

By Senator Legg

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1 A bill to be entitled

2 An act relating to health insurance; amending ss.
3 627.6471 and 641.31, F.S.; requiring health insurers
4 and health maintenance organizations to allow an
5 insured to continue to use the services of preferred
6 providers or network providers on the list of
7 preferred providers or network providers at the time
8 of the insured's enrollment for a minimum period of
9 time; requiring health maintenance organizations to
10 provide subscribers with a current list of network
11 providers and make the list available for public
12 inspection at certain times and places; requiring
13 health insurers and health maintenance organizations
14 to pay certain providers who have been terminated from
15 a panel for health services provided to insureds under
16 certain circumstances; providing an effective date.

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

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20 Section 1. Subsection (2) of section 627.6471, Florida
21 Statutes, is amended to read:

22 627.6471 Contracts for reduced rates of payment;
23 limitations; coinsurance and deductibles.—

24 (2) Any insurer issuing a policy of health insurance in
25 this state, which insurance includes coverage for the services
26 of a preferred provider, must provide each policyholder and
27 certificateholder with a current list of preferred providers and
28 must make the list available for public inspection during
29 regular business hours at the principal office of the insurer

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30 within the state. An insurer must:

31 (a) Allow any policyholder or certificateholder to continue
32 to use the services of any provider on the preferred provider
33 list on the date of the policyholder's or certificateholder's
34 enrollment for at least 1 year after the date of enrollment.

35 (b) Pay any provider who has been terminated from the panel
36 without cause for covered services rendered by the provider to a
37 policyholder or certificateholder who continues to use the
38 services of the provider during the minimum period authorized
39 under paragraph (a). Payment to a terminated provider under this
40 paragraph must be made by an insurer in accordance with the
41 terms of the provider contract in effect on the date of the
42 provider's termination.

43 Section 2. Subsection (44) is added to section 641.31,
44 Florida Statutes, to read:

45 641.31 Health maintenance contracts.—

46 (44) A health maintenance organization must provide each
47 subscriber with a current list of network providers and must
48 make the list available for public inspection during regular
49 business hours at the principal office of the health maintenance
50 organization within the state. A health maintenance organization
51 must:

52 (a) Allow any subscriber to continue to use the services of
53 any provider on the network provider list on the date of the
54 subscriber's enrollment for at least 1 year after the date of
55 enrollment.

56 (b) Pay any provider who has been terminated from the panel
57 without cause for covered services rendered by the provider to a
58 subscriber who continues to use the services of the provider

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59 during the minimum period authorized under paragraph (a).
60 Payment to a terminated provider under this paragraph must be
61 made by a health maintenance organization in accordance with the
62 terms of the provider contract in effect on the date of the
63 provider's termination.

64 Section 3. This act shall take effect October 1, 2013.