## Amendment No. $\underline{1}$ (for drafter's use only)

_	CHAMBER ACTION
	Senate House .
1	
2	• •
3	· •
4	·
5	ORIGINAL STAMP BELOW
6	
7	
8	
9	
10	
11	The Committee on Health Promotion offered the following:
12	
13	Amendment (with title amendment)
14	Remove from the bill: Everything after the enacting clause
15	
16	and insert in lieu thereof:
17	Section 1. Section 627.64191, Florida Statutes, is
18 19	created to read:
20	627.64191 Compliance with decisions of the United
21	States Equal Employment Opportunity Commission The benefits, exclusions, and limitations of individual health insurance
22	policies must comply with and be consistent with the decisions
23	of the United States Equal Employment Opportunity Commission
24	which hold that the exclusion or limitation of a specific
25	benefit violates Title VII of the Civil Rights Act of 1964, as
26	amended by the Pregnancy Discrimination Act of 1978. The
27	department must determine such compliance in approving form
28	filings under ss. 627.410 and 627.411, based on decisions
29	rendered by the United States Equal Employment Opportunity
30	Commission before January 1, 2001.
31	Section 2. Section 627.65741, Florida Statutes, is

created to read: 1 2 627.65741 Compliance with decisions of the United States Equal Employment Opportunity Commission. -- The benefits, 3 4 exclusions, and limitations of group health insurance policies 5 must comply with and be consistent with the decisions of the United States Equal Employment Opportunity Commission which 6 7 hold that the exclusion or limitation of a specific benefit violates Title VII of the Civil Rights Act of 1964, as amended 8 by the Pregnancy Discrimination Act of 1978. The department 9 10 must determine such compliance in approving form filings under ss. 627.410 and 627.411, based on decisions rendered by the 11 12 United States Equal Employment Opportunity Commission before 13 January 1, 2001. Section 3. Paragraph (b) of subsection (12) of section 14 15 627.6699, Florida Statutes, is amended to read: 16 627.6699 Employee Health Care Access Act.--17 (12) STANDARD, BASIC, AND LIMITED HEALTH BENEFIT 18 PLANS. --(b)1. Each small employer carrier issuing new health 19 20 benefit plans shall offer to any small employer, upon request, a standard health benefit plan and a basic health benefit plan 21 that meets the criteria set forth in this section. 22 2. For purposes of this subsection, the terms 23 24 "standard health benefit plan" and "basic health benefit plan" 25 mean policies or contracts that a small employer carrier offers to eligible small employers that contain: 26 27 An exclusion for services that are not medically necessary or that are not covered preventive health services; 28 29 and 30 b. A procedure for preauthorization by the small

employer carrier, or its designees.

- 3. A small employer carrier may include the following managed care provisions in the policy or contract to control costs:
- a. A preferred provider arrangement or exclusive provider organization or any combination thereof, in which a small employer carrier enters into a written agreement with the provider to provide services at specified levels of reimbursement or to provide reimbursement to specified providers. Any such written agreement between a provider and a small employer carrier must contain a provision under which the parties agree that the insured individual or covered member has no obligation to make payment for any medical service rendered by the provider which is determined not to be medically necessary. A carrier may use preferred provider arrangements or exclusive provider arrangements to the same extent as allowed in group products that are not issued to small employers.
- b. A procedure for utilization review by the small employer carrier or its designees.

This subparagraph does not prohibit a small employer carrier from including in its policy or contract additional managed care and cost containment provisions, subject to the approval of the department, which have potential for controlling costs in a manner that does not result in inequitable treatment of insureds or subscribers. The carrier may use such provisions

- to the same extent as authorized for group products that are not issued to small employers.
  - 4. The standard health benefit plan shall include:
  - a. Coverage for inpatient hospitalization;
  - b. Coverage for outpatient services;

1 2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19 20

2122

23

24

25

2627

28

- c. Coverage for newborn children pursuant to s. 627.6575;
- d. Coverage for child care supervision services pursuant to s. 627.6579;
- e. Coverage for adopted children upon placement in the residence pursuant to s. 627.6578;
  - f. Coverage for mammograms pursuant to s. 627.6613;
- g. Coverage for handicapped children pursuant to s. 627.6615;
- h. Emergency or urgent care out of the geographic service area; and
- i. Coverage for services provided by a hospice licensed under s. 400.602 in cases where such coverage would be the most appropriate and the most cost-effective method for treating a covered illness.
- 5. The standard health benefit plan and the basic health benefit plan may include a schedule of benefit limitations for specified services and procedures. If the committee develops such a schedule of benefits limitation for the standard health benefit plan or the basic health benefit plan, a small employer carrier offering the plan must offer the employer an option for increasing the benefit schedule amounts by 4 percent annually.
- 6. The basic health benefit plan shall include all of the benefits specified in subparagraph 4.; however, the basic health benefit plan shall place additional restrictions on the benefits and utilization and may also impose additional cost containment measures.
- 7. Sections 627.419(2), (3), and (4), 627.6574, 30 627.65741,627.6612, 627.66121, 627.66122, 627.6616, 627.6618,
  - 627.668, and 627.66911 apply to the standard health benefit

03/27/01 01:30 pm

plan and to the basic health benefit plan. However, 2 notwithstanding said provisions, the plans may specify limits 3 on the number of authorized treatments, if such limits are 4 reasonable and do not discriminate against any type of 5 provider. Each small employer carrier that provides for 6 7 inpatient and outpatient services by allopathic hospitals may 8 provide as an option of the insured similar inpatient and outpatient services by hospitals accredited by the American 9 10 Osteopathic Association when such services are available and 11 the osteopathic hospital agrees to provide the service. 12 Section 4. Subsection (40) is added to section 641.31, Florida Statutes, to read: 13 641.31 Health maintenance contracts.--14 15 (40) The benefits, exclusions, and limitations of organization contracts must comply with and be consistent with 16 17 the decisions of the United States Equal Employment 18 Opportunity Commission which hold that the exclusion or 19 limitation of a specific benefit violates Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy 20 Discrimination Act of 1978. The department must determine such 21 22 compliance in approving form filings under this section, based on decisions rendered by the United States Equal Employment 23 24 Opportunity Commission before January 1, 2001. 25 Section 5. This act shall take effect July 1, 2001, and shall apply to policies and contracts issued or renewed on 26 27 or after that date. 28

And the title is amended as follows:

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

2930

## Amendment No. 1 (for drafter's use only)

remove from the title of the bill: the entire title 1 2 3 and insert in lieu thereof: 4 An act relating to health insurance; creating 5 ss. 627.64191, 627.65741, F.S.; requiring individual and group health insurance policies 6 7 to comply with decisions of the United States 8 Equal Employment Opportunity Commission with respect to exclusions that violate Title VII of 9 10 the Civil Rights Act, as amended; requiring the 11 Department of Insurance to make such 12 determination when approving policy forms; amending ss. 627.6699, 641.31, F.S.; requiring 13 14 standard and basic health benefit plans issued 15 by small employer carriers and health 16 maintenance contracts to comply with decisions 17 of the United States Equal Employment Opportunity Commission with respect to 18 exclusions that violate Title VII of the Civil 19 20 Rights Act, as amended; requiring the Department of Insurance to make such 21 22 determination when approving policy forms; providing for application; providing an 23 24 effective date. 25 26 27 28 29 30 31