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1 A bill to be entitled
2 An act relating to health insurance; creating s.
3 627.64195, F.S.; requiring individual accident or health
4 insurance policies to provide certain coverage for
5 orthoses and prostheses and orthotics and prosthetics;
6 providing requirements and limitations; specifying
7 deductible and copayment requirements; authorizing
8 insurers to specify certain benefits limitations;
9 providing for nonapplication to certain policy coverages;
10 creating s. 627.66915, F.S.; requiring group, blanket, or
11 franchise accident or health insurance policies to provide
12 coverage for orthoses and prostheses and orthotics and
13 prosthetics; providing requirements and limitations;
14 specifying deductible and copayment requirements;
15 authorizing insurers to specify certain benefits
16 limitations; providing for nonapplication to certain
17 policy coverages; amending s. 641.31, F.S.; requiring
18 health maintenance contracts to provide coverage for
19 orthoses and prostheses and orthotics and prosthetics;
20 providing requirements and limitations; specifying
21 deductible and copayment requirements; authorizing health
22 maintenance organizations to specify certain benefits
23 limitations; providing for nonapplication to certain
24 contract coverages; providing an effective date.

25
26 Be It Enacted by the Legislature of the State of Florida:
27

28 Section 1. Section 627.64195, Florida Statutes, is created
 29 to read:

30 627.64195 Coverage for orthoses and prostheses and
 31 orthotics and prosthetics.-

32 (1) (a) Each accident or health insurance policy issued,
 33 amended, delivered, or renewed in this state on or after January
 34 1, 2012, that provides medical coverage that includes coverage
 35 for physician services in a physician's office and each accident
 36 or health insurance policy that provides major medical or
 37 similar comprehensive type coverage must provide coverage for
 38 benefits for orthoses and prostheses as defined in s. 468.80 and
 39 orthotics and prosthetics as defined in s. 468.80 that equal
 40 those benefits provided for under federal laws for health
 41 insurance for the aged and disabled pursuant to 42 U.S.C. ss.
 42 1395k, 1395l, and 1395m and 42 C.F.R. ss. 414.202, 414.210,
 43 414.228, and 410.100 as applicable to this section.

44 (b)1. The coverage is subject to the deductible and
 45 coinsurance provisions applicable to outpatient visits and is
 46 also subject to all other terms and conditions applicable to
 47 other benefits.

48 2. Every insurer subject to the requirements of this
 49 section shall make available to the policyholder as part of the
 50 application, for an appropriate additional premium, the coverage
 51 required in this section without such coverage being subject to
 52 the deductible or coinsurance provisions of the policy.

53 (2) An accident or health insurance policy may require
 54 prior authorization for orthoses and prostheses and orthotics
 55 and prosthetics in the same manner that prior authorization is

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56 required for any other covered benefit.

57 (3) (a) Covered benefits for orthoses or prostheses shall
 58 be limited to the most appropriate model that adequately meets
 59 the medical needs of the patient as determined by the insured's
 60 treating physician.

61 (b) The repair and replacement of orthoses or prostheses
 62 also shall be covered subject to copayments and deductibles,
 63 unless necessitated by misuse or loss.

64 (4) An insurer may require, if coverage is provided
 65 through a managed care plan, that benefits mandated pursuant to
 66 this section be covered benefits only if the orthoses or
 67 prostheses are provided by a vendor and orthotics or prosthetics
 68 are rendered by an orthotist or prosthetist as defined in s.
 69 468.80.

70 (5) This section does not apply to insurance coverage
 71 providing benefits for hospital confinement indemnity,
 72 disability income, accident only, long-term care, Medicare
 73 supplement, limited benefit health, specified disease indemnity,
 74 sickness or bodily injury or death by accident or both, and
 75 other limited benefit policies.

76 Section 2. Section 627.66915, Florida Statutes, is created
 77 to read:

78 627.66915 Coverage for orthoses and prostheses and
 79 orthotics and prosthetics.—

80 (1) (a) Each group, blanket, or franchise accident or
 81 health insurance policy issued, amended, delivered, or renewed
 82 in this state on or after January 1, 2012, that provides medical
 83 coverage that includes coverage for physician services in a

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84 physician's office and each such policy that provides major
85 medical or similar comprehensive type coverage must provide
86 coverage for benefits for orthoses and prostheses as defined in
87 s. 468.80 and orthotics and prosthetics as defined in s. 468.80
88 that equal those benefits provided for under federal laws for
89 health insurance for the aged and disabled pursuant to 42 U.S.C.
90 ss. 1395k, 1395l, and 1395m and 42 C.F.R. ss. 414.202, 414.210,
91 414.228, and 410.100 as applicable to this section.

92 (b)1. The coverage is subject to the deductible and
93 coinsurance provisions applicable to outpatient visits and is
94 also subject to all other terms and conditions applicable to
95 other benefits.

96 2. Every insurer subject to the requirements of this
97 section shall make available to the policyholder as part of the
98 application, for an appropriate additional premium, the coverage
99 required in this section without such coverage being subject to
100 the deductible or coinsurance provisions of the policy.

101 (2) A group, blanket, or franchise accident or health
102 insurance policy may require prior authorization for orthoses
103 and prostheses and orthotics and prosthetics in the same manner
104 that prior authorization is required for any other covered
105 benefit.

106 (3) (a) Covered benefits for orthoses or prostheses shall
107 be limited to the most appropriate model that adequately meets
108 the medical needs of the patient as determined by the insured's
109 treating physician.

110 (b) The repair and replacement of orthoses or prostheses
111 also shall be covered subject to copayments and deductibles,

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112 unless necessitated by misuse or loss.

113 (4) An insurer may require, if coverage is provided
 114 through a managed care plan, that benefits mandated pursuant to
 115 this section be covered benefits only if the orthoses or
 116 prostheses are provided by a vendor and orthotics or prosthetics
 117 are rendered by an orthotist or prosthetist as defined in s.
 118 468.80.

119 (5) This section does not apply to insurance coverage
 120 providing benefits for hospital confinement indemnity,
 121 disability income, accident only, long-term care, Medicare
 122 supplement, limited benefit health, specified disease indemnity,
 123 sickness or bodily injury or death by accident or both, and
 124 other limited benefit policies.

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

127 641.31 Health maintenance contracts.—

128 (44) (a) Each health maintenance contract issued, amended,
 129 delivered, or renewed in this state on or after January 1, 2012,
 130 that provides medical coverage that includes coverage for
 131 physician services in a physician's office and each contract,
 132 plan, or policy that provides major medical or similar
 133 comprehensive type coverage must provide coverage for benefits
 134 for orthoses and prostheses as defined in s. 468.80 and
 135 orthotics and prosthetics as defined in s. 468.80 that equal
 136 those benefits provided for under federal laws for health
 137 insurance for the aged and disabled pursuant to 42 U.S.C. ss.
 138 1395k, 1395l, and 1395m and 42 C.F.R. ss. 414.202, 414.210,
 139 414.228, and 410.100 as applicable to this subsection.

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140 (b)1. The coverage is subject to the deductible and
141 coinsurance provisions applicable to outpatient visits and is
142 also subject to all other terms and conditions applicable to
143 other benefits.

144 2. Every health maintenance organization subject to the
145 requirements of this subsection shall make available to the
146 subscriber as part of the application, for an appropriate
147 additional premium, the coverage required in this subsection
148 without such coverage being subject to the deductible or
149 coinsurance provisions of the contract.

150 (c) A health maintenance contract may require prior
151 authorization for orthoses and prostheses and orthotics and
152 prosthetics in the same manner that prior authorization is
153 required for any other covered benefit.

154 (d)1. Covered benefits for orthoses or prostheses shall be
155 limited to the most appropriate model that adequately meets the
156 medical needs of the patient as determined by the insured's
157 treating physician.

158 2. The repair and replacement of orthoses or prostheses
159 also shall be covered subject to copayments and deductibles,
160 unless necessitated by misuse or loss.

161 (e) A health maintenance contract may require that
162 benefits mandated pursuant to this subsection be covered
163 benefits only if the orthoses or prostheses are provided by a
164 vendor and orthotics or prosthetics are rendered by a orthotist
165 or prosthetist as defined in s. 468.80.

166 (f) This subsection does not apply to insurance coverage
167 providing benefits for hospital confinement indemnity,

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168 | disability income, accident only, long-term care, Medicare
169 | supplement, limited benefit health, specified disease indemnity,
170 | sickness or bodily injury or death by accident or both, and
171 | other limited benefit policies.

172 | Section 4. This act shall take effect July 1, 2011.