

CHAPTER 97-166

House Bill No. 1785

An act relating to health insurance contracts; amending ss. 627.6416, 627.6579, F.S.; amending the definition of the term “child health supervision services”; amending requirements for such services; providing requirements for the coverage of such services under health insurance policies and under group, blanket, or franchise health insurance policies; amending s. 627.6699, F.S.; authorizing certain small employer carriers to impose certain requirements in participating in, administering, or issuing certain health benefits under certain circumstances; amending s. 641.31, F.S.; providing requirements for health maintenance contracts relating to coverage of newborn children and premiums relating thereto; requiring the continuing coverage, past the usual limiting age, of certain dependent children; requiring health maintenance contracts relating to family coverage to provide specified child health supervision services; providing an effective date.

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

Section 1. Section 627.6416, Florida Statutes, is amended to read:

627.6416 Coverage for child health supervision services.—

(1) All health insurance policies providing coverage on an expense-incurred basis which provide coverage for a member of a family of the insured or subscriber ~~must shall~~, as to such family member’s coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. Such services ~~must shall~~ be exempt from any deductible provisions ~~that are~~ ~~which may be~~ in force in such policies or contracts.

(2) ~~As used in~~ ~~For purposes of~~ this section, the term “child health supervision services” means physician-delivered or physician-supervised services ~~that which shall include, at a as the minimum, benefit coverage for services delivered at the intervals and scope stated in this section.~~

(a) ~~For purposes of this section,~~ Child health supervision services ~~must shall include periodic 18 visits which shall at approximately the following age intervals: birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years. Services to be covered at each visit include a history, a physical examination, and a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. , in keeping with prevailing medical standards.~~

(b) Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit cited in this section.

(3) This section does not apply to disability income, specified disease, Medicare supplement, or hospital indemnity policies.

Section 2. Section 627.6579, Florida Statutes, is amended to read:

627.6579 Coverage for child health supervision services.—

(1) All group, blanket, or franchise health insurance policies providing coverage on an expense-incurred basis which provide coverage for a family member of the certificateholder or subscriber must shall, as to such family member's coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. Such services must shall be exempt from any deductible provisions that are which may be in force in such policies or contracts.

(2) As used in ~~For purposes of~~ this section, the term "child health supervision services" means physician-delivered or physician-supervised services that which shall include, at a as the minimum, benefit coverage for services delivered at the intervals and scope stated in this section.

(a) ~~For purposes of this section,~~ Child health supervision services must shall include periodic 18 visits which shall at approximately the following age intervals: birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years. Services to be covered at each visit include a history, a physical examination, and a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. , in keeping with prevailing medical standards.

(b) Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit cited in this section.

(3) This section does not apply to disability income, specified disease, Medicare supplement, or hospital indemnity policies.

Section 3. Paragraph (h) of subsection (5) of section 627.6699, Florida Statutes, 1996 Supplement, is amended to read:

627.6699 Employee Health Care Access Act.—

(5) AVAILABILITY OF COVERAGE.—

(h) All health benefit plans issued under this section must comply with the following conditions:

1. In determining whether a preexisting condition provision applies to an eligible employee or dependent, credit must be given for the time the person

was covered under qualifying previous coverage if the previous coverage was continuous to a date not more than 30 days prior to the effective date of the new coverage, exclusive of any applicable waiting period under the plan.

2. Late enrollees may be excluded from coverage only for the greater of 18 months or the period of an 18-month preexisting condition exclusion; however, if both a period of exclusion from coverage and a preexisting condition exclusion are applicable to a late enrollee, the combined period may not exceed 18 months after the effective date of coverage. For employers who have fewer than three employees, a late enrollee may be excluded from coverage for no longer than 24 months if he was not covered by qualifying previous coverage continually to a date not more than 30 days before the effective date of his new coverage.

3. Any requirement used by a small employer carrier in determining whether to provide coverage to a small employer group, including requirements for minimum participation of eligible employees and minimum employer contributions, must be applied uniformly among all small employer groups having the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier, except that a small employer carrier that participates in, administers, or issues health benefits pursuant to s. 381.0406 which do not include a preexisting condition exclusion may require as a condition of offering such benefits that the employer has had no health insurance coverage for its employees for a period of at least 6 months. A small employer carrier may vary application of minimum participation requirements and minimum employer contribution requirements only by the size of the small employer group.

4. In applying minimum participation requirements with respect to a small employer, a small employer carrier shall not consider as an eligible employee employees or dependents who have qualifying existing coverage in an employer-based group insurance plan or an ERISA qualified self-insurance plan in determining whether the applicable percentage of participation is met.

5. A small employer carrier shall not increase any requirement for minimum employee participation or any requirement for minimum employer contribution applicable to a small employer at any time after the small employer has been accepted for coverage, unless the employer size has changed, in which case the small employer carrier may apply the requirements that are applicable to the new group size.

6. If a small employer carrier offers coverage to a small employer, it must offer coverage to all the small employer's eligible employees and their dependents. A small employer carrier may not offer coverage limited to certain persons in a group or to part of a group, except with respect to late enrollees.

7. A small employer carrier may not modify any health benefit plan issued to a small employer with respect to a small employer or any eligible employee or dependent through riders, endorsements, or otherwise to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health benefit plan.

8. An initial enrollment period of at least 30 days must be provided. An annual 30-day open enrollment period must be offered to each small employer's eligible employees and their dependents.

Section 4. Subsection (9) of section 641.31, Florida Statutes, 1996 Supplement, is amended, and subsections (29) and (30) are added to that section, to read:

641.31 Health maintenance contracts.—

(9) All health maintenance contracts ~~that which~~ provide coverage, benefits, or services for a member of the family of the subscriber ~~must shall~~, as to such family member's coverage, benefits, or services, provide also that the coverage, benefits, or services applicable for children ~~must shall~~ be provided with respect to a ~~preenrolled~~ newborn child of the subscriber, or covered family member of the subscriber, from the moment of birth. However, with respect to a newborn child of a covered family member other than the spouse of the insured or subscriber, the coverage for the newborn child terminates 18 months after the birth of the newborn child. The coverage, benefits, or services for newborn children must shall consist of coverage for injury or sickness, including the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and transportation costs of the newborn to and from the nearest appropriate facility appropriately staffed and equipped to treat the newborn's condition, when such transportation is certified by the attending physician as medically necessary to protect the health and safety of the newborn child.

(a) A contract may require the subscriber to notify the plan of the birth of a child within a time period, as specified in the contract, of not less than 30 days after the birth, or a contract may require the pre-enrollment of a newborn prior to birth. However, if timely notice is given, a plan may not charge an additional premium for additional coverage of the newborn child for not less than 30 days after the birth of the child. If timely notice is not given, the plan may charge an additional premium from the date of birth. The contract may not deny coverage of the child due to failure of the subscriber to timely notify the plan of the birth of the child or to pre-enroll the child.

(b) If the contract does not require the subscriber to notify the plan of the birth of a child within a specified time period, the plan may not deny coverage of the child nor may it retroactively charge the subscriber an additional premium for the child; however, the contract may prospectively charge the member an additional premium for the child if the plan provides at least 45 days' notice of the additional charge.

(29) If a health maintenance contract provides that coverage of a dependent child of the subscriber will terminate upon attainment of the limiting age for dependent children which is specified in the contract, the contract must also provide in substance that attainment of the limiting age does not terminate the coverage of the child while the child continues to be both:

(a) Incapable of self-sustaining employment by reason of mental retardation or physical handicap, and

(b) Chiefly dependent upon the employee or member for support and maintenance.

If the claim is denied under a contract for the stated reason that the child has attained the limiting age for dependent children specified in the contract the notice or denial must state that the subscriber has the burden of establishing that the child continues to meet the criteria specified in paragraphs (a) and (b).

(30)(a) All health maintenance contracts which provide coverage, benefits, or services for a member of the family of the subscriber must, as to such family member's coverage, benefits, or services, also provide that the benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years.

(b) As used in this subsection, the term "child health supervision services" means physician-delivered or physician-supervised services that include, at a minimum, services delivered at the intervals and scope stated in this subsection.

1. Child health supervision services must include periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Such services and periodic visits shall be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.

2. Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit cited in this subsection.

Section 5. This act shall take effect July 1, 1997.

Approved by the Governor May 29, 1997.

Filed in Office Secretary of State May 29, 1997.