By the Committee on Health Care; and Senators Margolis, Fasano, Atwater, Miller, Lawson and Rich

587-1868A-05

1	A bill to be entitled
2	An act relating to cystic fibrosis treatment;
3	creating s. 627.6614, F.S.; requiring a group
4	health insurance policy to cover services
5	needed to treat cystic fibrosis as authorized
6	by a physician; amending s. 641.31, F.S.;
7	requiring a contract by a health maintenance
8	organization to cover services needed to treat
9	cystic fibrosis as authorized by a physician;
10	amending s. 627.6515, F.S., relating to
11	out-of-state groups; conforming a
12	cross-reference to changes made by the act;
13	providing that the act fulfills an important
14	state interest; providing an effective date.
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16	WHEREAS, cystic fibrosis is a genetic disease that
17	adversely affects the respiratory system and the digestive
18	system, and
19	WHEREAS, only half of those suffering with cystic
20	fibrosis live to the age of 32, and
21	WHEREAS, the treatments for individuals with cystic
22	fibrosis include ingesting pancreatic enzymes or a wide
23	assortment of nutritional supplements, frequent postural
24	draining to clear the respiratory system, or using a feeding
25	tube to provide sustenance, and
26	WHEREAS, insurance companies oftentimes do not fully
27	cover the costs associated with treating cystic fibrosis, a
28	fatal disease, NOW, THEREFORE,
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30	Be It Enacted by the Legislature of the State of Florida:
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Section 1. Section 627.6614, Florida Statutes, is 2 created to read: 3 627.6614 Cystic fibrosis treatment services. -- A group 4 health insurance policy sold in this state must provide 5 coverage for all medically necessary chest physiotherapy 6 provided by a respiratory therapist licensed under part V of 7 chapter 468, home health care, equipment, supplies, and enteral formulas described in s. 627.42395 used to treat 8 cystic fibrosis if the patient's treating physician or a 9 10 physician authorized by the insurer who specializes in the treatment of cystic fibrosis certifies that such services are 11 12 medically necessary. The insurer may require the policyholder 13 to be responsible for any deductible or copayment that generally applies under the policy. 14 Section 2. Present subsections (36), (37), (38), (39), 15 16 and (40) of section 641.31, Florida Statutes, are redesignated as subsections (37), (38), (39), (40), and (41), respectively, and a new subsection (36) is added to that section, to read: 18 641.31 Health maintenance contracts.--19 20 (36) A group health maintenance contract sold in this 21 state must provide coverage for all medically necessary chest 2.2 physiotherapy provided by a respiratory therapist licensed 23 under part V of chapter 468, home health care, equipment, supplies, and enteral formulas described in s. 627.42395 used 2.4 to treat cystic fibrosis if the patient's treating physician 2.5 or a physician authorized by the health maintenance 26 27 organization who specializes in the treatment of cystic 2.8 fibrosis certifies that such services are medically necessary. The health maintenance organization may require the subscriber 29 to be responsible for any deductible or copayment that 30 generally applies under the contract. 31

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Section 3. Subsection (2) of section 627.6515, Florida Statutes, is amended to read:

627.6515 Out-of-state groups.--

- (2) Except as otherwise provided in this part, this part does not apply to a group health insurance policy issued or delivered outside this state under which a resident of this state is provided coverage if:
- 8 (a) The policy is issued to an employee group the composition of which is substantially as described in s. 9 627.653; a labor union group or association group the 10 composition of which is substantially as described in s. 11 12 627.654; an additional group the composition of which is 13 substantially as described in s. 627.656; a group insured under a blanket health policy when the composition of the 14 group is substantially in compliance with s. 627.659; a group 15 insured under a franchise health policy when the composition 16 17 of the group is substantially in compliance with s. 627.663; an association group to cover persons associated in any other 18 common group, which common group is formed primarily for 19 purposes other than providing insurance; a group that is 20 21 established primarily for the purpose of providing group 22 insurance, provided the benefits are reasonable in relation to 23 the premiums charged thereunder and the issuance of the group policy has resulted, or will result, in economies of 2.4 administration; or a group of insurance agents of an insurer, 2.5 which insurer is the policyholder; 26
 - (b) Certificates evidencing coverage under the policy are issued to residents of this state and contain in contrasting color and not less than 10-point type the following statement: "The benefits of the policy providing

your coverage are governed primarily by the law of a state other than Florida"; and

- (c) The policy provides the benefits specified in ss. 627.419, 627.6574, 627.6575, 627.6579, 627.6612, 627.66121, 627.66122, 627.6613, 627.6614, 627.667, 627.6675, 627.6691, and 627.66911.
- (d) Applications for certificates of coverage offered to residents of this state must contain, in contrasting color and not less than 12-point type, the following statement on the same page as the applicant's signature:

"This policy is primarily governed by the laws of ...insert state where the master policy if filed.... As a result, all of the rating laws applicable to policies filed in this state do not apply to this coverage, which may result in increases in your premium at renewal that would not be permissible under a Florida-approved policy. Any purchase of individual health insurance should be considered carefully, as future medical conditions may make it impossible to qualify for another individual health policy. For information concerning individual health coverage under a Florida-approved policy, consult your agent or the Florida Department of Financial Services."

This paragraph applies only to group certificates providing health insurance coverage which require individualized underwriting to determine coverage eligibility for an

individual or premium rates to be charged to an individual except for the following:

- 1. Policies issued to provide coverage to groups of persons all of whom are in the same or functionally related licensed professions, and providing coverage only to such licensed professionals, their employees, or their dependents;
- 2. Policies providing coverage to small employers as defined by s. 627.6699. Such policies shall be subject to, and governed by, the provisions of s. 627.6699;
- 3. Policies issued to a bona fide association, as defined by s. 627.6571(5), provided that there is a person or board acting as a fiduciary for the benefit of the members, and such association is not owned, controlled by, or otherwise associated with the insurance company; or
- 4. Any accidental death, accidental death and dismemberment, accident-only, vision-only, dental-only, hospital indemnity-only, hospital accident-only, cancer, specified disease, Medicare supplement, products that supplement Medicare, long-term care, or disability income insurance, or similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which cannot duplicate coverage under an underlying health plan, coinsurance, or deductibles or coverage issued as a supplement to workers' compensation or similar insurance, or automobile medical-payment insurance.

Section 4. The Legislature finds that this act fulfills an important state interest.

Section 5. This act shall take effect October 1, 2005, and applies to policies and contracts issued or renewed on or after that date.

1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
2	<u>SB 318</u>
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4	The committee substitute differs from SB 318 in the following ways:
5	The requirement for the coverage to include patient self-management training and educational services is deleted, and a requirement is added that the coverage must include home health care and chest physiotherapy provided by a licensed respiratory therapist.
8 9	Coverage for "supplements" is not required, but coverage is required for enteral formulas prescribed by a physician.
10	The physician specializing in the treatment of cystic
11	fibrosis, who may certify the medical necessity of such treatments, must be authorized by the insurer or HMO.
12	A statement that the bill fulfills an important state interest is included.
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