

By Senator Sobel

33-01220-15

20151440__

1 A bill to be entitled
2 An act relating to health care; amending s. 381.026,
3 F.S.; revising patient responsibilities contained in
4 the Florida Patient's Bill of Rights and
5 Responsibilities; specifying that a patient is
6 responsible for reviewing a document, presented upon
7 admission for treatment, indicating that the patient
8 may be charged for out-of-network physician services;
9 amending s. 395.301, F.S.; requiring a health care
10 provider or facility to present patients with a
11 document advising them that they may be charged for
12 out-of-network physician services; creating ss.
13 627.64194 and 627.66915, F.S., and amending s. 641.31,
14 F.S.; requiring individual accident or health
15 insurance policies, group, blanket, or franchise
16 accident or health insurance policies, and managed
17 care plans to evaluate and review coverage for
18 orthotics and prosthetics and orthoses and prostheses;
19 providing requirements and limitations; specifying
20 deductible and copayment recommendations; authorizing
21 insurers to define certain benefits limitations;
22 providing for nonapplication to certain policy
23 coverages; providing an effective date.

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

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27 Section 1. Subsection (6) of section 381.026, Florida
28 Statutes, is amended to read:

29 381.026 Florida Patient's Bill of Rights and

33-01220-15

20151440__

30 Responsibilities.—

31 (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health care
32 provider who treats a patient in an office or any health care
33 facility licensed under chapter 395 that provides emergency
34 services and care or outpatient services and care to a patient,
35 or admits and treats a patient, shall adopt and make available
36 to the patient, in writing, a statement of the rights and
37 responsibilities of patients, including the following:

38 SUMMARY OF THE FLORIDA PATIENT'S BILL
39 OF RIGHTS AND RESPONSIBILITIES

40 Florida law requires that your health care provider or
41 health care facility recognize your rights while you are
42 receiving medical care and that you respect the health care
43 provider's or health care facility's right to expect certain
44 behavior on the part of patients. You may request a copy of the
45 full text of this law from your health care provider or health
46 care facility. A summary of your rights and responsibilities
47 follows:

48 A patient has the right to be treated with courtesy and
49 respect, with appreciation of his or her individual dignity, and
50 with protection of his or her need for privacy.

51 A patient has the right to a prompt and reasonable response
52 to questions and requests.

53 A patient has the right to know who is providing medical
54 services and who is responsible for his or her care.

55 A patient has the right to know what patient support
56 services are available, including whether an interpreter is
57 available if he or she does not speak English.

58 A patient has the right to know what rules and regulations

33-01220-15

20151440__

59 apply to his or her conduct.

60 A patient has the right to be given by the health care
61 provider information concerning diagnosis, planned course of
62 treatment, alternatives, risks, and prognosis.

63 A patient has the right to refuse any treatment, except as
64 otherwise provided by law.

65 A patient has the right to be given, upon request, full
66 information and necessary counseling on the availability of
67 known financial resources for his or her care.

68 A patient who is eligible for Medicare has the right to
69 know, upon request and in advance of treatment, whether the
70 health care provider or health care facility accepts the
71 Medicare assignment rate.

72 A patient has the right to receive, upon request, prior to
73 treatment, a reasonable estimate of charges for medical care.

74 A patient has the right to receive a copy of a reasonably
75 clear and understandable, itemized bill and, upon request, to
76 have the charges explained.

77 A patient has the right to impartial access to medical
78 treatment or accommodations, regardless of race, national
79 origin, religion, handicap, or source of payment.

80 A patient has the right to treatment for any emergency
81 medical condition that will deteriorate from failure to provide
82 treatment.

83 A patient has the right to know if medical treatment is for
84 purposes of experimental research and to give his or her consent
85 or refusal to participate in such experimental research.

86 A patient has the right to express grievances regarding any
87 violation of his or her rights, as stated in Florida law,

33-01220-15

20151440__

88 through the grievance procedure of the health care provider or
89 health care facility which served him or her and to the
90 appropriate state licensing agency.

91 A patient is responsible for providing to the health care
92 provider, to the best of his or her knowledge, accurate and
93 complete information about present complaints, past illnesses,
94 hospitalizations, medications, and other matters relating to his
95 or her health.

96 A patient is responsible for reporting unexpected changes
97 in his or her condition to the health care provider.

98 A patient who is admitted for treatment is responsible for
99 reviewing the document required to be presented upon admission,
100 indicating that the patient may be charged for out-of-network
101 physician services.

102 A patient is responsible for reporting to the health care
103 provider whether he or she comprehends a contemplated course of
104 action and what is expected of him or her.

105 A patient is responsible for following the treatment plan
106 recommended by the health care provider.

107 A patient is responsible for keeping appointments and, when
108 he or she is unable to do so for any reason, for notifying the
109 health care provider or health care facility.

110 A patient is responsible for his or her actions if he or
111 she refuses treatment or does not follow the health care
112 provider's instructions.

113 A patient is responsible for assuring that the financial
114 obligations of his or her health care are fulfilled as promptly
115 as possible.

116 A patient is responsible for following health care facility

33-01220-15

20151440__

117 rules and regulations affecting patient care and conduct.

118 Section 2. Subsection (5) of section 395.301, Florida
119 Statutes, is amended to read:

120 395.301 Itemized patient bill; form and content prescribed
121 by the agency.—

122 (5) In any billing for services subsequent to the initial
123 billing for such services, the patient, or the patient's
124 survivor or legal guardian, may elect, at his or her option, to
125 receive a copy of the detailed statement of specific services
126 received and expenses incurred for each such item of service as
127 provided in subsection (1). Before services are rendered, a
128 patient must be presented with a document indicating that the
129 patient may be charged for out-of-network physician services.
130 The patient may sign the document, thereby indicating that he or
131 she has reviewed the information contained therein, or, if the
132 patient declines to sign, the medical facility employee who
133 presents the document to the patient may sign the document to
134 verify that the patient was presented with that information.

135 Section 3. Section 627.64194, Florida Statutes, is created
136 to read:

137 627.64194 Coverage for orthotics and prosthetics and
138 orthoses and prostheses.—Each accident or health insurance
139 policy issued, amended, delivered, or renewed in this state on
140 or after July 1, 2016, which provides medical coverage that
141 includes physician services in a physician's office and which
142 provides major medical or similar comprehensive type coverage
143 must evaluate and review coverage for orthotics and prosthetics
144 and orthoses and prostheses as those terms are defined in s.
145 468.80. Such evaluation and review must compare the coverage

33-01220-15

20151440__

146 provided under federal law by health insurance for the aged and
147 disabled pursuant to 42 U.S.C. ss. 1395k, 1395l, and 1395m and
148 42 C.F.R. ss. 410.100, 414.202, 414.210, and 414.228, and as
149 applicable to this section.

150 (1) The insurance policy may require recommendations for
151 orthotics and prosthetics and orthoses and prostheses in the
152 same manner that prior authorization is required for any other
153 covered benefit.

154 (2) Recommended benefits for orthoses or prostheses are
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. Subject to copayments and deductibles, the
158 repair and replacement of orthoses or prostheses are also
159 recommended unless necessitated by misuse or loss.

160 (3) An insurer may require that benefits recommended
161 pursuant to this section be covered benefits only if orthotics
162 or prosthetics are rendered by an orthotist or prosthetist and
163 the orthoses or prostheses are provided by a vendor.

164 (4) This section does not apply to insurance coverage
165 recommended benefits for hospital confinement indemnity,
166 disability income, accident only, long-term care, Medicare
167 supplement, limited benefit health, specified disease indemnity,
168 sickness or bodily injury or death by accident or both, and
169 other limited benefit policies.

170 Section 4. Section 627.66915, Florida Statutes, is created
171 to read:

172 627.66915 Recommended coverage for orthoses and prostheses
173 and orthotics and prosthetics.—Each group, blanket, or franchise
174 accident or health insurance policy issued, amended, delivered,

33-01220-15

20151440__

175 or renewed in this state on or after July 1, 2016, which
176 recommends coverage for physician services in a physician's
177 office and which provides major medical or similar comprehensive
178 type coverage must recommend coverage for orthotics and
179 prosthetics and orthoses and prostheses as those terms are
180 defined in s. 468.80. Such recommendation must equal the
181 coverage provided under federal law by health insurance for the
182 aged and disabled pursuant to 42 U.S.C. ss. 1395k, 1395l, and
183 1395m and 42 C.F.R. ss. 410.100, 414.202, 414.210, and 414.228,
184 and as applicable to this section.

185 (1) The recommended coverage is subject to the deductible
186 and coinsurance provisions applicable to outpatient visits and
187 to all other terms and conditions applicable to other benefits.

188 (2) For an appropriate additional premium, an insurer
189 subject to this section shall make available to the
190 policyholder, as part of the application, the recommended
191 coverage in this section without such coverage being subject to
192 the deductible or coinsurance provisions of the policy.

193 (3) The insurance policy may recommend prior authorization
194 for orthotics and prosthetics and orthoses and prostheses in the
195 same manner that prior authorization is recommended for any
196 other covered benefit.

197 (4) Recommended benefits for orthoses or prostheses are
198 limited to the most appropriate model that adequately meets the
199 medical needs of the patient as determined by the insured's
200 treating physician. Subject to copayments and deductibles, the
201 repair and replacement of orthoses or prostheses are also
202 recommended, unless necessitated by misuse or loss.

203 (5) An insurer may recommend that benefits evaluated and

33-01220-15

20151440__

204 reviewed pursuant to this section be recommended benefits only
205 if orthotics or prosthetics are rendered by an orthotist or
206 prosthetist and the orthoses or prostheses are provided by a
207 vendor.

208 (6) This section does not apply to insurance
209 recommendations providing benefits for hospital confinement
210 indemnity, disability income, accident only, long-term care,
211 Medicare supplement, limited benefit health, specified disease
212 indemnity, sickness or bodily injury or death by accident or
213 both, and other limited benefit policies.

214 Section 5. Subsection (44) is added to section 641.31,
215 Florida Statutes, to read:

216 641.31 Health maintenance contracts.—

217 (44) Each health maintenance contract issued, amended,
218 delivered, or renewed in this state on or after July 1, 2016,
219 which recommends medical coverage that includes physician
220 services in a physician's office and that recommends major
221 medical or similar comprehensive type coverage must evaluate and
222 review coverage for orthotics and prosthetics and orthoses and
223 prostheses as those terms are defined in s. 468.80. Such
224 recommended coverage must equal the coverage provided under
225 federal law by health insurance for the aged and disabled
226 pursuant to 42 U.S.C. ss. 1395k, 1395l, and 1395m and 42 C.F.R.
227 ss. 410.100, 414.202, 414.210, and 414.228, and as applicable to
228 this section.

229 (a) The recommendation is subject to the deductible and
230 coinsurance provisions applicable to outpatient visits and to
231 all other terms and conditions applicable to other benefits.

232 (b) For an appropriate additional premium, a health

33-01220-15

20151440__

233 maintenance organization subject to this subsection shall
234 recommend to the subscriber, as part of the application, the
235 coverage required in this subsection without such coverage being
236 subject to the deductible or coinsurance provisions of the
237 contract.

238 (c) A health maintenance contract may require prior
239 authorization for orthotics and prosthetics and orthoses and
240 prostheses in the same manner that prior authorization is
241 required for any other recommended benefit.

242 (d) Recommended benefits for orthoses or prostheses are
243 limited to the most appropriate model that adequately meets the
244 medical needs of the patient as determined by the insured's
245 treating physician. Subject to copayments and deductibles, the
246 repair and replacement of orthoses or prostheses are also
247 recommended, unless necessitated by misuse or loss.

248 (e) A health maintenance contract may require that benefits
249 recommended pursuant to this subsection be recommended benefits
250 only if orthotics or prosthetics are rendered by an orthotist or
251 prosthetist and the orthoses or prostheses are provided by a
252 vendor.

253 (f) This subsection does not apply to insurance coverage
254 providing benefits for hospital confinement indemnity,
255 disability income, accident only, long-term care, Medicare
256 supplement, limited benefit health, specified disease indemnity,
257 sickness or bodily injury or death by accident or both, and
258 other limited benefit policies.

259 Section 6. This act shall take effect July 1, 2016.