By Senators Silver and Campbell

38-371A-99

1	A bill to be entitled
2	An act relating to health care service
3	programs; amending s. 440.11, F.S.;
4	establishing exclusive liability of health
5	maintenance organizations; providing
6	applicability; amending s. 641.28, F.S.;
7	revising award of attorney's fees in civil
8	actions in specified circumstances; amending s.
9	641.315, F.S.; providing additional criteria
10	for certain provider contracts; amending s.
11	641.3903, F.S.; specifying additional practices
12	as unfair methods of competition or unfair or
13	deceptive acts or practices; amending s.
14	641.3917, F.S.; authorizing civil actions
15	against health maintenance organizations by
16	certain persons in certain circumstances;
17	providing requirements and procedures;
18	providing for liability for damages and
19	attorney's fees; prohibiting punitive damages
20	in certain circumstances; requiring the advance
21	posting of discovery costs; providing for the
22	award of discovery costs in specified
23	circumstances; providing legislative intent;
24	providing an appropriation; providing an
25	effective date.
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27	Be It Enacted by the Legislature of the State of Florida:
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29	Section 1. Subsection (4) of section 440.11, Florida
30	Statutes, is amended to read:
31	440.11 Exclusiveness of liability

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CODING: Words stricken are deletions; words underlined are additions.

(4) Notwithstanding the provisions of s. 624.155 or s. 641.3917, the liability of a carrier or a health maintenance organization to an employee or to anyone entitled to bring suit in the name of the employee shall be as provided in this chapter, which shall be exclusive and in place of all other liability.

Section 2. Section 641.28, Florida Statutes, is amended to read:

641.28 Civil remedy.--

- (1) In any civil action brought to enforce the terms and conditions of a health maintenance organization contract:
- (a) If the civil action is filed no more than 60 days after the subscriber or enrollee filed a grievance or notice of intent to sue with the statewide provider and subscriber assistance program established under s. 408.7056 or a notice pursuant to s. 641.3917, the prevailing party is entitled to recover reasonable attorney's fees and court costs.
- (b) If the civil action is filed pursuant to s.
 641.3917 more than 60 days after the subscriber or enrollee
 files a notice of intent to sue with the statewide provider
 and subscriber assistance program established under s.
 408.7056 or files a notice pursuant to s. 641.3917, and the
 subscriber or enrollee receives a final judgment or decree
 against the health maintenance organization in favor of the
 subscriber or enrollee, the court shall enter a judgment or
 decree against the health maintenance organization in favor of
 the subscriber or enrollee for reasonable attorney's fees and
 court costs.
- (2) This section <u>does</u> shall not <u>be construed to</u> authorize a civil action against the department, its employees, or the Insurance Commissioner or against the Agency

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for Health Care Administration, its employees, or the director of the agency.

Section 3. Subsection (8) of section 641.315, Florida Statutes, is amended to read:

641.315 Provider contracts.--

(8) A contract between a health maintenance organization and a provider of health care services may shall not contain any provision that restricts restricting the provider's ability to communicate information to the provider's patient regarding medical care or treatment options for the patient when the provider considers deems knowledge of such information by the patient to be in the best interest of the health of the patient.

Section 4. Subsection (10) of section 641.3903, Florida Statutes, is amended, and subsection (14) is added to that section, to read:

641.3903 Unfair methods of competition and unfair or deceptive acts or practices defined .-- The following are defined as unfair methods of competition and unfair or deceptive acts or practices:

- (10) ILLEGAL DEALINGS IN PREMIUMS; EXCESS OR REDUCED CHARGES FOR HEALTH MAINTENANCE COVERAGE; CANCELING COVERAGE; ISSUING OR CANCELING A NONRENEWAL NOTICE. --
- Knowingly collecting any sum as a premium or charge for health maintenance coverage which is not then provided or is not in due course to be provided, subject to acceptance of the risk by the health maintenance organization, by a health maintenance contract issued by a health maintenance organization as permitted by this part.
- (b) Knowingly collecting as a premium or charge for 31 | health maintenance coverage any sum in excess of or less than

the premium or charge applicable to health maintenance coverage, in accordance with the applicable classifications and rates as filed with the department, and as specified in the health maintenance contract.

- (c) Canceling or otherwise terminating any health maintenance contract or coverage, or requiring execution of a consent to rate endorsement, during the stated contract term for the purpose of offering to issue, or issuing, a similar or identical contract to the same subscriber or enrollee with the same exposure at a higher premium rate or continuing an existing contract with the same exposure at an increased premium.
- (d) Issuing a nonrenewal notice on any health maintenance organization, or requiring execution of a consent to rate endorsement, for the purpose of offering to issue, or issuing, a similar or identical contract to the same subscriber or enrollee at a higher premium rate or continuing an existing contract at an increased premium without meeting any applicable notice requirements.
- (e) Canceling or issuing a nonrenewal notice on any health maintenance organization contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.
- (14) REFUSAL TO COVER.--In addition to other provisions of this code, the refusal to cover or continue to cover any individual solely because of:
- (a) Race, color, creed, marital status, sex, or national origin;
- (b) The residence, age, or lawful occupation of the individual, unless there is a reasonable relationship between

the residence, age, or lawful occupation of the individual and the coverage issued or to be issued; or

(c) The fact that the enrollee or applicant had been previously refused insurance coverage or health maintenance organization coverage by any insurer or health maintenance organization if refusals to cover or continue to cover for this reason occur with such frequency as to indicate a general business practice.

Section 5. Section 641.3917, Florida Statutes, is amended to read:

641.3917 Civil liability.--The provisions of this part are cumulative to rights under the general civil and common law, and no action of the department shall abrogate such rights to damage or other relief in any court.

- (1) Any person may bring a civil action against a health maintenance organization to seek a remedy for damages that the person suffers as a result of:
- (a) A violation of s. 641.3903(5)(a), (b), (c)1.-7., (10), or (12) by the health maintenance organization; or
- (b) The health maintenance organization's failure to provide a covered service when in good faith the health maintenance organization should have provided the service if it had acted fairly and honestly toward its subscriber or enrollee and with due regard for the subscriber's interests and, in the independent medical judgment of a physician, the service is medically necessary. However, in pursuing a remedy under this section, a person need not prove that such an act was committed or performed with such frequency as to indicate a general business practice.
- (2)(a) As a condition precedent to bringing an action under this section, the department and the health maintenance

 organization must have been given 60 days' written notice of the violation. If the department returns a notice for lack of specificity, the 60-day time period does not begin until a proper notice is filed.

- (b) The notice must be on a form provided by the department and must state with specificity the following information and such other information as the department requires:
- 1. The provision of law, including the specific language of the law, which the health maintenance organization allegedly has violated.
- 2. The facts and circumstances giving rise to the violation.
- 3. The name of any individual involved in the violation.
- $\underline{\text{4.}}$ Any reference to specific contract language that is relevant to the violation.
- 5. A statement that the notice is given in order to perfect the right to pursue the civil remedy authorized by this section.
- (c) Within 20 days after receiving the notice, the department may return any notice that does not provide the specific information required by this section, and the department must indicate the specific deficiencies in the notice. A determination by the department to return a notice for lack of specificity is exempt from chapter 120.
- (d) No action lies under this section if, within 60 days after filing notice, the damages are paid or the circumstances giving rise to the violation are corrected.

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- 31 (1)(b).

- (e) The health maintenance organization that is the recipient of a notice under this section shall report to the department on the disposition of the alleged violation.
- (f) The applicable statute of limitations for an action under this section shall be tolled for a period of 65 days by the mailing of the notice required by this subsection or the mailing of a subsequent notice required by this subsection.
- (3) Upon adverse adjudication at trial or upon appeal, the health maintenance organization is liable for damages, together with court costs and reasonable attorney's fees, incurred by the plaintiff.
- (4) Punitive damages shall not be awarded under this section unless the acts giving rise to the violation occur with such frequency as to indicate a general business practice and are either willful, wanton, and malicious or are in reckless disregard for the rights of any subscriber or enrollee. Any person who pursues a claim under this subsection shall post, in advance, the costs of discovery. Such costs shall be awarded to the health maintenance organization if punitive damages are not awarded to the plaintiff.
- (5) This section does not authorize a class action suit against a health maintenance organization or a civil action against the department or its employees, against the Insurance Commissioner, or against the Agency for Health Care Administration, its employees, or the director of the agency, nor does this section create a cause of action when a health maintenance organization or a prepaid health plan refuses to provide service on the grounds that the charge for a service was unreasonably high, unless otherwise provided in paragraph

1 (6)(a) The civil remedy specified in this section does not preempt any other remedy or cause of action provided for 2 3 under any other law or under the common law of this state. Any person may obtain a judgment under either the common law 4 5 remedy of bad faith or the remedy provided in this section but 6 is not entitled to a judgment under both remedies. This 7 section does not create a common law cause of action. The 8 damages recoverable under this section include damages that are a reasonably foreseeable result of a specified violation 9 10 of this section by the health maintenance organization and may 11 include an award or judgment in an amount that exceeds 12 contract limits. This section does not create a cause of action for 13 (b) medical malpractice. Such an action is subject to chapter 766. 14 15 This section is inapplicable to the provision of medical care, treatment, or attendance pursuant to chapter 16 17 440. The Legislature finds that this act will Section 6. 18 19 fulfill an important state interest. Section 7. There are hereby appropriated three 20 full-time positions and \$112,000 from the Insurance 21 Commissioner's Regulatory Trust Fund to the Department of 22 Insurance during fiscal year 1999-2000, to be used in carrying 23 24 out the provisions of this act. Section 8. This act shall take effect July 1, 1999. 25 26 27 28 29 30 31

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2	SENATE SUMMARY
3	Relates to health care service programs. Establishes exclusive liability of health maintenance organizations.
4	Revises the award of attorney's fees in civil actions in specified circumstances. Provides additional criteria for
5	certain provider contracts. Specifies additional practices as unfair methods of competition or unfair or
6	deceptive acts or practices.
7	Authorizes civil actions against health maintenance organizations by certain persons in certain circumstances
8	and provides requirements and procedures. Provides for liability for damages and attorney's fees. Prohibits
9	punitive damages in certain circumstances. Requires the advance posting of discovery costs. Provides for the
10	award of discovery costs in specified circumstances. Provides legislative intent. Provides an appropriation.
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