19-33A-00

A bill to be entitled 1 2 An act relating to health care; amending s. 455.667, F.S.; allowing defendant health care 3 4 providers or their representatives to interview 5 certain other health care providers; providing restrictions; amending s. 641.28, F.S.; 6 7 revising award of attorney's fees in civil actions under certain circumstances; amending 8 9 s. 641.3917, F.S.; authorizing civil actions 10 against health maintenance organizations by 11 certain persons under certain circumstances; 12 providing requirements and procedures; providing for liability for damages and 13 attorney's fees; prohibiting punitive damages 14 under certain circumstances; requiring the 15 16 advance posting of discovery costs; amending s. 17 440.11, F.S.; establishing exclusive liability of health maintenance organizations; providing 18 19 application; providing a legislative 20 declaration; providing appropriation; providing 21 an effective date. 22 23 Be It Enacted by the Legislature of the State of Florida: 24 Section 1. Subsection (19) is added to section 25 455.667, Florida Statutes, to read: 26 27 455.667 Ownership and control of patient records; 28 report or copies of records to be furnished .--29 (19) Notwithstanding any other provision of law, when 30 an action is brought after July 1, 2000, for damages resulting from personal injury or death caused by the negligence of a

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health care provider as defined in s. 766.101, the defendant health care provider alleged to be responsible for the injury, 2 3 or the defendant health care provider's insurer or legal representative, may interview ex parte, as set forth in this 4 5 paragraph, any other health care provider involved in the 6 patient's care. Such an interview may occur only after notice 7 is provided to the claimant's attorney and must be limited to 8 issues of causation, the claimant's current physical condition, and the mental impressions of the care and 9 10 treatment rendered by the defendant health care provider or 11 any other health care provider alleged to be responsible for the patient's injury or death. Such interviews with a 12 claimant's treating physician may occur only after the 13 claimant has given notice of intent to initiate a claim for 14 medical malpractice and before the dismissal, settlement, or 15 other final resolution of the claim. 16 17 Section 2. Section 641.28, Florida Statutes, is 18 amended to read: 19 641.28 Civil remedy.--(1) In any civil action brought to enforce the terms 20 21 and conditions of a health maintenance organization contract: (a) If the civil action is filed before or within 60 22 days after the subscriber or enrollee filed a notice of intent 23 24 to sue with the statewide provider and subscriber assistance 25 program established pursuant to s. 408.7056 or a notice pursuant to s. 641.3917, the prevailing party is entitled to 26 recover reasonable attorney's fees and court costs. 27 28 (b) If the civil action is filed more than 60 days

after the subscriber or enrollee filed a notice of intent to

sue with the statewide provider and subscriber assistance

program established pursuant to s. 408.7056 or a notice

pursuant to s. 641.3917, and the subscriber or enrollee receives a final judgment or decree against the health maintenance organization in favor of the subscriber or enrollee, the court shall enter a judgment or decree against the health maintenance organization in favor of the subscriber or enrollee for reasonable attorney's fees and court costs.

(2) This section shall not be construed to authorize a civil action against the department, its employees, or the Insurance Commissioner or against the Agency for Health Care Administration, its employees, or the director of the agency.

Section 3. Paragraphs (c), (d), and (e) are added to subsection (10) of section 641.3903, Florida Statutes, and subsection (15) is added to that section, to read:

641.3903 Unfair methods of competition and unfair or deceptive acts or practices defined.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:

- (10) ILLEGAL DEALINGS IN PREMIUMS; EXCESS OR REDUCED CHARGES FOR HEALTH MAINTENANCE COVERAGE.--
- (c) Cancelling or otherwise terminating any health maintenance contract or coverage, or requiring execution of a consent to rate endorsement, during the stated contract term for the purpose of offering to issue, or issuing, a similar or identical contract to the same subscriber or enrollee with the same exposure at a higher premium rate or continuing an existing contract with the same exposure at an increased premium.
- (d) Issuing a nonrenewal notice on any health maintenance organization contract, or requiring execution of a consent to rate endorsement, for the purpose of offering to issue, or issuing, a similar or identical contract to the same

subscriber or enrollee at a higher premium rate or continuing an existing contract at an increased premium without meeting any applicable notice requirements.

- (e) Cancelling or issuing a nonrenewal notice on any health maintenance organization contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.
- (15) REFUSAL TO COVER.--In addition to other
 provisions of this code, the refusal to cover, or continue to
 cover, any individual solely because of:
- (a) Race, color, creed, marital status, sex, or national origin;
- (b) The residence, age, or lawful occupation of the individual, unless there is a reasonable relationship between the residence, age, or lawful occupation of the individual and the coverage issued or to be issued; or
- c) The fact that the enrollee or applicant had been previously refused insurance coverage or health maintenance organization coverage by any insurer or health maintenance organization when such refusal to cover or continue to cover for this reason occurs with such frequency as to indicate a general business practice.

Section 4. Section 641.3917, Florida Statutes, is amended to read:

- 641.3917 Civil liability.--The provisions of this part are cumulative to rights under the general civil and common law, and no action of the department shall abrogate such rights to damage or other relief in any court.
- (1) Any person to whom a duty is owed may bring a civil action against a health maintenance organization when such person suffers damages as a result of:

violation.

(a) A violation of s. 641.3903(5)(a), (b), (c)1.-7., 1 (10), or (15) by the health maintenance organization; or 2 3 (b) The health maintenance organization's failure to provide a covered service when in good faith the health 4 5 maintenance organization should have provided the service if 6 it had acted fairly and honestly toward its subscriber or enrollee and with due regard for his or her interests and, in 7 8 the independent medical judgment of a contract treating 9 physician or other physician authorized by the health maintenance organization, the service is medically necessary. 10 11 However, a person pursuing a remedy under this section need 12 not prove that such acts were committed or performed with such 13 14 frequency as to indicate a general business practice. (2)(a) As a condition precedent to bringing an action 15 under this section, the department and the health maintenance 16 organization must have been given 60 days' written notice of 17 18 the violation. If the department returns a notice for lack of 19 specificity, the 60-day time period does not begin until a 20 proper notice is filed. 21 The notice must be on a form provided by the department and must state with specificity the following 22 information and such other information as the department 23 24 requires: 25 1. The provision of law, including the specific language of the law, which the health maintenance organization 26 27 has allegedly violated. 28 The facts and circumstances giving rise to the 29 violation. 30 3. The name of any individual involved in the

- $\underline{4}$. Any reference to specific contract language that is relevant to the violation.
- 5. A statement that the notice is given in order to perfect the right to pursue the civil remedy authorized by this section.
- (c) Within 20 days after receipt of the notice, the department may return any notice that does not provide the specific information required by this section, and the department shall indicate the specific deficiencies contained in the notice. A determination by the department to return a notice for lack of specificity is exempt from the requirements of chapter 120.
- (d) No action shall lie under this section if, within 60 days after filing notice, the damages are paid or the circumstances giving rise to the violation are corrected.
- (e) The health maintenance organization that is the recipient of a notice filed under this section shall report to the department on the disposition of the alleged violation.
- (f) The applicable statute of limitations for an action under this section shall be tolled for a period of 65 days by the mailing of the notice required by this subsection or the mailing of a subsequent notice required by this subsection.
- (3) Upon adverse adjudication at trial or upon appeal, the health maintenance organization is liable for damages, together with court costs and reasonable attorney's fees, incurred by the plaintiff.
- (4) Punitive damages shall not be awarded under this section unless the acts giving rise to the violation occur with such frequency as to indicate a general business practice and are either willful, wanton, and malicious or are in

reckless disregard for the rights of any subscriber or enrollee. Any person who pursues a claim under this subsection shall post, in advance, the costs of discovery. Such costs shall be awarded to the health maintenance organization if no punitive damages are awarded to the plaintiff.

- (5) This section shall not be construed to authorize a class action suit against a health maintenance organization or a civil action against the department, its employees, or the Insurance Commissioner, or against the Agency for Health Care Administration, its employees, or the director of the agency or to create a cause of action when a health maintenance organization refuses to pay a claim for reimbursement on the grounds that the charge for a service was unreasonably high or that the service provided was not medically necessary.
- (6)(a) The civil remedy specified in this section does not preempt any other remedy or cause of action provided for pursuant to any other law or pursuant to the common law of this state. Any person may obtain a judgment under either the common law remedy of bad faith or the remedy provided in this section, but is not entitled to a judgment under both remedies. This section does not create a common law cause of action. The damages recoverable under this section include damages that are a reasonably foreseeable result of a specified violation of this section by the health maintenance organization and may include an award or judgment in an amount that exceeds contract limits.
- (b) This section does not create a cause of action for medical malpractice. Such an action is subject to the provisions of chapter 766.

1 (c) This section does not apply to the provision of 2 medical care, treatment, or attendance pursuant to chapter 3 440. 4 Section 5. Subsection (4) of section 440.11, Florida 5 Statutes, is amended to read: 6 440.11 Exclusiveness of liability.--7 (4) Notwithstanding the provisions of s. 624.155 or s. 641.3917, the liability of a carrier or a health maintenance 8 9 organization to an employee or to anyone entitled to bring 10 suit in the name of the employee shall be as provided in this chapter, which shall be exclusive and in place of all other 11 12 liability. The Legislature finds that the provisions 13 Section 6. 14 of this bill will fulfill an important state interest. 15 Section 7. There are hereby appropriated three 16 positions and \$112,000 from the Insurance Commissioners' Regulatory Trust Fund to the Department of Insurance for the 17 18 purposes of carrying out the provisions of this act. 19 Section 8. This act shall take effect July 1, 2000. 20 ********** 21 22 SENATE SUMMARY Allows a health care provider that is a defendant in a legal action that is based on a claim of the provider's negligence causing personal injury or death to interview other providers that have provided health care to the injured patient. Places restrictions on the subject matter and the timing of such interviews. Revises the award of attorney's fees in civil actions brought to ordered health maintenance organization contracts. 23 24 25 26 enforce health maintenance organization contracts. Authorizes civil actions against health maintenance 27 organizations by certain persons under certain circumstances. Provides requirements and procedures. Provides for liability for damages and attorney's fees. Prohibits the award of punitive damages under certain circumstances. Requires the advance posting of discovery costs. Establishes exclusive liability of health maintenance organizations. Provides a legislative declaration provides an appropriation 28 2.9 30 31 declaration. Provides an appropriation.