1 A bill to be entitled An act relating to breast cancer treatment; providing a 2 3 popular name; amending ss. 627.64171, 627.66121, and 4 641.31, F.S.; including lymph node dissections under 5 provisions prescribing the length of hospital stay relating to a mastectomy which specified health insurers 6 7 and health maintenance organizations must cover; limiting 8 application; providing legislative findings; requiring the 9 Office of Program Policy Analysis and Government 10 Accountability to study certain issues relating to mammography services; providing study requirements; 11 12 requiring a report to the Legislature; providing an effective date. 13 14 15 Be It Enacted by the Legislature of the State of Florida: 16 17 Section 1. This act may be cited as the "Mary B. Hooks 18 Act." 19 Section 2. Subsections (1) and (2) and paragraph (a) of subsection (4) of section 627.64171, Florida Statutes, are 20 21 amended to read: 22 627.64171 Coverage for length of stay and outpatient 23 postsurgical care. --24 Any health insurance policy that is issued, amended, (1)25 delivered, or renewed in this state which provides coverage for 26 breast cancer treatment may not limit inpatient hospital 27 coverage for lymph node dissections or mastectomies to any 28 period that is less than that determined by the treating

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29 physician to be medically necessary in accordance with 30 prevailing medical standards and after consultation with the 31 insured patient.

32 Any health insurance policy that provides coverage for (2) 33 lymph node dissections or mastectomies under subsection (1) must also provide coverage for outpatient postsurgical followup care 34 35 in keeping with prevailing medical standards by a licensed 36 health care professional qualified to provide postsurgical 37 mastectomy care. The treating physician, after consultation with 38 the insured patient, may choose that the outpatient care be provided at the most medically appropriate setting, which may 39 include the hospital, treating physician's office, outpatient 40 center, or home of the insured patient. 41

(4)(a) This section does not require an insured patient to
have <u>a lymph node dissection or the mastectomy</u> in the hospital
or stay in the hospital for a fixed period of time following <u>a</u>
<u>lymph node dissection or the mastectomy</u>.

46 Section 3. Subsections (1) and (2) and paragraph (a) of 47 subsection (4) of section 627.66121, Florida Statutes, are 48 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 <u>lymph</u> <u>node dissections or</u> mastectomies to any period that is less than that determined by the treating physician to be medically

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57 necessary in accordance with prevailing medical standards and58 after consultation with the insured patient.

59 Any group, blanket, or franchise accident or health (2) 60 insurance policy that provides coverage for lymph node dissections or mastectomies under subsection (1) must also 61 provide coverage for outpatient postsurgical followup care in 62 63 keeping with prevailing medical standards by a licensed health 64 care professional qualified to provide postsurgical mastectomy 65 care. The treating physician, after consultation with the 66 insured patient, may choose that the outpatient care be provided 67 at the most medically appropriate setting, which may include the hospital, treating physician's office, outpatient center, or 68 home of the insured patient. 69

70 (4)(a) This section does not require an insured patient to 71 have <u>a lymph node dissection or the mastectomy</u> in the hospital 72 or stay in the hospital for a fixed period of time following <u>a</u> 73 <u>lymph node dissection or the mastectomy</u>.

74Section 4. Paragraphs (a) and (c) of subsection (31) of75section 641.31, Florida Statutes, are amended to read:

76

641.31 Health maintenance contracts.--

77 (31)(a) Health maintenance contracts that provide coverage, benefits, or services for breast cancer treatment may 78 79 not limit inpatient hospital coverage for lymph node dissections or mastectomies to any period that is less than that determined 80 81 by the treating physician under contract with the health 82 maintenance organization to be medically necessary in accordance 83 with prevailing medical standards and after consultation with 84 the covered patient. Such contract must also provide coverage

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85 for outpatient postsurgical followup care in keeping with 86 prevailing medical standards by a licensed health care 87 professional under contract with the health maintenance 88 organization qualified to provide postsurgical mastectomy care. 89 The treating physician under contract with the health 90 maintenance organization, after consultation with the covered 91 patient, may choose that the outpatient care be provided at the 92 most medically appropriate setting, which may include the 93 hospital, treating physician's office, outpatient center, or 94 home of the covered patient.

95 (c)1. This subsection does not require a covered patient 96 to have <u>a lymph node dissection or the mastectomy</u> in the 97 hospital or stay in the hospital for a fixed period of time 98 following <u>a lymph node dissection or the mastectomy</u>.

99 2. This subsection does not prevent a contract from 100 imposing deductibles, coinsurance, or other cost sharing in 101 relation to benefits pursuant to this subsection, except that 102 such cost sharing shall not exceed cost sharing with other 103 benefits.

104 Section 5. The Legislature finds that it is of the utmost 105 public importance that quality mammography services and other 106 diagnostic tools remain available to detect and treat breast 107 cancer. The Office of Program Policy Analysis and Government 108 Accountability shall study issues relating to the availability, utilization, quality, and cost of mammography services in all 109 facilities performing mammography. The study shall include, but 110 111 not be limited to, examining the following factors which impact availability, utilization, quality, and cost: reimbursement 112

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113	fees, copayment fees paid by patients, closed claim data
114	retained by the Office of Insurance Regulation relating to the
115	failure to diagnose breast cancer, equipment and liability
116	insurance costs, equipment maintenance and calibration, staffing
117	requirements and training, type and number of facilities
118	performing mammography, facilities surveyed by the Department of
119	Health, Bureau of Radiation Control, population density of
120	females aged 40 and older in each county in this state, the
121	average wait time for diagnostic and screening mammograms, and
122	other factors which relate to the demand and availability of
123	mammography services. The Office of Program Policy Analysis and
124	Government Accountability shall complete its study and submit a
125	report to the President of the Senate and the Speaker of the
126	House of Representatives by February 15, 2006.
127	Section 6. This act shall take effect July 1, 2005.

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