

Amendment No. \_\_\_\_ (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

The Committee on Health Care Services offered the following:

**Amendment (with title amendment)**

Remove from the bill: Everything after the enacting clause  
and insert in lieu thereof:

Section 1. Subsection (18) is added to section 627.6472, Florida Statutes, 1998 Supplement, to read:

627.6472 Exclusive provider organizations.--  
(18) The organization shall not require prior authorization for female subscribers for obstetrical-gynecological care, as defined below, with contracted obstetrician-gynecologists. As used in this subsection, "obstetrical-gynecological care" means up to two annual visits, including one well woman visit, one additional visit to address acute gynecological problems, as well as all medically necessary follow-up care to treat the obstetrical-gynecological condition detected by the obstetrician-gynecologist during these visits. Nothing in this subsection shall prevent a plan from requiring that an obstetrician-gynecologist treating a covered patient

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

3 Section 2. 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 contracted obstetrician-gynecologists. As used in this  
14 subsection, "obstetrical-gynecological care" means up to two  
15 annual visits, including one well woman visit, one additional  
16 visit to address acute gynecological problems, as well as all  
17 medically necessary follow-up care to treat the  
18 obstetrical-gynecological condition detected by the  
19 obstetrician-gynecologist during these visits. Nothing in this  
20 subsection shall prevent a plan from requiring that an  
21 obstetrician-gynecologist treating a covered patient  
22 coordinate the medical care through the patient's primary care  
23 physician, if applicable.

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25  
26 ===== T I T L E A M E N D M E N T =====

27 And the title is amended as follows:

28 On page 1, lines 2-10,  
29 remove from the title of the bill: all of said lines  
30  
31 and insert in lieu thereof:

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An act relating to access to obstetrical and  
gynecological service; amending ss. 627.6472  
and 641.51, F.S.; requiring exclusive provider  
organizations and health maintenance  
organizations to provide direct patient access  
to certain obstetrical or gynecological  
services; providing an effective date.