10 but many exclude coverage for prescription contraceptives.

11 (h) The lack of contraceptive coverage in health
12 insurance policies places many effective forms of
13 contraceptives beyond the financial reach of many women,
14 leading to unintended pregnancies.

15 (2) Therefore, the Legislature determines that
16 enactment of this bill constitutes an important state
17 interest.

18 Section 3. Option for plans and policyholders of plans
19 provided by religious health plan sponsors.

20 (1) GENERAL RULE.--Notwithstanding any other provision
21 of s. 627.64061 or s. 627.65741, a religious health plan
22 sponsor may provide a health plan that does not provide
23 benefits for prescription oral contraceptives that are
24 contrary to the religious tenets of the religion or religious
25 corporation, association, or society referred to in subsection
26 (3).

27 (2) EXCEPTION.--Nothing in this section shall be
28 construed as authorizing the exclusion of coverage under a
29 health plan of prescription oral contraceptives necessary to
30 preserve the life or health of the patient.

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1 (3) DEFINITION.--As used in this section, the term
2 "religious health plan sponsor" means a health plan sponsor
3 that meets the definition of "church plan" under s. 3(33) of
4 the Employee Retirement Income Security Act of 1974.

5 (4) Nothing in this act shall be construed to require
6 coverage for chemically induced abortions.

7 Section 4. Section 627.64061, Florida Statutes, is
8 created to read:

9 627.64061 Coverage for prescription
10 contraceptives.--Any health insurance policy that provides
11 coverage for outpatient prescription drugs shall cover
12 prescription oral contraceptives approved by the federal Food
13 and Drug Administration and prescribed by a practitioner
14 authorized by state licensure to prescribe such medication.
15 Coverage must be provided to the same extent and subject to
16 the same contract terms, including copayments and deductibles,
17 as any other prescription drug.

18 Section 5. Paragraph (c) of subsection (2) of section
19 627.6515, Florida Statutes, 1998 Supplement, is amended to
20 read:

21 627.6515 Out-of-state groups.--

22 (2) This part does not apply to a group health
23 insurance policy issued or delivered outside this state under
24 which a resident of this state is provided coverage if:

25 (c) The policy provides the benefits specified in ss.
26 627.419, 627.6574, 627.65741, 627.6575, 627.6579, 627.6612,
27 627.66121, 627.66122, 627.6613, 627.667, 627.6675, 627.6691,
28 and 627.66911.

29 Section 6. Section 627.65741, Florida Statutes, is
30 created to read:

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1 627.65741 Coverage for prescription
2 contraceptives.--Any group, franchise, accident, or health
3 insurance policy that provides coverage for outpatient
4 prescription drugs shall cover prescription oral
5 contraceptives approved by the federal Food and Drug
6 Administration and prescribed by a practitioner authorized by
7 state licensure to prescribe such medication. Coverage must
8 be provided to the same extent and subject to the same
9 contract terms, including copayments and deductibles, as any
10 other prescription drug.

11 Section 7. Paragraph (b) of subsection (12) of section
12 627.6699, Florida Statutes, 1998 Supplement, is amended to
13 read:

14 627.6699 Employee Health Care Access Act.--

15 (12) STANDARD, BASIC, AND LIMITED HEALTH BENEFIT
16 PLANS.--

17 (b)1. Each small employer carrier issuing new health
18 benefit plans shall offer to any small employer, upon request,
19 a standard health benefit plan and a basic health benefit plan
20 that meets the criteria set forth in this section.

21 2. For purposes of this subsection, the terms
22 "standard health benefit plan" and "basic health benefit plan"
23 mean policies or contracts that a small employer carrier
24 offers to eligible small employers that contain:

25 a. An exclusion for services that are not medically
26 necessary or that are not covered preventive health services;
27 and

28 b. A procedure for preauthorization by the small
29 employer carrier, or its designees.

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1 3. A small employer carrier may include the following
2 managed care provisions in the policy or contract to control
3 costs:

4 a. A preferred provider arrangement or exclusive
5 provider organization or any combination thereof, in which a
6 small employer carrier enters into a written agreement with
7 the provider to provide services at specified levels of
8 reimbursement or to provide reimbursement to specified
9 providers. Any such written agreement between a provider and a
10 small employer carrier must contain a provision under which
11 the parties agree that the insured individual or covered
12 member has no obligation to make payment for any medical
13 service rendered by the provider which is determined not to be
14 medically necessary. A carrier may use preferred provider
15 arrangements or exclusive provider arrangements to the same
16 extent as allowed in group products that are not issued to
17 small employers.

18 b. A procedure for utilization review by the small
19 employer carrier or its designees.

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

29 4. The standard health benefit plan shall include:

30 a. Coverage for inpatient hospitalization;

31 b. Coverage for outpatient services;

- 1 c. Coverage for newborn children pursuant to s.
2 627.6575;
- 3 d. Coverage for child care supervision services
4 pursuant to s. 627.6579;
- 5 e. Coverage for adopted children upon placement in the
6 residence pursuant to s. 627.6578;
- 7 f. Coverage for mammograms pursuant to s. 627.6613;
- 8 g. Coverage for handicapped children pursuant to s.
9 627.6615;
- 10 h. Emergency or urgent care out of the geographic
11 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 5. The standard health benefit plan and the basic
17 health benefit plan may include a schedule of benefit
18 limitations for specified services and procedures. If the
19 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 amounts by 4 percent annually.
- 24 6. The basic health benefit plan shall include all of
25 the benefits specified in subparagraph 4.; however, the basic
26 health benefit plan shall place additional restrictions on the
27 benefits and utilization and may also impose additional cost
28 containment measures.
- 29 7. Sections 627.419(2), (3), and (4), 627.6574,
30 627.65741, 627.6612, 627.66121, 627.66122, 627.6616, 627.6618,
31 627.668, and 627.66911 apply to the standard health benefit

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

6 8. Each small employer carrier that provides for
7 inpatient and outpatient services by allopathic hospitals may
8 provide as an option of the insured similar inpatient and
9 outpatient services by hospitals accredited by the American
10 Osteopathic Association when such services are available and
11 the osteopathic hospital agrees to provide the service.

12 Section 8. Subsection (36) is added to section 641.31,
13 Florida Statutes, 1998 Supplement, to read:

14 641.31 Health maintenance contracts.--

15 (36) Health maintenance contracts that provide
16 coverage for outpatient prescription drugs shall cover
17 prescription oral contraceptives approved by the federal Food
18 and Drug Administration and prescribed by a practitioner
19 authorized by state licensure to prescribe such medication
20 when such practitioner is under the organization's direct
21 employ or under contract or other arrangement with the
22 organization to provide health care services to subscribers.
23 Coverage must be provided to the same extent and subject to
24 the same contract terms, including copayments, as any other
25 prescription medication.

26 Section 9. This act shall take effect October 1, 1999.
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HOUSE SUMMARY

Requires any individual, group, franchise, accident, or health insurance policy or health maintenance contract that provides coverage for outpatient prescription drugs to cover prescription oral contraceptives approved by the federal Food and Drug Administration and prescribed by a licensed practitioner. See bill for details.