CHAMBER ACTION

The Committee on Insurance recommends the following:

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Committee Substitute

Remove the entire bill and insert:

A bill to be entitled

An act relating to breast cancer treatment; providing a popular name; amending ss. 627.64171, 627.66121, and 641.31, F.S.; including lymph node dissections under provisions prescribing the length of hospital stay relating to a mastectomy which specified health insurers and health maintenance organizations must cover; limiting application; providing legislative findings; requiring the Office of Program Policy Analysis and Government Accountability to study certain issues relating to mammography services; providing study requirements; requiring a report to the Legislature; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. This act may be referred to by the popular name the "Mary B. Hooks Act."

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Section 2. Subsections (1) and (2) and paragraph (a) of subsection (4) of section 627.64171, Florida Statutes, are amended to read:

627.64171 Coverage for length of stay and outpatient postsurgical care.--

- (1) Any health insurance policy that is issued, amended, delivered, or renewed in this state which provides coverage for breast cancer treatment may not limit inpatient hospital coverage for lymph node dissections or mastectomies to any period that is less than that determined by the treating physician to be medically necessary in accordance with prevailing medical standards and after consultation with the insured patient.
- (2) Any health insurance policy that provides coverage for lymph node_dissections_or mastectomies under subsection (1) must also provide coverage for outpatient postsurgical followup care in keeping with prevailing medical standards by a licensed health care professional qualified to provide postsurgical mastectomy care. The treating physician, after consultation with the insured patient, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the hospital, treating physician's office, outpatient center, or home of the insured patient.
- (4)(a) This section does not require an insured patient to have <u>a lymph node dissection or the</u> mastectomy in the hospital or stay in the hospital for a fixed period of time following <u>a</u> lymph node dissection or the mastectomy.

Section 3. Subsections (1) and (2) and paragraph (a) of subsection (4) of section 627.66121, Florida Statutes, are amended to read:

627.66121 Coverage for length of stay and outpatient postsurgical care.--

- (1) Any group, blanket, or franchise accident or health insurance policy that is issued, amended, delivered, or renewed in this state which provides coverage for breast cancer treatment may not limit inpatient hospital coverage for lymph node dissections or mastectomies to any period that is less than that determined by the treating physician to be medically necessary in accordance with prevailing medical standards and after consultation with the insured patient.
- (2) Any group, blanket, or franchise accident or health insurance policy that provides coverage for lymph node
 dissections or mastectomies under subsection (1) must also provide coverage for outpatient postsurgical followup care in keeping with prevailing medical standards by a licensed health care professional qualified to provide postsurgical mastectomy care. The treating physician, after consultation with the insured patient, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the hospital, treating physician's office, outpatient center, or home of the insured patient.
- (4)(a) This section does not require an insured patient to have <u>a lymph node dissection or the</u> mastectomy in the hospital or stay in the hospital for a fixed period of time following <u>a</u> lymph node dissection or the mastectomy.

Section 4. Paragraphs (a) and (c) of subsection (31) of section 641.31, Florida Statutes, are amended to read:

641.31 Health maintenance contracts. --

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- (31)(a) Health maintenance contracts that provide coverage, benefits, or services for breast cancer treatment may not limit inpatient hospital coverage for lymph node dissections or mastectomies to any period that is less than that determined by the treating physician under contract with the health maintenance organization to be medically necessary in accordance with prevailing medical standards and after consultation with the covered patient. Such contract must also provide coverage for outpatient postsurgical followup care in keeping with prevailing medical standards by a licensed health care professional under contract with the health maintenance organization qualified to provide postsurgical mastectomy care. The treating physician under contract with the health maintenance organization, after consultation with the covered patient, may choose that the outpatient care be provided at the most medically appropriate setting, which may include the hospital, treating physician's office, outpatient center, or home of the covered patient.
- (c)1. This subsection does not require a covered patient to have a lymph node dissection or the mastectomy in the hospital or stay in the hospital for a fixed period of time following a lymph node dissection or the mastectomy.
- 2. This subsection does not prevent a contract from imposing deductibles, coinsurance, or other cost sharing in relation to benefits pursuant to this subsection, except that

such cost sharing shall not exceed cost sharing with other benefits.

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The Legislature finds that it is of the utmost Section 5. public importance that quality mammography services and other diagnostic tools remain available to detect and treat breast cancer. The Office of Program Policy Analysis and Government Accountability shall study issues relating to the availability, utilization, quality, and cost of mammography services in all facilities performing mammography. The study shall include, but not be limited to, examining the following factors which impact availability, utilization, quality, and cost: reimbursement fees, copayment fees paid by patients, closed claim data retained by the Office of Insurance Regulation relating to the failure to diagnose breast cancer, equipment and liability insurance costs, equipment maintenance and calibration, staffing requirements and training, type and number of facilities performing mammography, facilities surveyed by the Department of Health, Bureau of Radiation Control, population density of females aged 40 and older in each county in this state, the average wait time for diagnostic and screening mammograms, and other factors which relate to the demand and availability of mammography services. The Office of Program Policy Analysis and Government Accountability shall complete its study and submit a report to the President of the Senate and the Speaker of the House of Representatives by February 15, 2005.

Section 6. This act shall take effect July 1, 2004.