

Bill No. SB 318

Barcode 295704

Proposed Committee Substitute by the Committee on Health Care

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A bill to be entitled

An act relating to cystic fibrosis treatment;  
creating s. 627.6614, F.S.; requiring a group  
health insurance policy to cover services  
needed to treat cystic fibrosis as authorized  
by a physician; amending s. 641.31, F.S.;  
requiring a contract by a health maintenance  
organization to cover services needed to treat  
cystic fibrosis as authorized by a physician;  
amending s. 627.6515, F.S., relating to  
out-of-state groups; conforming a  
cross-reference to changes made by the act;  
providing that the act fulfills an important  
state interest; providing an effective date.

WHEREAS, cystic fibrosis is a genetic disease that  
adversely affects the respiratory system and the digestive  
system, and

WHEREAS, only half of those suffering with cystic  
fibrosis live to the age of 32, and

WHEREAS, the treatments for individuals with cystic  
fibrosis include ingesting pancreatic enzymes or a wide  
assortment of nutritional supplements, frequent postural  
draining to clear the respiratory system, or using a feeding  
tube to provide sustenance, and

WHEREAS, insurance companies oftentimes do not fully  
cover the costs associated with treating cystic fibrosis, a  
fatal disease, NOW, THEREFORE,

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

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1 Section 1. Section 627.6614, Florida Statutes, is  
2 created to read:

3 627.6614 Cystic fibrosis treatment services.--A group  
4 health insurance policy sold in this state must provide  
5 coverage for all medically necessary chest physiotherapy  
6 provided by a respiratory therapist licensed under part V of  
7 chapter 468, home health care, equipment, supplies, and  
8 enteral formulas described in s. 627.42395 used to treat  
9 cystic fibrosis if the patient's treating physician or a  
10 physician authorized by the insurer who specializes in the  
11 treatment of cystic fibrosis certifies that such services are  
12 medically necessary. The insurer may require the policyholder  
13 to be responsible for any deductible or copayment that  
14 generally applies under the policy.

15 Section 2. Present subsections (36), (37), (38), (39),  
16 and (40) of section 641.31, Florida Statutes, are redesignated  
17 as subsections (37), (38), (39), (40), and (41), respectively,  
18 and a new subsection (36) is added to that section, to read:

19 641.31 Health maintenance contracts.--  
20 (36) A group health maintenance contract sold in this  
21 state must provide coverage for all medically necessary chest  
22 physiotherapy provided by a respiratory therapist licensed  
23 under part V of chapter 468, home health care, equipment,  
24 supplies, and enteral formulas described in s. 627.42395 used  
25 to treat cystic fibrosis if the patient's treating physician  
26 or a physician authorized by the health maintenance  
27 organization who specializes in the treatment of cystic  
28 fibrosis certifies that such services are medically necessary.  
29 The health maintenance organization may require the subscriber  
30 to be responsible for any deductible or copayment that  
31 generally applies under the contract.

Barcode 295704

1 Section 3. Subsection (2) of section 627.6515, Florida  
2 Statutes, is amended to read:

3 627.6515 Out-of-state groups.--

4 (2) Except as otherwise provided in this part, this  
5 part does not apply to a group health insurance policy issued  
6 or delivered outside this state under which a resident of this  
7 state is provided coverage if:

8 (a) The policy is issued to an employee group the  
9 composition of which is substantially as described in s.  
10 627.653; a labor union group or association group the  
11 composition of which is substantially as described in s.  
12 627.654; an additional group the composition of which is  
13 substantially as described in s. 627.656; a group insured  
14 under a blanket health policy when the composition of the  
15 group is substantially in compliance with s. 627.659; a group  
16 insured under a franchise health policy when the composition  
17 of the group is substantially in compliance with s. 627.663;  
18 an association group to cover persons associated in any other  
19 common group, which common group is formed primarily for  
20 purposes other than providing insurance; a group that is  
21 established primarily for the purpose of providing group  
22 insurance, provided the benefits are reasonable in relation to  
23 the premiums charged thereunder and the issuance of the group  
24 policy has resulted, or will result, in economies of  
25 administration; or a group of insurance agents of an insurer,  
26 which insurer is the policyholder;

27 (b) Certificates evidencing coverage under the policy  
28 are issued to residents of this state and contain in  
29 contrasting color and not less than 10-point type the  
30 following statement: "The benefits of the policy providing  
31 your coverage are governed primarily by the law of a state

Barcode 295704

1 other than Florida"; and

2 (c) The policy provides the benefits specified in ss.  
 3 627.419, 627.6574, 627.6575, 627.6579, 627.6612, 627.66121,  
 4 627.66122, 627.6613, 627.6614, 627.667, 627.6675, 627.6691,  
 5 and 627.66911.

6 (d) Applications for certificates of coverage offered  
 7 to residents of this state must contain, in contrasting color  
 8 and not less than 12-point type, the following statement on  
 9 the same page as the applicant's signature:

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11 "This policy is primarily governed by the laws  
 12 of ...insert state where the master policy if  
 13 filed.... As a result, all of the rating laws  
 14 applicable to policies filed in this state do  
 15 not apply to this coverage, which may result in  
 16 increases in your premium at renewal that would  
 17 not be permissible under a Florida-approved  
 18 policy. Any purchase of individual health  
 19 insurance should be considered carefully, as  
 20 future medical conditions may make it  
 21 impossible to qualify for another individual  
 22 health policy. For information concerning  
 23 individual health coverage under a  
 24 Florida-approved policy, consult your agent or  
 25 the Florida Department of Financial Services."  
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27 This paragraph applies only to group certificates providing  
 28 health insurance coverage which require individualized  
 29 underwriting to determine coverage eligibility for an  
 30 individual or premium rates to be charged to an individual  
 31 except for the following:

Barcode 295704

1           1. Policies issued to provide coverage to groups of  
 2 persons all of whom are in the same or functionally related  
 3 licensed professions, and providing coverage only to such  
 4 licensed professionals, their employees, or their dependents;

5           2. Policies providing coverage to small employers as  
 6 defined by s. 627.6699. Such policies shall be subject to, and  
 7 governed by, the provisions of s. 627.6699;

8           3. Policies issued to a bona fide association, as  
 9 defined by s. 627.6571(5), provided that there is a person or  
 10 board acting as a fiduciary for the benefit of the members,  
 11 and such association is not owned, controlled by, or otherwise  
 12 associated with the insurance company; or

13           4. Any accidental death, accidental death and  
 14 dismemberment, accident-only, vision-only, dental-only,  
 15 hospital indemnity-only, hospital accident-only, cancer,  
 16 specified disease, Medicare supplement, products that  
 17 supplement Medicare, long-term care, or disability income  
 18 insurance, or similar supplemental plans provided under a  
 19 separate policy, certificate, or contract of insurance, which  
 20 cannot duplicate coverage under an underlying health plan,  
 21 coinsurance, or deductibles or coverage issued as a supplement  
 22 to workers' compensation or similar insurance, or automobile  
 23 medical-payment insurance.

24           Section 4. The Legislature finds that this act  
 25 fulfills an important state interest.

26           Section 5. This act shall take effect October 1, 2005,  
 27 and applies to policies and contracts issued or renewed on or  
 28 after that date.

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