A bill to be entitled 1 2 An act relating to health care; creating the 3 "Contraceptive Equity Act"; creating ss. 627.64061 and 627.65741, F.S., and amending s. 4 5 641.31, F.S.; requiring certain health insurance policies and health maintenance 6 7 contracts that cover drugs prescribed for the 8 treatment of sexual dysfunction to provide 9 coverage for any contraceptive method 10 prescribed or provided by a licensed 11 practitioner; amending ss. 627.651, 627.6515, 12 and 627.6699, F.S.; providing for application 13 to group coverage for multiple-employer welfare 14 arrangements, out-of-state groups, and small 15 employers; providing an effective date. 16 17 Be It Enacted by the Legislature of the State of Florida: 18 19 Section 1. This act may be cited as the "Contraceptive 20 Equity Act". 21 Section 2. Section 627.64061, Florida Statutes, is 22 created to read: 23 627.64061 Coverage for contraceptives.--24 (1) Any health insurance policy that provides coverage 25 for drugs prescribed for the treatment of sexual dysfunction 26 shall also cover any contraceptive method prescribed or 27 provided by a licensed practitioner. 28 (2) Nothing in this section applies to any contract 29 with any existing or future plan which objects to such coverage on the basis of religious belief. In implementing 30 this section, any plan that enters into or renews a contract

under this section may not subject any individual to
discrimination on the basis that the individual refuses to
prescribe contraceptives because such activities would be
contrary to the individual's religious beliefs or moral
convictions.

(3) This section applies to benefits for state employees under s. 110.123.

Section 3. Subsection (4) of section 627.651, Florida Statutes, is amended to read:

627.651 Group contracts and plans of self-insurance must meet group requirements.--

established or maintained by an individual employer in accordance with the Employee Retirement Income Security Act of 1974, Pub. L. No. 93-406, or to a multiple-employer welfare arrangement as defined in s. 624.437(1), except that a multiple-employer welfare arrangement shall comply with ss. 627.419, 627.657, 627.65741,627.6575, 627.6576, 627.6578, 627.6579, 627.6612, 627.66121, 627.66122, 627.6615, 627.6616, and 627.662(6). This subsection does not allow an authorized insurer to issue a group health insurance policy or certificate which does not comply with this part.

Section 4. Paragraph (c) of subsection (2) of section 627.6515, Florida Statutes, 1998 Supplement, is amended to read:

627.6515 Out-of-state groups.--

- (2) This part does not apply to a group health insurance policy issued or delivered outside this state under which a resident of this state is provided coverage if:
- 30 (c) The policy provides the benefits specified in ss. 31 627.419, 627.6574, 627.65741,627.6575, 627.6579, 627.6612,

627.66121, 627.66122, 627.6613, 627.667, 627.6675, 627.6691, 1 2 and 627.66911. 3 Section 5. Section 627.65741, Florida Statutes, is 4 created to read: 5 627.65741 Coverage for contraceptives.--6 (1) Any group, franchise accident, or health insurance 7 policy that provides coverage for the treatment of sexual 8 dysfunction shall also cover any contraceptive method 9 prescribed or provided by a licensed practitioner. 10 (2) Nothing in this section applies to any contract 11 with any existing or future plan which objects to such 12 coverage on the basis of religious belief. In implementing 13 this section, any plan that enters into or renews a contract 14 under this section may not subject any individual to discrimination on the basis that the individual refuses to 15 16 prescribe contraceptives because such activities would be 17 contrary to the individual's religious beliefs or moral 18 convictions. 19 (3) This section applies to benefits for state 20 employees under s. 110.123. Section 6. Paragraph (b) of subsection (12) of section 21 22 627.6699, Florida Statutes, 1998 Supplement, is amended to 23 read: 24 627.6699 Employee Health Care Access Act.--(12) STANDARD, BASIC, AND LIMITED HEALTH BENEFIT 25 26 PLANS. --27 (b)1. Each small employer carrier issuing new health 28 benefit plans shall offer to any small employer, upon request, 29 a standard health benefit plan and a basic health benefit plan

that meets the criteria set forth in this section.

30 31

- 2. For purposes of this subsection, the terms "standard health benefit plan" and "basic health benefit plan" mean policies or contracts that a small employer carrier offers to eligible small employers that contain:
- a. An exclusion for services that are not medically necessary or that are not covered preventive health services; and
- b. A procedure for preauthorization by the small employer carrier, or its designees.
- 3. A small employer carrier may include the following managed care provisions in the policy or contract to control costs:
- a. A preferred provider arrangement or exclusive provider organization or any combination thereof, in which a small employer carrier enters into a written agreement with the provider to provide services at specified levels of reimbursement or to provide reimbursement to specified providers. Any such written agreement between a provider and a small employer carrier must contain a provision under which the parties agree that the insured individual or covered member has no obligation to make payment for any medical service rendered by the provider which is determined not to be medically necessary. A carrier may use preferred provider arrangements or exclusive provider arrangements to the same extent as allowed in group products that are not issued to small employers.
- b. A procedure for utilization review by the small employer carrier or its designees.

This subparagraph does not prohibit a small employer carrier from including in its policy or contract additional managed

care and cost containment provisions, subject to the approval of the department, which have potential for controlling costs in a manner that does not result in inequitable treatment of insureds or subscribers. The carrier may use such provisions to the same extent as authorized for group products that are not issued to small employers.

- 4. The standard health benefit plan shall include:
- a. Coverage for inpatient hospitalization;
- b. Coverage for outpatient services;
- c. Coverage for newborn children pursuant to s.

627.6575;

1

3

4 5

6 7

8

9

10

11

12

13

14

15 16

17

18

21

22

23

2425

26

27

28

29

30

31

- d. Coverage for child care supervision services pursuant to s. 627.6579;
- e. Coverage for adopted children upon placement in the residence pursuant to s. 627.6578;
 - f. Coverage for mammograms pursuant to s. 627.6613;
 - g. Coverage for handicapped children pursuant to s.
- 627.6615;

 h. Emergency or urgent care out of the geographic
- h. Emergency or urgent care out of the service area; and
 - i. Coverage for services provided by a hospice licensed under s. 400.602 in cases where such coverage would be the most appropriate and the most cost-effective method for treating a covered illness.
 - 5. The standard health benefit plan and the basic health benefit plan may include a schedule of benefit limitations for specified services and procedures. If the committee develops such a schedule of benefits limitation for the standard health benefit plan or the basic health benefit plan, a small employer carrier offering the plan must offer

1 2

the employer an option for increasing the benefit schedule amounts by 4 percent annually.

- 6. The basic health benefit plan shall include all of the benefits specified in subparagraph 4.; however, the basic health benefit plan shall place additional restrictions on the benefits and utilization and may also impose additional cost containment measures.
- 7. Sections 627.419(2), (3), and (4), 627.6574, 627.65741, 627.6612, 627.66121, 627.66122, 627.6616, 627.6618, 627.668, and 627.66911 apply to the standard health benefit plan and to the basic health benefit plan. However, notwithstanding said provisions, the plans may specify limits on the number of authorized treatments, if such limits are reasonable and do not discriminate against any type of provider.
- 8. Each small employer carrier that provides for inpatient and outpatient services by allopathic hospitals may provide as an option of the insured similar inpatient and outpatient services by hospitals accredited by the American Osteopathic Association when such services are available and the osteopathic hospital agrees to provide the service.

Section 7. Subsection (36) is added to section 641.31, Florida Statutes, 1998 Supplement, to read:

- 641.31 Health maintenance contracts.--
- (36) Any health insurance policy that provides coverage for drugs prescribed for the treatment of sexual dysfunction shall also cover any contraceptive method prescribed or provided by a licensed practitioner.
- (a) Nothing in this section applies to any contract with any existing or future plan which objects to such coverage on the basis of religious belief. In implementing

this section, any plan that enters into or renews a contract under this section may not subject any individual to discrimination on the basis that the individual refuses to prescribe contraceptives because such activities would be contrary to the individual's religious beliefs or moral convictions. (b) This section applies to benefits for state employees under s. 110.123. Section 8. This act shall take effect October 1, 1999. HOUSE SUMMARY Creates the "Contraceptive Equity Act." Requires health insurance policies and health maintenance contracts that cover drugs prescribed for the treatment of sexual dysfunction to provide coverage for any contraceptive method prescribed or provided by a licensed practitioner. Provides for application to group coverage for multiple-employer welfare arrangements, out-of-state groups, and small employers. See bill for details.