

HB 1167

2010

1 A bill to be entitled

2 An act relating to renal disease; creating s. 627.64081,
3 F.S.; providing legislative intent; prohibiting an insurer
4 that covers dialysis treatment for patients who have end-
5 stage renal disease from requiring an insured to travel
6 more than a certain number of minutes to obtain dialysis
7 treatment or from requiring an insured to change to
8 another dialysis provider; prohibiting an insurer that
9 provides coverage for dialysis treatment from shifting the
10 responsibility for reimbursement in coverage type to
11 another payer; requiring such insurer to provide written
12 notice of any change in covered services, network access,
13 reimbursement, or patient liability for dialysis or
14 related services; prohibiting an insurer from requiring
15 prior authorization for dialysis services more than a
16 certain number of times each year; providing a definition;
17 providing that the Insurance Code applies to violations of
18 the act; providing that the act does not apply to benefits
19 provided under Medicaid and other governmental programs;
20 amending ss. 627.662 and 641.31, F.S.; providing that the
21 provisions of the act governing dialysis treatment for
22 certain patients apply to group health insurance, blanket
23 health insurance, franchise health insurance, and health
24 maintenance contracts; providing an effective date.

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

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28 Section 1. Section 627.64081, Florida Statutes, is created

29 | to read:

30 | 627.64081 Chronic renal disease.—

31 | (1) Chronic renal disease is a life-threatening condition
 32 | requiring frequent and complex treatment. Access to dialysis
 33 | treatment is life sustaining and can prevent more expensive
 34 | complications and treatments. Due to the unique nature of
 35 | dialysis treatment and the limited responsibility of private
 36 | payers for these services, the Legislature intends that persons
 37 | who have chronic renal disease be provided protections under the
 38 | law to ensure access to the care they need for survival.

39 | (2) Any insurer that offers a health benefit plan that
 40 | provides coverage for dialysis treatment for patients suffering
 41 | from end-stage renal disease may not require, as a condition of
 42 | coverage or reimbursement, an insured to:

43 | (a) Travel more than 30 minutes, under normal
 44 | circumstances, from the insured's home in order to obtain the
 45 | needed dialysis treatment modality, or, if the nearest access to
 46 | the modality is located more than 30 minutes from the insured's
 47 | home, to travel a greater distance than the distance to the
 48 | nearest location to obtain that dialysis treatment; or

49 | (b) Change to another dialysis provider.

50 | (3) During the maximum coordination-of-benefits period,
 51 | any insurer that offers a health benefit plan that provides
 52 | coverage for dialysis treatment for patients suffering from end-
 53 | stage renal disease:

54 | 1. May not take any action that could shift the primary
 55 | responsibility for reimbursement in coverage type from the
 56 | insurer to another payer, including, but not limited to,

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57 Medicare, Medicaid, or any other governmental program.

58 2. Shall provide written notice to an existing insured
59 patient and to the provider of any change in covered services,
60 network access, reimbursement, or patient liability for dialysis
61 or related services by certified mail at least 12 months before
62 the effective date of such proposed change.

63 3. May not require prior authorization for dialysis
64 services more than twice a year. Such authorization shall, in
65 each instance, be inclusive of all necessary components of
66 clinical treatment as prescribed by the insured's physician.

67
68 As used in this subsection, the term "coordination-of-benefits
69 period" means the length of time during which an employer-
70 sponsored, union-sponsored, or any other health benefit plan is
71 the primary payer and Medicare is the secondary payer for health
72 coverage for a person who has end-stage renal disease and is
73 eligible for Medicare on the basis of the end-stage renal
74 disease.

75 (4) Chapter 624 applies to violations under this section.

76 (5) This section does not apply to benefits provided
77 through Medicaid or other governmental programs.

78 Section 2. Subsection (15) is added to section 627.662,
79 Florida Statutes, to read:

80 627.662 Other provisions applicable.—The following
81 provisions apply to group health insurance, blanket health
82 insurance, and franchise health insurance:

83 (15) Section 627.64081, relating to dialysis treatment for
84 insureds suffering from end-stage renal disease.

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85 Section 3. Subsection (44) is added to section 641.31,
86 Florida Statutes, to read:

87 641.31 Health maintenance contracts.—

88 (44) A health maintenance contract that provides coverage
89 for dialysis treatment for patients suffering from end-stage
90 renal disease must comply with s. 627.64081, and the penalty
91 provisions of this chapter apply to this subsection.

92 Section 4. This act shall take effect October 1, 2010.