

By the Committee on Banking and Insurance; and Senators Dawson-White, Sullivan, Bronson, Sebesta, Clary, Saunders, Campbell, Latvala and Cowin

311-2086-99

1 A bill to be entitled
 2 An act relating to access to obstetrical and
 3 gynecological services; amending s. 627.6472,
 4 F.S.; requiring exclusive provider
 5 organizations to provide direct patient access
 6 to certain obstetrical or gynecological
 7 services; amending s. 641.31, F.S.; requiring
 8 health maintenance organizations to include
 9 certain information in member handbooks;
 10 amending s. 641.51, F.S.; requiring health
 11 maintenance organizations to provide direct
 12 patient access to certain obstetrical or
 13 gynecological services; providing applicability
 14 to specified contracts; providing an effective
 15 date.

16
 17 Be It Enacted by the Legislature of the State of Florida:

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 19 Section 1. Subsection (18) is added to section
 20 627.6472, Florida Statutes, 1998 Supplement, to read:
 21 627.6472 Exclusive provider organizations.--
 22 (18) The organization shall not require prior
 23 authorization for female subscribers for
 24 obstetrical-gynecological care with contracted
 25 obstetrician-gynecologists. As used in this subsection, the
 26 term "obstetrical-gynecological care" means up to two annual
 27 visits, including one well-woman visit, one additional visit
 28 to address acute gynecological problems, as well as all
 29 medically necessary followup care to treat the
 30 obstetrical-gynecological condition detected by the
 31 obstetrician-gynecologist during these visits. Nothing in this

1 subsection shall prevent a plan from requiring that an
2 obstetrician-gynecologist treating a covered patient
3 coordinate the medical care through the patient's primary care
4 physician, if applicable.

5 Section 2. Subsection (4) of section 641.31, Florida
6 Statutes, 1998 Supplement, is amended to read:

7 641.31 Health maintenance contracts.--

8 (4) Every health maintenance contract, certificate, or
9 member handbook shall clearly state all of the services to
10 which a subscriber is entitled under the contract and must
11 include a clear and understandable statement of any
12 limitations on the services or kinds of services to be
13 provided, including any copayment feature or schedule of
14 benefits required by the contract or by any insurer or entity
15 which is underwriting any of the services offered by the
16 health maintenance organization. The contract, certificate,
17 or member handbook shall also state where and in what manner
18 the comprehensive health care services may be obtained and
19 shall include a summary of referral policies and procedures
20 available from the health maintenance organization under s.
21 641.51(5), (6), and (7).

22 Section 3. Subsection (6) of section 641.51, Florida
23 Statutes, is amended to read:

24 641.51 Quality assurance program; second medical
25 opinion requirement.--

26 (6) Each organization shall develop and maintain
27 written policies and procedures for the provision of standing
28 referrals to subscribers with chronic and disabling conditions
29 which require ongoing specialty care. The organization shall
30 not require prior authorization for female subscribers for
31 obstetrical-gynecological care with contracted

1 obstetrician-gynecologists. As used in this subsection, the
2 term "obstetrical-gynecological care" means up to two annual
3 visits, including one well-woman visit, one additional visit
4 to address acute gynecological problems, as well as all
5 medically necessary followup care to treat the
6 obstetrical-gynecological condition detected by the
7 obstetrician-gynecologist during these visits. Nothing in this
8 subsection shall prevent a plan from requiring that an
9 obstetrician-gynecologist treating a covered patient
10 coordinate the medical care through the patient's primary care
11 physician, if applicable.

12 Section 4. This act shall take effect October 1, 1999,
13 and shall apply to contracts issued or renewed on or after the
14 effective date.

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16 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
17 COMMITTEE SUBSTITUTE FOR
18 Senate Bill 1554

- 19 1. Deletes the requirement that health maintenance
20 organizations and exclusive provider organizations
21 provide direct patient access to contracted
22 obstetrician-gynecologists and instead provides that
23 such organizations provide direct patient access for
24 their female subscribers for obstetrical-gynecological
25 care under certain enumerated restrictions. Provides
26 that exclusive provider organizations and health
27 maintenance organizations may require that the
28 obstetrician-gynecologist treating such subscriber
29 coordinate the medical care through the subscriber's
30 primary care physician, if applicable.
31 2. Requires health maintenance organizations to include a
summary of subscriber referral and continuation of care
information in their member handbooks.