

Amendment No. ____ (for drafter's use only)

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

Amendment (with directory language and title amendments)

On page 8, line 6, through page 12, line 16, remove: all of said lines,

and insert:

(b)1. Each small employer carrier issuing new health benefit plans shall offer to any small employer, upon request, a standard health benefit plan and a basic health benefit plan that meets the criteria set forth in this section.

2. For purposes of this subsection, the terms "standard health benefit plan" and "basic health benefit plan" mean policies or contracts that a small employer carrier offers to eligible small employers that contain:

a. An exclusion for services that are not medically necessary or that are not covered preventive health services; and

b. A procedure for preauthorization by the small employer carrier, or its designees.

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1 3. A small employer carrier may include the following
2 managed care provisions in the policy or contract to control
3 costs:

4 a. A preferred provider arrangement or exclusive
5 provider organization or any combination thereof, in which a
6 small employer carrier enters into a written agreement with
7 the provider to provide services at specified levels of
8 reimbursement or to provide reimbursement to specified
9 providers. Any such written agreement between a provider and a
10 small employer carrier must contain a provision under which
11 the parties agree that the insured individual or covered
12 member has no obligation to make payment for any medical
13 service rendered by the provider which is determined not to be
14 medically necessary. A carrier may use preferred provider
15 arrangements or exclusive provider arrangements to the same
16 extent as allowed in group products that are not issued to
17 small employers.

18 b. A procedure for utilization review by the small
19 employer carrier or its designees.

20
21 This subparagraph does not prohibit a small employer carrier
22 from including in its policy or contract additional managed
23 care and cost containment provisions, subject to the approval
24 of the department, which have potential for controlling costs
25 in a manner that does not result in inequitable treatment of
26 insureds or subscribers. The carrier may use such provisions
27 to the same extent as authorized for group products that are
28 not issued to small employers.

29 4. The standard health benefit plan and any flexible
30 benefit policy or contract shall include:

31 a. Coverage for inpatient hospitalization;

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- 1 b. Coverage for outpatient services;
- 2 c. Coverage for newborn children pursuant to s.
- 3 627.6575;
- 4 d. Coverage for child care supervision services
- 5 pursuant to s. 627.6579;
- 6 e. Coverage for adopted children upon placement in the
- 7 residence pursuant to s. 627.6578;
- 8 f. Coverage for mammograms pursuant to s. 627.6613;
- 9 g. Coverage for handicapped children pursuant to s.
- 10 627.6615;
- 11 h. Emergency or urgent care out of the geographic
- 12 service area; and
- 13 i. Coverage for services provided by a hospice
- 14 licensed under s. 400.602 in cases where such coverage would
- 15 be the most appropriate and the most cost-effective method for
- 16 treating a covered illness.
- 17 5. The standard health benefit plan and the basic
- 18 health benefit plan may include a schedule of benefit
- 19 limitations for specified services and procedures. If the
- 20 committee develops such a schedule of benefits limitation for
- 21 the standard health benefit plan or the basic health benefit
- 22 plan, a small employer carrier offering the plan must offer
- 23 the employer an option for increasing the benefit schedule
- 24 amounts by 4 percent annually.
- 25 6. The basic health benefit plan shall include all of
- 26 the benefits specified in subparagraph 4.; however, the basic
- 27 health benefit plan shall place additional restrictions on the
- 28 benefits and utilization and may also impose additional cost
- 29 containment measures.
- 30 7. Sections 627.419(2), (3), and (4), 627.6574,
- 31 627.6612, 627.66121, 627.66122, 627.6616, 627.6618, 627.668,

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1 627.66911, 627.4239, 627.65755, 627.6691, 627.4232, 627.42395,
2 627.65745, 627.667, 627.6617, 627.669, 641.51(8),
3 627.6472(18), 627.662, 641.19(13)(e), 627.6471, 627.6472,
4 627.6045, 627.607 and 627.6619 apply to the standard health
5 benefit plan, to any flexible benefit policy or contract, and
6 to the basic health benefit plan. However, notwithstanding
7 said provisions, the plans may specify limits on the number of
8 authorized treatments, if such limits are reasonable and do
9 not discriminate against any type of provider.

10 8. Each small employer carrier that provides for
11 inpatient and outpatient services by allopathic hospitals may
12 provide as an option of the insured similar inpatient and
13 outpatient services by hospitals accredited by the American
14 Osteopathic Association when such services are available and
15 the osteopathic hospital agrees to provide the service.

16 (c) If a small employer rejects, in writing, the
17 standard health benefit plan and the basic health benefit
18 plan, the small employer carrier may offer the small employer
19 a flexible limited benefit policy or contract.

20 (d)1. Upon offering coverage under a standard health
21 benefit plan, a basic health benefit plan, or a flexible
22 ~~limited~~ benefit policy or contract for any small employer, the
23 small employer carrier shall disclose in writing to the
24 ~~provide such employer group with a written statement that~~
25 ~~contains, at a minimum:~~

26 ~~a. An explanation of those mandated benefits and~~
27 ~~providers that are not covered by the policy or contract;~~

28 ~~a.b. An outline of coverage together explanation of~~
29 ~~the managed care and cost control features of the policy or~~
30 ~~contract, along with all appropriate mailing addresses and~~
31 telephone numbers to be used by insureds in seeking

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1 information or authorization, ~~+~~ and

2 ~~b.c. An explanation of~~ The primary and preventive care
3 features of the policy or contract.

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5 ~~Such disclosure statement must be presented in a clear and~~
6 ~~understandable form and format and must be separate from the~~
7 ~~policy or certificate or evidence of coverage provided to the~~
8 ~~employer group.~~

9 ~~2. Before a small employer carrier issues a standard~~
10 ~~health benefit plan, a basic health benefit plan, or a limited~~
11 ~~benefit policy or contract, it must obtain from the~~
12 ~~prospective policyholder a signed written statement in which~~
13 ~~the prospective policyholder:~~

14 ~~a. Certifies as to eligibility for coverage under the~~
15 ~~standard health benefit plan, basic health benefit plan, or~~
16 ~~limited benefit policy or contract;~~

17 ~~c.b. Acknowledges~~ The limited nature of the coverage
18 and ~~an understanding of the managed care and cost control~~
19 ~~features of the policy or contract.~~ ~~+~~

20 ~~c. Acknowledges that if misrepresentations are made~~
21 ~~regarding eligibility for coverage under a standard health~~
22 ~~benefit plan, a basic health benefit plan, or a limited~~
23 ~~benefit policy or contract, the person making such~~
24 ~~misrepresentations forfeits coverage provided by the policy or~~
25 ~~contract; and~~

26 ~~2.d. If a flexible benefit policy or contract limited~~
27 ~~plan is requested, the prospective policyholder must~~
28 ~~acknowledge in writing ~~acknowledges~~ that he or she ~~the~~~~
29 ~~prospective policyholder had been offered, at the time of~~
30 ~~application for the insurance policy or contract, the~~
31 ~~opportunity to purchase any health benefit plan offered by the~~

1 carrier and that the prospective policyholder had rejected
2 that coverage.

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4 ~~A copy of such written statement shall be provided to the~~
5 ~~prospective policyholder no later than at the time of delivery~~
6 ~~of the policy or contract, and the original of such written~~
7 ~~statement shall be retained in the files of the small employer~~
8 ~~carrier for the period of time that the policy or contract~~
9 ~~remains in effect or for 5 years, whichever period is longer.~~

10 ~~3. Any material statement made by an applicant for~~
11 ~~coverage under a health benefit plan which falsely certifies~~
12 ~~as to the applicant's eligibility for coverage serves as the~~
13 ~~basis for terminating coverage under the policy or contract.~~

14 ~~3.4.~~ Each marketing communication that is intended to
15 be used in the marketing of a health benefit plan in this
16 state must be submitted for review by the department prior to
17 use and must contain the disclosures stated in this
18 subsection.

19 4. The contract, policy, and certificates evidencing
20 coverage under a flexible benefit policy or contract and the
21 application for coverage under such plans must state in not
22 less than 12-point bold type on the first page in contrasting
23 color the following: "The benefits provided by this health
24 plan are limited and may not cover all of your medical needs.
25 You should carefully review the benefits offered under this
26 health plan."

27 (e) A small employer carrier may not use any policy,
28 contract, form, or rate under this section, including
29 applications, enrollment forms, policies, contracts,
30 certificates, evidences of coverage, riders, amendments,
31 endorsements, and disclosure forms, until the carrier insurer

1 has filed it with the department and the department has
2 approved it under ss. 627.410, and 627.411, and 641.31 and
3 this section.

4 (f) A flexible benefit policy or contract must have an
5 annual maximum benefit of \$100,000 or greater and a lifetime
6 benefit of \$500,000 or greater and such benefit shall be
7 disclosed in 12-point bold type in contrasting color.

8 (15) APPLICABILITY OF OTHER STATE LAWS.--

9 (a) Except as expressly provided in this section, a
10 law requiring coverage for a specific health care service or
11 benefit, or a law requiring reimbursement, utilization, or
12 consideration of a specific category of licensed health care
13 practitioner, does not apply to a standard or basic health
14 benefit plan policy or contract or a flexible limited benefit
15 policy or contract offered or delivered to a small employer
16 unless that law is made expressly applicable to such policies
17 or contracts. A law restricting or limiting deductibles,
18 coinsurance, copayments, or annual or lifetime maximum
19 payments does not apply to any health plan policy, including a
20 standard or basic health benefit plan policy or contract or a
21 flexible benefit policy or contract, offered or delivered to a
22 small employer unless such law is made expressly applicable to
23 such policy or contract. When any flexible benefit health
24 insurance policy or flexible benefit contract provides for the
25 payment for medical expense benefits or procedures, such
26 policy or contract shall be construed to include payment to a
27 licensed physician or licensed dentist who provides the
28 medical service benefits or procedures which are within the
29 scope of a licensed physician's license or licensed dentist's
30 license. Any limitation or condition placed upon payment to,
31 or upon services, diagnosis, or treatment by, any licensed

1 physician shall or licensed dentist apply equally to all
2 licensed physicians without unfair discrimination to the usual
3 and customary treatment procedures of any class of physicians
4 or licensed dentist.

5 (b) Except as provided in this section, a standard or
6 basic health benefit plan policy or contract or flexible
7 ~~limited~~ benefit policy or contract offered to a small employer
8 is not subject to any provision of this code which:

9 1. Inhibits a small employer carrier from contracting
10 with providers or groups of providers with respect to health
11 care services or benefits;

12 2. Imposes any restriction on a small employer
13 carrier's ability to negotiate with providers regarding the
14 level or method of reimbursing care or services provided under
15 a health benefit plan; or

16 3. Requires a small employer carrier to either include
17 a specific provider or class of providers when contracting for
18 health care services or benefits or to exclude any class of
19 providers that is generally authorized by statute to provide
20 such care.

21 (c) Any second tier assessment paid by a carrier
22 pursuant to paragraph (11)(j) may be credited against
23 assessments levied against the carrier pursuant to s.
24 627.6494.

25 (d) Notwithstanding chapter 641, a health maintenance
26 organization is authorized to issue contracts providing
27 benefits to a small employer equal to the standard health
28 benefit plan, the basic health benefit plan, and the flexible
29 ~~limited~~ benefit policy authorized by this section. Flexible
30 benefit policies offered by health maintenance organizations
31 shall contain all group health provisions required under

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1 chapter 641.

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4 == D I R E C T O R Y L A N G U A G E A M E N D M E N T ==

5 And the directory language is amended as follows:

6 On page 2, lines 13-16,

7 remove: all of said lines,

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9 and insert: (b) of subsection (6), and subsections (12) and
10 (15) of section 627.6699, Florida Statutes, are amended to
11 read:

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

15 And the title is amended as follows:

16 On page 1, line 11, after the semicolon,

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18 insert:

19 revising certain disclosure requirements;

20 providing additional notice requirements;

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