

By Senator Altman

24-01567A-10

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1                                   A bill to be entitled  
2       An act relating to renal disease; creating s.  
3       627.64081, F.S.; providing legislative intent;  
4       prohibiting an insurer that covers dialysis treatment  
5       for patients who have end-stage renal disease from  
6       requiring an insured to travel more than a certain  
7       number of minutes to obtain dialysis treatment or from  
8       requiring an insured to change to another dialysis  
9       provider; prohibiting an insurer that provides  
10      coverage for dialysis treatment from shifting the  
11      responsibility for reimbursement in coverage type to  
12      another payer; requiring such insurer to provide  
13      written notice of any change in covered services,  
14      network access, reimbursement, or patient liability  
15      for dialysis or related services; prohibiting an  
16      insurer from requiring prior authorization for  
17      dialysis services more than a certain number of times  
18      each year; providing that the Insurance Code applies  
19      to violations of the act; providing that the act does  
20      not apply to benefits provided under Medicaid and  
21      other governmental programs; amending ss. 627.662 and  
22      641.31, F.S.; providing that the provisions of the act  
23      governing dialysis treatment for certain patients  
24      apply to group health insurance, blanket health  
25      insurance, franchise health insurance, and health  
26      maintenance contracts; providing an effective date.

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28   Be It Enacted by the Legislature of the State of Florida:  
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30 Section 1. Section 627.64081, Florida Statutes, is created  
31 to read:

32 627.64081 Chronic renal disease.-

33 (1) Chronic renal disease is a life-threatening condition  
34 requiring frequent and complex treatment. Access to dialysis  
35 treatment is life sustaining and can prevent more expensive  
36 complications and treatments. Due to the unique nature of  
37 dialysis treatment and the limited responsibility of private  
38 payers for these services, the Legislature intends that persons  
39 who have chronic renal disease be provided protections under the  
40 law to ensure access to the care that they need for survival.

41 (2) Any insurer that offers a health benefit plan that  
42 provides coverage for dialysis treatment for patients suffering  
43 from end-stage renal disease may not require, as a condition of  
44 coverage or reimbursement, an insured to:

45 (a) Travel more than 30 minutes, under normal  
46 circumstances, from the insured's home in order to obtain the  
47 needed dialysis treatment modality, or, if the nearest access to  
48 the modality is located more than 30 minutes from the insured's  
49 home, to travel a greater distance than the distance to the  
50 nearest location to obtain that dialysis treatment; or

51 (b) Change to another dialysis provider.

52 (3) During the maximum coordination-of-benefits period, any  
53 insurer that offers a health benefit plan that provides coverage  
54 for dialysis treatment for patients suffering from end-stage  
55 renal disease:

56 1. May not take any action that could shift the primary  
57 responsibility for reimbursement in coverage type from the  
58 insurer to another payer, including, but not limited to,

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59 Medicare, Medicaid, or any other governmental program.

60 2. Shall provide written notice to an existing insured  
61 patient and to the provider of any change in covered services,  
62 network access, reimbursement, or patient liability for dialysis  
63 or related services by certified mail at least 12 months before  
64 the effective date of such proposed change.

65 3. May not require prior authorization for dialysis  
66 services more than twice a year. Such authorization shall, in  
67 each instance, be inclusive of all necessary components of  
68 clinical treatment as prescribed by the insured's physician.

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70 As used in this subsection, the term "coordination-of-benefits  
71 period" means the length of time during which an employer-  
72 sponsored, union-sponsored, or any other health benefit plan is  
73 the primary payer and Medicare is the secondary payer for health  
74 coverage for a person who has end-stage renal disease and is  
75 eligible for Medicare on the basis of the end-stage renal  
76 disease.

77 (4) Chapter 624 applies to violations under this section.

78 (5) This section does not apply to benefits provided  
79 through Medicaid or other governmental programs.

80 Section 2. Subsection (15) is added to section 627.662,  
81 Florida Statutes, to read:

82 627.662 Other provisions applicable.—The following  
83 provisions apply to group health insurance, blanket health  
84 insurance, and franchise health insurance:

85 (15) Section 627.64081, relating to dialysis treatment for  
86 insureds suffering from end-stage renal disease.

87 Section 3. Subsection (44) is added to section 641.31,

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88 Florida Statutes, to read:

89 641.31 Health maintenance contracts.—

90 (44) A health maintenance contract that provides coverage  
91 for dialysis treatment for patients suffering from end-stage  
92 renal disease must comply with s. 627.64081, and the penalty  
93 provisions of this chapter apply to this subsection.

94 Section 4. This act shall take effect October 1, 2010.