

HB 901

2012

1 A bill to be entitled
2 An act relating to health insurance; creating s.
3 627.64194, F.S.; requiring individual accident or
4 health insurance policies to provide certain coverage
5 for orthoses and prostheses and orthotics and
6 prosthetics; providing requirements and limitations;
7 specifying deductible and copayment requirements;
8 authorizing insurers to specify certain benefits
9 limitations; providing for nonapplication to certain
10 policy coverages; creating s. 627.66915, F.S.;
11 requiring group, blanket, or franchise accident or
12 health insurance policies to provide coverage for
13 orthoses and prostheses and orthotics and prosthetics;
14 providing requirements and limitations; specifying
15 deductible and copayment requirements; authorizing
16 insurers to specify certain benefits limitations;
17 providing for nonapplication to certain policy
18 coverages; amending s. 641.31, F.S.; requiring health
19 maintenance contracts to provide coverage for orthoses
20 and prostheses and orthotics and prosthetics;
21 providing requirements and limitations; specifying
22 deductible and copayment requirements; authorizing
23 health maintenance organizations to specify certain
24 benefits limitations; providing for nonapplication to
25 certain contract coverages; providing an effective
26 date.

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

Page 1 of 7

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

hb0901-00

HB 901

2012

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Section 1. Section 627.64194, Florida Statutes, is created to read:

627.64194 Coverage for orthoses and prostheses and orthotics and prosthetics.—

(1) (a) Each accident or health insurance policy issued, amended, delivered, or renewed in this state on or after January 1, 2013, that provides medical coverage that includes coverage for physician services in a physician's office and each accident or health insurance policy that provides major medical or similar comprehensive type coverage must provide coverage for benefits for orthoses and prostheses as defined in s. 468.80 and orthotics and prosthetics as defined in s. 468.80 that equal those benefits provided for under federal laws for health insurance for the aged and disabled pursuant to 42 U.S.C. ss. 1395k, 1395l, and 1395m and 42 C.F.R. ss. 414.202, 414.210, 414.228, and 410.100 as applicable to this section.

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

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

(2) An accident or health insurance policy may require prior authorization for orthoses and prostheses and orthotics

HB 901

2012

57 and prosthetics in the same manner that prior authorization is
 58 required for any other covered benefit.

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

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

66 (4) An insurer may require, if coverage is provided
 67 through a managed care plan, that benefits mandated pursuant to
 68 this section be covered benefits only if the orthoses or
 69 prostheses are provided by a vendor and orthotics or prosthetics
 70 are rendered by an orthotist or prosthetist as defined in s.
 71 468.80.

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

78 Section 2. Section 627.66915, Florida Statutes, is created
 79 to read:

80 627.66915 Coverage for orthoses and prostheses and
 81 orthotics and prosthetics.—

82 (1) (a) Each group, blanket, or franchise accident or
 83 health insurance policy issued, amended, delivered, or renewed
 84 in this state on or after January 1, 2013, that provides medical

HB 901

2012

85 coverage that includes coverage for physician services in a
86 physician's office and each such policy that provides major
87 medical or similar comprehensive type coverage must provide
88 coverage for benefits for orthoses and prostheses as defined in
89 s. 468.80 and orthotics and prosthetics as defined in s. 468.80
90 that equal those benefits provided for under federal laws for
91 health insurance for the aged and disabled pursuant to 42 U.S.C.
92 ss. 1395k, 1395l, and 1395m and 42 C.F.R. ss. 414.202, 414.210,
93 414.228, and 410.100 as applicable to this section.

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

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

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

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

112 (b) The repair and replacement of orthoses or prostheses

HB 901

2012

113 shall also be covered subject to copayments and deductibles,
 114 unless necessitated by misuse or loss.

115 (4) An insurer may require, if coverage is provided
 116 through a managed care plan, that benefits mandated pursuant to
 117 this section be covered benefits only if the orthoses or
 118 prostheses are provided by a vendor and orthotics or prosthetics
 119 are rendered by an orthotist or prosthetist as defined in s.
 120 468.80.

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

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

129 641.31 Health maintenance contracts.—

130 (44) (a) Each health maintenance contract issued, amended,
 131 delivered, or renewed in this state on or after January 1, 2013,
 132 that provides medical coverage that includes coverage for
 133 physician services in a physician's office and each contract,
 134 plan, or policy that provides major medical or similar
 135 comprehensive type coverage must provide coverage for benefits
 136 for orthoses and prostheses as defined in s. 468.80 and
 137 orthotics and prosthetics as defined in s. 468.80 that equal
 138 those benefits provided for under federal laws for health
 139 insurance for the aged and disabled pursuant to 42 U.S.C. ss.
 140 1395k, 1395l, and 1395m and 42 C.F.R. ss. 414.202, 414.210,

HB 901

2012

141 414.228, and 410.100 as applicable to this subsection.

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

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

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

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

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

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

HB 901

2012

168 (f) This subsection does not apply to insurance coverage
169 providing benefits for hospital confinement indemnity,
170 disability income, accident only, long-term care, Medicare
171 supplement, limited benefit health, specified disease indemnity,
172 sickness or bodily injury or death by accident or both, and
173 other limited benefit policies.

174 Section 4. This act shall take effect July 1, 2012.