

1                   A bill to be entitled  
2           An act relating to health insurance; amending s. 627.4236,  
3           F.S.; revising the definition of the term "bone marrow  
4           transplant"; amending ss. 627.642, 627.657, and 641.31,  
5           F.S.; requiring an identification card containing  
6           specified information to be given to insureds under health  
7           benefit plans and group health insurance policies and  
8           persons having health care services through health  
9           maintenance contracts; providing applicability; providing  
10          an effective date.

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

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14           Section 1. Subsection (1) of section 627.4236, Florida  
15 Statutes, is amended to read:

16           627.4236 Coverage for bone marrow transplant procedures.--

17           (1) As used in this section, the term "bone marrow  
18 transplant" means human blood precursor cells administered to a  
19 patient to restore normal hematological and immunological  
20 functions following ablative or nonablative therapy with  
21 curative or life-prolonging intent. Human blood precursor cells  
22 may be obtained from the patient in an autologous transplant or  
23 from a medically acceptable related or unrelated donor, and may  
24 be derived from bone marrow, circulating blood, or a combination  
25 of bone marrow and circulating blood. If chemotherapy is an  
26 integral part of the treatment involving bone marrow  
27 transplantation, the term "bone marrow transplant" includes both  
28 the transplantation and the chemotherapy.

29 Section 2. Subsection (3) is added to section 627.642,  
30 Florida Statutes, to read:

31 627.642 Outline of coverage.--

32 (3) In addition to the outline of coverage, a policy as  
33 specified in s. 627.6699(3)(k) must be accompanied by an  
34 identification card that contains, at a minimum:

35 (a) The name of the organization issuing the policy or the  
36 name of the organization administering the policy, whichever  
37 applies.

38 (b) The name of the contract holder.

39 (c) The type of plan only if the plan is filed in the  
40 state, an indication that the plan is self-funded, or the name  
41 of the network.

42 (d) The member identification number, contract number, and  
43 policy or group number, if applicable.

44 (e) A contact phone number or electronic address for  
45 authorizations.

46 (f) A phone number or electronic address whereby the  
47 covered person or hospital, physician, or other person rendering  
48 services covered by the policy may determine if the plan is  
49 insured and may obtain a benefits verification in order to  
50 estimate patient financial responsibility, in compliance with  
51 privacy rules under the Health Insurance Portability and  
52 Accountability Act.

53 (g) The national plan identifier, in accordance with the  
54 compliance date set forth by the federal Department of Health  
55 and Human Services.

56

57 The identification card must present the information in a  
58 readily identifiable manner or, alternatively, the information  
59 may be embedded on the card and available through magnetic  
60 stripe or smart card. The information may also be provided  
61 through other electronic technology.

62 Section 3. Present subsection (2) of section 627.657,  
63 Florida Statutes, is renumbered as subsection (3), and a new  
64 subsection (2) is added to that section to read:

65 627.657 Provisions of group health insurance policies.--

66 (2) The medical policy as specified in s. 627.6699(3)(k)  
67 must be accompanied by an identification card that contains, at  
68 a minimum:

69 (a) The name of the organization issuing the policy or  
70 name of the organization administering the policy, whichever  
71 applies.

72 (b) The name of the certificateholder.

73 (c) The type of plan only if the plan is filed in the  
74 state, an indication that the plan is self-funded, or the name  
75 of the network.

76 (d) The member identification number, contract number, and  
77 policy or group number, if applicable.

78 (e) A contact phone number or electronic address for  
79 authorizations.

80 (f) A phone number or electronic address whereby the  
81 covered person or hospital, physician, or other person rendering  
82 services covered by the policy may determine if the plan is  
83 insured and may obtain a benefits verification in order to  
84 estimate patient financial responsibility, in compliance with

85 privacy rules under the Health Insurance Portability and  
86 Accountability Act.

87 (g) The national plan identifier, in accordance with the  
88 compliance date set forth by the federal Department of Health  
89 and Human Services.

90  
91 The identification card must present the information in a  
92 readily identifiable manner or, alternatively, the information  
93 may be embedded on the card and available through magnetic  
94 stripe or smart card. The information may also be provided  
95 through other electronic technology.

96 Section 4. Subsection (41) is added to section 641.31,  
97 Florida Statutes, to read:

98 641.31 Health maintenance contracts.--

99 (41) The contract, certificate, or member handbook must be  
100 accompanied by an identification card that contains, at a  
101 minimum:

102 (a) The name of the organization offering the contract or  
103 name of the organization administering the contract, whichever  
104 applies.

105 (b) The name of the subscriber.

106 (c) A statement that the health plan is a health  
107 maintenance organization. Only a health plan with a certificate  
108 of authority issued under this chapter may be identified as a  
109 health maintenance organization.

110 (d) The member identification number, contract number, and  
111 group number, if applicable.

112 (e) A contact phone number or electronic address for

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113 authorizations.

114 (f) A phone number or electronic address whereby the  
115 covered person or hospital, physician, or other person rendering  
116 services covered by the contract may determine if the plan is  
117 insured and may obtain a benefits verification in order to  
118 estimate patient financial responsibility, in compliance with  
119 privacy rules under the Health Insurance Portability and  
120 Accountability Act.

121 (g) The national plan identifier, in accordance with the  
122 compliance date set forth by the federal Department of Health  
123 and Human Services.

124  
125 The identification card must present the information in a  
126 readily identifiable manner or, alternatively, the information  
127 may be embedded on the card and available through magnetic  
128 stripe or smart card. The information may also be provided  
129 through other electronic technology.

130 Section 5. This act shall take effect January 1, 2008, and  
131 shall apply to identification cards issued for policies or  
132 certificates issued or renewed on or after that date.