

Bill No. CS for SB 2118

Amendment No.     

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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11	Senator Dawson-White moved the following amendment:		
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13	<b>Senate Amendment (with title amendment)</b>		
14	On page 1, between lines 23 and 24,		
15			
16	insert:		
17	Section 2. Subsection (18) is added to section		
18	627.6472, Florida Statutes, 1998 Supplement, to read:		
19	627.6472 Exclusive provider organizations.--		
20	<u>(18) The organization shall not require prior</u>		
21	<u>authorization for female subscribers for</u>		
22	<u>obstetrical-gynecological care, as defined below, with</u>		
23	<u>obstetrician-gynecologists contracting with the organization.</u>		
24	<u>As used in this subsection, "obstetrical-gynecological care"</u>		
25	<u>means up to two annual visits, including one well-woman visit</u>		
26	<u>and one additional visit to address acute gynecological</u>		
27	<u>problems, as well as all medically necessary followup care to</u>		
28	<u>treat the specific obstetrical-gynecological condition</u>		
29	<u>detected by the obstetrician-gynecologist during these visits.</u>		
30	<u>Nothing in this subsection shall prevent a plan from requiring</u>		
31	<u>that an obstetrician-gynecologist treating a covered patient</u>		

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1 coordinate the medical care through the patient's primary care  
2 physician, if applicable.

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

5 641.51 Quality assurance program; second medical  
6 opinion requirement.--

7 (6) Each organization shall develop and maintain  
8 written policies and procedures for the provision of standing  
9 referrals to subscribers with chronic and disabling conditions  
10 which require ongoing specialty care. The organization shall  
11 not require prior authorization for female subscribers for  
12 obstetrical-gynecological care, as defined below, with  
13 obstetrician-gynecologists contracting with the organization.  
14 As used in this subsection, "obstetrical-gynecological care"  
15 means up to two annual visits, including one well-woman visit  
16 and one additional visit to address acute gynecological  
17 problems, as well as all medically necessary followup care to  
18 treat the specific obstetrical-gynecological condition  
19 detected by the obstetrician-gynecologist during these visits.  
20 Nothing in this subsection shall prevent a plan from requiring  
21 that an obstetrician-gynecologist treating a covered patient  
22 coordinate the medical care through the patient's primary care  
23 physician, if applicable.

24  
25 (Redesignate subsequent sections.)

26  
27  
28 ===== T I T L E A M E N D M E N T =====

29 And the title is amended as follows:

30 On page 1, line 7, after the semicolon

31

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1 insert:

2           amending ss. 627.6472 and 641.51, F.S.;

3           requiring exclusive provider organizations and

4           health maintenance organizations to provide

5           direct patient access to certain obstetrical or

6           gynecological services;

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