

1 A bill to be entitled
2 An act relating to access to obstetrical and
3 gynecological service; amending ss. 627.6472
4 and 641.51, F.S.; requiring exclusive provider
5 organizations and health maintenance
6 organizations to provide direct patient access
7 to certain obstetrical or gynecological
8 services; providing an effective date.
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10 Be It Enacted by the Legislature of the State of Florida:

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12 Section 1. Subsection (18) is added to section
13 627.6472, Florida Statutes, 1998 Supplement, to read:
14 627.6472 Exclusive provider organizations.--
15 (18) The organization shall not require prior
16 authorization for female subscribers for
17 obstetrical-gynecological care, as defined below, with
18 obstetrician-gynecologists contracting with the organization.
19 As used in this subsection, "obstetrical-gynecological care"
20 means up to two annual visits, including one well-woman visit
21 and one additional visit to address acute gynecological
22 problems, as well as all medically necessary followup care to
23 treat the specific obstetrical-gynecological condition
24 detected by the obstetrician-gynecologist during these visits.
25 Nothing in this subsection shall prevent a plan from requiring
26 that an obstetrician-gynecologist treating a covered patient
27 coordinate the medical care through the patient's primary care
28 physician, if applicable.

29 Section 2. Subsection (6) of section 641.51, Florida
30 Statutes, is amended to read:
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1 641.51 Quality assurance program; second medical
2 opinion requirement.--
3 (6) Each organization shall develop and maintain
4 written policies and procedures for the provision of standing
5 referrals to subscribers with chronic and disabling conditions
6 which require ongoing specialty care. The organization shall
7 not require prior authorization for female subscribers for
8 obstetrical-gynecological care, as defined below, with
9 obstetrician-gynecologists contracting with the organization.
10 As used in this subsection, "obstetrical-gynecological care"
11 means up to two annual visits, including one well-woman visit
12 and one additional visit to address acute gynecological
13 problems, as well as all medically necessary followup care to
14 treat the specific obstetrical-gynecological condition
15 detected by the obstetrician-gynecologist during these visits.
16 Nothing in this subsection shall prevent a plan from requiring
17 that an obstetrician-gynecologist treating a covered patient
18 coordinate the medical care through the patient's primary care
19 physician, if applicable.
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