

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Gardiner offered the following:

2
3 **Amendment to Amendment (171333) (with title amendment)**

4 Remove lines 610-807 and insert:

5 Section 12. Section 624.916, Florida Statutes, is created
6 to read:

7 624.916 Developmental disabilities compact.--

8 (1) The Office of Insurance Regulation shall convene a
9 workgroup by August 31, 2008, for the purpose of negotiating a
10 compact that includes a binding agreement among the participants
11 relating to insurance and access to services for persons with
12 developmental disabilities as defined in s. 393.063, with the
13 addition of autism spectrum disorder. The workgroup shall
14 consist of the following:

15 (a) Representatives of all health insurers licensed under
16 this chapter.

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17 (b) Representatives of all health maintenance
18 organizations licensed under part I of chapter 641.

19 (c) Representatives of employers with self-insured health
20 benefit plans.

21 (d) Two designees of the Governor, one of whom must be a
22 consumer advocate.

23 (e) A designee of the President of the Senate.

24 (f) A designee of the Speaker of the House of
25 Representatives.

26 (2) The Office of Insurance Regulation shall convene a
27 consumer advisory workgroup for the purpose of providing a forum
28 for comment on the compact negotiated in subsection (1). The
29 office shall convene the workgroup prior to finalization of the
30 compact.

31 (3) The agreement shall include the following components:

32 (a) A requirement that each signatory to the agreement
33 increase coverage for behavior analysis and behavior assistant
34 services as defined in s. 409.815(2)(r) and speech therapy,
35 physical therapy, and occupational therapy when necessary due to
36 the presence of a developmental disability as defined in s.
37 393.063 or autism spectrum disorder.

38 (b) Procedures for clear and specific notice to
39 policyholders identifying the amount, scope, and conditions
40 under which coverage is provided for behavior analysis and
41 behavior assistant services as defined in s. 409.815(2)(r) and
42 speech therapy, physical therapy, and occupational therapy when
43 necessary due to the presence of a developmental disability as
44 defined in s. 393.063 or autism spectrum disorder.

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45 (c) Penalties for documented cases of denial of claims for
46 medically necessary services due to the presence of a
47 developmental disability as defined in s. 393.063 or autism
48 spectrum disorder.

49 (d) Proposals for new product lines that may be offered in
50 conjunction with traditional health insurance and provide a more
51 appropriate means of spreading risk, financing costs, and
52 accessing favorable prices.

53 (4) Upon completion of the negotiations for the compact,
54 the office shall report the results to the Governor, the
55 President of the Senate, and the Speaker of the House of
56 Representatives.

57 (5) Beginning February 15, 2009, and continuing annually
58 thereafter, the Office of Insurance Regulation shall provide a
59 report to the Governor, the President of the Senate, and the
60 Speaker of the House of Representatives regarding the
61 implementation of the agreement negotiated under this section.

62 The report shall include:

63 (a) The signatories to the agreement.

64 (b) An analysis of the coverage provided under the
65 agreement in comparison to the coverage required under ss.
66 627.6686 and 641.31098.

67 (c) An analysis of the compliance with the agreement by
68 the signatories, including documented cases of claims denied in
69 violation of the agreement.

70 (6) The Office of Insurance Regulation shall continue to
71 monitor participation, compliance, and effectiveness of the
72 agreement and report its findings at least annually.

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73 Section 13. Section 627.6686, Florida Statutes, is created
74 to read:

75 627.6686 Coverage for individuals with developmental
76 disabilities required; exception.--

77 (1) As used in this section, the term:

78 (a) "Developmental disability" has the same meaning as
79 provided in s. 393.063, with the addition of autism spectrum
80 disorder.

81 (b) "Eligible individual" means an individual under 18
82 years of age or an individual 18 years of age or older who is in
83 high school who has been diagnosed as having a developmental
84 disability at 8 years of age or younger.

85 (c) "Health insurance plan" means a group health insurance
86 policy or group health benefit plan offered by an insurer which
87 includes the state group insurance program provided under s.
88 110.123. The term does not include any health insurance plan
89 offered in the individual market, any health insurance plan that
90 is individually underwritten, or any health insurance plan
91 provided to a small employer.

92 (d) "Insurer" means an insurer providing health insurance
93 coverage, which is licensed to engage in the business of
94 insurance in this state and is subject to insurance regulation.

95 (2) A health insurance plan issued or renewed on or after
96 July 1, 2009, shall provide coverage to an eligible individual
97 for:

98 (a) Well-baby and well-child screening for diagnosing the
99 presence of a developmental disability.

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100 (b) Treatment of a developmental disability through speech
101 therapy, occupational therapy, physical therapy, and behavior
102 analysis services. Behavior analysis services shall be provided
103 by an individual certified pursuant to s. 393.17 or an
104 individual licensed under chapter 490 or chapter 491.

105 (3) The coverage required pursuant to subsection (2) is
106 subject to the following requirements:

107 (a) Coverage shall be limited to treatment that is
108 prescribed by the insured's treating physician in accordance
109 with a treatment plan.

110 (b) Coverage for the services described in subsection (2)
111 shall be limited to \$36,000 annually and may not exceed \$108,000
112 in total lifetime benefits.

113 (c) Coverage may not be denied on the basis that provided
114 services are habilitative in nature.

115 (d) Coverage may be subject to other general exclusions
116 and limitations of the insurer's policy or plan, including, but
117 not limited to, coordination of benefits, participating provider
118 requirements, restrictions on services provided by family or
119 household members, and utilization review of health care
120 services, including the review of medical necessity, case
121 management, and other managed care provisions.

122 (4) The coverage required pursuant to subsection (2) may
123 not be subject to dollar limits, deductibles, or coinsurance
124 provisions that are less favorable to an insured than the dollar
125 limits, deductibles, or coinsurance provisions that apply to
126 physical illnesses that are generally covered under the health
127 insurance plan, except as otherwise provided in subsection (3).

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128 (5) An insurer may not deny or refuse to issue coverage
129 for medically necessary services, refuse to contract with, or
130 refuse to renew or reissue or otherwise terminate or restrict
131 coverage for an individual because the individual is diagnosed
132 as having a developmental disability.

133 (6) The treatment plan required pursuant to subsection (3)
134 shall include all elements necessary for the health insurance
135 plan to appropriately pay claims. These elements include, but
136 are not limited to, a diagnosis, the proposed treatment by type,
137 the frequency and duration of treatment, the anticipated
138 outcomes stated as goals, the frequency with which the treatment
139 plan will be updated, and the signature of the treating
140 physician.

141 (7) Beginning January 1, 2011, the maximum benefit under
142 paragraph (3)(b) shall be adjusted annually on January 1 of each
143 calendar year to reflect any change from the previous year in
144 the medical component of the then current Consumer Price Index
145 for all urban consumers, published by the Bureau of Labor
146 Statistics of the United States Department of Labor.

147 (8) This section may not be construed as limiting benefits
148 and coverage otherwise available to an insured under a health
149 insurance plan.

150 (9) The Office of Insurance Regulation may not enforce
151 this section against an insurer that is a signatory no later
152 than July 1, 2009, to the developmental disabilities compact
153 established under s. 624.916. The Office of Insurance Regulation
154 shall enforce this section against an insurer that is a
155 signatory to the compact established under s. 624.916 if the

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156 insurer has not complied with the terms of the compact for all
157 health insurance plans by July 1, 2010.

158 Section 14. Section 641.31098, Florida Statutes, is
159 created to read:

160 641.31098 Coverage for individuals with developmental
161 disabilities.--

162 (1) As used in this section, the term:

163 (a) "Developmental disability" has the same meaning as
164 provided in s. 393.063, with the addition of autism spectrum
165 disorder.

166 (b) "Eligible individual" means an individual under 18
167 years of age or an individual 18 years of age or older who is in
168 high school who has been diagnosed as having a developmental
169 disability at 8 years of age or younger.

170 (c) "Health maintenance contract" means a group health
171 maintenance contract offered by a health maintenance
172 organization. This term does not include a health maintenance
173 contract offered in the individual market, a health maintenance
174 contract that is individually underwritten, or a health
175 maintenance contract provided to a small employer.

176 (2) A health maintenance contract issued or renewed on or
177 after July 1, 2009, shall provide coverage to an eligible
178 individual for:

179 (a) Well-baby and well-child screening for diagnosing the
180 presence of a developmental disability.

181 (b) Treatment of a developmental disability through speech
182 therapy, occupational therapy, physical therapy, and behavior
183 analysis services. Behavior analysis services shall be provided

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184 by an individual certified pursuant to s. 393.17 or an
185 individual licensed under chapter 490 or chapter 491.

186 (3) The coverage required pursuant to subsection (2) is
187 subject to the following requirements:

188 (a) Coverage shall be limited to treatment that is
189 prescribed by the subscriber's treating physician in accordance
190 with a treatment plan.

191 (b) Coverage for the services described in subsection (2)
192 shall be limited to \$36,000 annually and may not exceed \$108,000
193 in total benefits.

194 (c) Coverage may not be denied on the basis that provided
195 services are habilitative in nature.

196 (d) Coverage may be subject to general exclusions and
197 limitations of the subscriber's contract, including, but not
198 limited to, coordination of benefits, participating provider
199 requirements, and utilization review of health care services,
200 including the review of medical necessity, case management, and
201 other managed care provisions.

202 (4) The coverage required pursuant to subsection (2) may
203 not be subject to dollar limits, deductibles, or coinsurance
204 provisions that are less favorable to a subscriber than the
205 dollar limits, deductibles, or coinsurance provisions that apply
206 to physical illnesses that are generally covered under the
207 subscriber's contract, except as otherwise provided in
208 subsection (3).

209 (5) A health maintenance organization may not deny or
210 refuse to issue coverage for medically necessary services,
211 refuse to contract with, or refuse to renew or reissue or

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212 otherwise terminate or restrict coverage for an individual
213 solely because the individual is diagnosed as having a
214 developmental disability.

215 (6) The treatment plan required pursuant to subsection (3)
216 shall include, but is not limited to, a diagnosis, the proposed
217 treatment by type, the frequency and duration of treatment, the
218 anticipated outcomes stated as goals, the frequency with which
219 the treatment plan will be updated, and the signature of the
220 treating physician.

221 (7) Beginning January 1, 2011, the maximum benefit under
222 paragraph (3)(b) shall be adjusted annually on January 1 of each
223 calendar year to reflect any change from the previous year in
224 the medical component of the then current Consumer Price Index
225 for all urban consumers, published by the Bureau of Labor
226 Statistics of the United States Department of Labor.

227 (8) The Office of Insurance Regulation may not enforce
228 this section against a health maintenance organization that is a
229 signatory no later than July 1, 2009, to the developmental
230 disabilities compact established under s. 624.916. The Office of
231 Insurance Regulation shall enforce this section against a health
232 maintenance organization that is a signatory to the compact
233 established under s. 624.916 if the health maintenance
234 organization has not complied with the terms of the compact for
235 all health maintenance contracts by July 1, 2010.

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

Remove lines 891-929 and insert:

Legislature; creating s. 624.916, F.S.; directing the Office of Insurance Regulation to establish a workgroup to develop and execute a compact relating to coverage for insured persons with development disabilities; providing for membership of the workgroup; requiring the workgroup to convene within a specified period of time; directing the office to establish a consumer advisory workgroup and providing purpose thereof; requiring the compact to contain specified components; requiring reports to the Governor and the Legislature; creating s. 627.6686, F.S.; providing health insurance coverage for individuals with developmental disabilities; providing definitions; providing coverage for certain screening to diagnose and treat developmental disabilities; providing limitations on coverage; providing for eligibility standards for benefits and coverage; prohibiting insurers from denying coverage under certain circumstances; specifying required elements of a treatment plan; providing, beginning January 1, 2011, that the maximum benefit shall be adjusted annually; clarifying that the section may not be construed as limiting benefits and coverage otherwise available to an insured under a health insurance plan; prohibiting the Office of Insurance Regulation from enforcing certain provisions against insurers that are signatories to the developmental disabilities compact by a specified date; creating s. 641.31098, F.S.; providing coverage under a health

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268 maintenance contract for individuals with developmental
269 disabilities; providing definitions; providing coverage for
270 certain screening to diagnose and treat developmental
271 disabilities; providing limitations on coverage; providing for
272 eligibility standards for benefits and coverage; prohibiting
273 health maintenance organizations from denying coverage under
274 certain circumstances; specifying required elements of a
275 treatment plan; providing, beginning January 1, 2011, that the
276 maximum benefit shall be adjusted annually; prohibiting the
277 Office of Insurance Regulation from enforcing certain provisions
278 against health maintenance organizations that are signatories to
279 the developmental disabilities compact by a specified date;
280 providing an effective date.

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