

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

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Representative(s) Bucher and Sobel offered the following:

**Amendment (with title amendment)**

On page 86, line 3 of the bill

insert:

Section 48. Section 641.185, Florida Statutes, is created to read:

641.185 Health maintenance organization subscriber protections.--

(1) With respect to the provisions of this part and part III, the principles expressed in the following statements shall serve as standards to be followed by the Department of Insurance and the Agency for Health Care Administration in exercising their powers and duties, in exercising administrative discretion, in administrative interpretations of the law, in enforcing its provisions, and in adopting rules:

(a) A health maintenance organization shall ensure that the health care services provided to its subscribers shall be rendered under reasonable standards of quality of

1 care which are at a minimum consistent with the prevailing  
2 standards of medical practice in the community pursuant to ss.  
3 641.495(1) and 641.51.

4 (b) A health maintenance organization subscriber shall  
5 receive quality health care from a broad panel of providers,  
6 including referrals, preventive care pursuant to s.  
7 641.402(1), emergency screening and services pursuant to ss.  
8 641.31(12) and 641.513, and second opinions pursuant to s.  
9 641.51.

10 (c) A health maintenance organization subscriber shall  
11 receive assurance that the health maintenance organization has  
12 been independently accredited by a national review  
13 organization pursuant to s. 641.512, and is financially secure  
14 as determined by the state pursuant to ss. 641.221, 641.225,  
15 and 641.228.

16 (d) A health maintenance organization subscriber shall  
17 receive continuity of health care, even after the provider is  
18 no longer with the health maintenance organization pursuant to  
19 s. 641.51(7).

20 (e) A health maintenance organization subscriber shall  
21 receive timely, concise information regarding the health  
22 maintenance organization's reimbursement to providers and  
23 services pursuant to ss. 641.31 and 641.31015.

24 (f) A health maintenance organization subscriber shall  
25 receive the flexibility to transfer to another Florida health  
26 maintenance organization, regardless of health status,  
27 pursuant to ss. 641.3104, 641.3107, 641.3111, 641.3921,  
28 641.3922, and 641.228.

29 (g) A health maintenance organization subscriber shall  
30 be eligible for coverage without discrimination against  
31 individual participants and beneficiaries of group plans based

1 on health status pursuant to s. 641.31073.

2 (h) A health maintenance organization that issues a  
3 group health contract must: provide coverage for preexisting  
4 conditions pursuant to s. 641.31071; guarantee renewability of  
5 coverage pursuant to s. 641.31074; provide notice of  
6 cancellation pursuant to s. 641.3108; provide extension of  
7 benefits pursuant to s. 641.3111; provide for conversion on  
8 termination of eligibility pursuant to s. 641.3921; and  
9 provide for conversion contracts and conditions pursuant to s.  
10 641.3922.

11 (i) A health maintenance organization subscriber shall  
12 receive timely, and, if necessary, urgent grievances and  
13 appeals within the health maintenance organization pursuant to  
14 ss. 641.228, 641.31(5), 641.47, and 641.511.

15 (j) A health maintenance organization shall receive  
16 timely and, if necessary, urgent review by an independent  
17 state external review organization for unresolved grievances  
18 and appeals pursuant to s. 408.7056.

19 (k) A health maintenance organization subscriber shall  
20 be given written notice at least 30 days in advance of a rate  
21 change pursuant to s. 641.31(3)(b). In the case of a group  
22 member, there may be a contractual agreement with the health  
23 maintenance organization to have the employer provide the  
24 required notice to the individual members of the group  
25 pursuant to s. 641.31(3)(b).

26 (l) A health maintenance organization subscriber shall  
27 be given a copy of the applicable health maintenance contract,  
28 certificate, or member handbook specifying: all the  
29 provisions, disclosure, and limitations required pursuant to  
30 s. 641.31(1) and (4); the covered services, including those  
31 services, medical conditions, and provider types specified in

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1 ss. 641.31, 641.31094, 641.31095, 641.31096, 641.51(10), and  
2 641.513; and where and in what manner services may be obtained  
3 pursuant to s. 641.31(4).

4 (m) The subscriber's right under ss. 641.31 and  
5 641.513 to receive emergency services for emergency medical  
6 conditions without having to obtain prior authorization or  
7 face any other restriction prohibited by law.

8 (n) The subscriber's right under ss.641.19 and 641.51  
9 to see a gynecologist or obstetrician without first having to  
10 get a referral from her primary care physician.

11 (o) The subscriber's right under 641.441 to receive  
12 from the health maintenance organization prompt decisions  
13 about and treatment of life-threatening conditions.

14 (p) The subscriber's right under ss.641.315 and  
15 641.3903 to a physician who cannot be penalized by the health  
16 maintenance organization for fully informing the subscriber  
17 about all medical information that the physician thinks the  
18 subscriber needs to know about his or her medical condition  
19 and treatment options.

20 (q) The subscriber's right under s. 641.31073 to be  
21 free from discrimination in the determination as to the  
22 subscriber's eligibility to participate in the plan.

23 (2) Any health maintenance organization subscriber has  
24 a cause of action against a health maintenance organization  
25 that fails to comply with the subscriber protections set forth  
26 in this section for damages resulting from all reasonably  
27 foreseeable harm caused by the violation of said protections.

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

31 And the title is amended as follows:

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1           On page 6, line 18  
2 Remove from the title: all of said lines  
3  
4 and insert in lieu thereof:  
5           certain counties; creating s. 641.185, F.S.;  
6           providing health maintenance organization  
7           subscriber protections; specifying the  
8           principles to serve as standards for the  
9           Department of Insurance and the Agency for  
10          Health Care Administration exercising their  
11          duties and responsibilities; requiring that a  
12          health maintenance organization observe certain  
13          standards in providing health care for  
14          subscribers; providing for subscribers to  
15          receive quality care from a broad panel of  
16          providers, referrals, preventive care,  
17          emergency screening services, and second  
18          opinions; providing for assurance of  
19          independent accreditation by a national review  
20          organization and financial security of the  
21          organization; providing for continuity of  
22          health care; providing for timely, concise  
23          information regarding reimbursement to  
24          providers and services; providing for  
25          flexibility to transfer to another health  
26          maintenance organization within the state;  
27          providing for eligibility without  
28          discrimination based on health status;  
29          providing requirements for health maintenance  
30          organizations that issue group health contracts  
31          relating to preexisting conditions, contract

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1           renewability, cancellation, extension,  
2           termination, and conversion; providing for  
3           timely, urgent grievances and appeals within  
4           the organization; providing for timely and  
5           urgent review of grievances and appeals by an  
6           independent state external review agency;  
7           providing for notice of rate changes; providing  
8           for information regarding contract provisions,  
9           services, medical conditions, providers, and  
10          service delivery; providing for civil penalty;  
11          providing an effective date.

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