

By Senators Bean and Garcia

4-00341C-15

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1 A bill to be entitled
2 An act relating to health insurance coverage for
3 emergency services; creating s. 627.64194, F.S.;
4 defining terms; prohibiting coverage for emergency
5 services from requiring a prior authorization
6 determination; requiring such coverage to be provided
7 regardless of whether the service is furnished by a
8 participating or nonparticipating provider; specifying
9 coinsurance, copayment, limitation of benefits, and
10 reimbursement requirements for nonparticipating
11 providers; prohibiting a nonparticipating provider
12 from collecting or attempting to collect an amount in
13 excess of specified amounts; providing an effective
14 date.

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

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

20 627.64194 Coverage for emergency services.-

21 (1) As used in this section, the term:

22 (a) "Coverage for emergency services" means the coverage
23 provided by a health insurance policy for "emergency services
24 and care" as that term is defined in s. 641.47 or emergency
25 medical transportation services, which include transport by an
26 ambulance, emergency medical services vehicle, or air ambulance,
27 as those terms are defined in s. 401.23.

28 (b) "Participating provider" means a "preferred provider"
29 as defined in s. 627.6471 and an "exclusive provider" as defined

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30 in s. 627.6472.

31 (2) Coverage for emergency services:

32 (a) May not require a prior authorization determination.

33 (b) Must be provided regardless of whether the service is
34 furnished by a participating or nonparticipating provider.

35 (c) May impose a coinsurance amount, copayment, or
36 limitation of benefits requirement for a nonparticipating
37 provider only if the same requirement applies to a participating
38 provider.

39 (d) Must reimburse a nonparticipating provider the greater
40 of the following:

41 1. The amount negotiated with a participating provider or a
42 nonparticipating provider for the service, excluding any
43 coinsurance amount or copayment imposed by a participating
44 provider on the participant, beneficiary, or enrollee.

45 2. The amount calculated under the methodology generally
46 used by the insurer to determine the reimbursement amount to a
47 nonparticipating provider for the service, such as the usual,
48 customary, and reasonable amount, reduced only by a coinsurance
49 amount or copayment that applies to a participating provider.

50 3. The amount that would be paid under Medicare for the
51 service, reduced only by a coinsurance amount or copayment that
52 applies to a participating provider.

53 (3) A nonparticipating provider may not be reimbursed an
54 amount greater than that provided under paragraph (2) (d) and may
55 not collect or attempt to collect, directly or indirectly, any
56 excess amount.

57 Section 2. This act shall take effect October 1, 2015.