

Bill No. CS/HB 903, 1st Eng.

Amendment No.

CHAMBER ACTION

Senate

House

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Senator Kurth moved the following amendment:

Senate Amendment (with title amendment)

On page 1, line 1

insert:

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

Section 2. Legislative findings and intent.--

(1) The Legislature finds that:

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

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

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

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

(e) Unintended pregnancies lead to higher rates of

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1 infant mortality, low birth weight, and maternal morbidity and
2 threaten the economic viability of families.

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

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

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

12 (2) Therefore, the Legislature determines that
13 enactment of this bill constitutes an important state
14 interest.

15 Section 3. Option for plans and policyholders of plans
16 provided by religious health plan sponsors.

17 (1) GENERAL RULE.--Notwithstanding any other provision
18 of section 627.64061 or section 627.65741, Florida Statutes, a
19 religious health plan sponsor may provide a health plan that
20 does not provide benefits for prescription oral contraceptives
21 that are contrary to the religious tenets of the religion or
22 religious corporation, association, or society referred to in
23 subsection (3). Further, the requirements of section 627.64061
24 or section 627.65741, Florida Statutes, shall not apply to an
25 individual health care service plan contract or a group health
26 care service plan contract purchased by an employer that is a
27 religious health plan sponsor, including, but not limited to,
28 any church, religious school, religious association, or other
29 religious organization that is not organized for private
30 profit, if the provision of prescription oral contraceptives
31 under such sections is inconsistent with the religious beliefs

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1 of the organization.

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

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

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

12 Section 4. Section 627.64061, Florida Statutes, is
13 created to read:

14 627.64061 Coverage for prescription
15 contraceptives.--Any health insurance policy that provides
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 Coverage must be provided to the same extent and subject to
21 the same contract terms, including copayments and deductibles,
22 as any other prescription drug.

23 Section 5. Paragraph (c) of subsection (2) of section
24 627.6515, Florida Statutes, 1998 Supplement, is amended to
25 read:

26 627.6515 Out-of-state groups.--

27 (2) This part does not apply to a group health
28 insurance policy issued or delivered outside this state under
29 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,

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1 627.66121, 627.66122, 627.6613, 627.667, 627.6675, 627.6691,
2 and 627.66911.

3 Section 6. Section 627.65741, Florida Statutes, is
4 created to read:

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

15 Section 7. Paragraph (b) of subsection (12) of section
16 627.6699, Florida Statutes, 1998 Supplement, is amended to
17 read:

18 627.6699 Employee Health Care Access Act.--

19 (12) STANDARD, BASIC, AND LIMITED HEALTH BENEFIT
20 PLANS.--

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

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

29 a. An exclusion for services that are not medically
30 necessary or that are not covered preventive health services;
31 and

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1 b. A procedure for preauthorization by the small
2 employer carrier, or its designees.

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

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

20 b. A procedure for utilization review by the small
21 employer carrier or its designees.

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

31 4. The standard health benefit plan shall include:

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- 1 a. Coverage for inpatient hospitalization;
- 2 b. Coverage for outpatient services;
- 3 c. Coverage for newborn children pursuant to s.
- 4 627.6575;
- 5 d. Coverage for child care supervision services
- 6 pursuant to s. 627.6579;
- 7 e. Coverage for adopted children upon placement in the
- 8 residence pursuant to s. 627.6578;
- 9 f. Coverage for mammograms pursuant to s. 627.6613;
- 10 g. Coverage for handicapped children pursuant to s.
- 11 627.6615;
- 12 h. Emergency or urgent care out of the geographic
- 13 service area; and
- 14 i. Coverage for services provided by a hospice
- 15 licensed under s. 400.602 in cases where such coverage would
- 16 be the most appropriate and the most cost-effective method for
- 17 treating a covered illness.
- 18 5. The standard health benefit plan and the basic
- 19 health benefit plan may include a schedule of benefit
- 20 limitations for specified services and procedures. If the
- 21 committee develops such a schedule of benefits limitation for
- 22 the standard health benefit plan or the basic health benefit
- 23 plan, a small employer carrier offering the plan must offer
- 24 the employer an option for increasing the benefit schedule
- 25 amounts by 4 percent annually.
- 26 6. The basic health benefit plan shall include all of
- 27 the benefits specified in subparagraph 4.; however, the basic
- 28 health benefit plan shall place additional restrictions on the
- 29 benefits and utilization and may also impose additional cost
- 30 containment measures.
- 31 7. Sections 627.419(2), (3), and (4), 627.6574,

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1 627.65741, 627.6612, 627.66121, 627.66122, 627.6616, 627.6618,
2 627.668, and 627.66911 apply to the standard health benefit
3 plan and to the basic health benefit plan. However,
4 notwithstanding said provisions, the plans may specify limits
5 on the number of authorized treatments, if such limits are
6 reasonable and do not discriminate against any type of
7 provider.

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

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

16 641.31 Health maintenance contracts.--

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

28
29 (Redesignate subsequent sections.)

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1 ===== T I T L E A M E N D M E N T =====

2 And the title is amended as follows:

3 On page 1, lines 2 and 3, delete those lines

4

5 and insert:

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

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