

Committee Substitute for Senate Bill No. 1122

An act relating to health insurance; amending s. 627.638, F.S.; requiring that an insurer make payment to the designated provider of services whenever an insured, using any health insurance claim form, specifically authorizes payment of benefits directly to any recognized hospital, licensed ambulance provider, physician, dentist, or other person who provided the services in accordance with the provisions of the policy; deleting an exception; providing that the insurance contract may not prohibit payment of benefits directly to such providers; requiring that claims forms provide an option for such payment; providing for the repeal of the amendments made by the act if the Office of Program Policy Analysis and Government Accountability finds that such amendments have caused the third-party administrator of the state group health plan to suffer a net loss of physicians and an increase in costs to the plan; providing an effective date.

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

Section 1. Subsection (2) of section 627.638, Florida Statutes, is amended to read:

627.638 Direct payment for hospital, medical services.—

(2) Whenever, in any health insurance claim form, an insured specifically authorizes payment of benefits directly to any recognized hospital, licensed ambulance provider, physician, ~~or dentist, or other person who provided the services in accordance with the provisions of the policy,~~ the insurer shall make such payment to the designated provider of such services, unless otherwise provided in the insurance contract. The insurance contract may not prohibit, and claims forms must provide an option for, the payment of benefits directly to a licensed hospital, licensed ambulance provider, physician, ~~or dentist, or other person who provided the services in accordance with the provisions of the policy~~ for care provided pursuant to s. 395.1041 ~~or part III of chapter 401.~~ The insurer may require written attestation of assignment of benefits. Payment to the provider from the insurer may not be more than the amount that the insurer would otherwise have paid without the assignment.

Section 2. The amendments made by this act to s. 627.638(2), Florida Statutes, are repealed on July 1, 2012, if the Office of Program Policy Analysis and Government Accountability finds, in a study to be presented to the President of the Senate and the Speaker of the House of Representatives by March 1, 2012, that the amendments made by this act have caused the third-party administrator of the state group health plan to suffer a net loss of physicians from its preferred provider plan network and, as a direct result, caused an increase in costs to the state group health plan. If such a finding is made, the text of s. 627.638(2), Florida Statutes, shall revert to that in existence on June 30, 2009, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to

the extent that such amendments are not dependent upon the portions of such text which are repealed pursuant to this section.

Section 3. This act shall take effect July 1, 2009.

Approved by the Governor June 10, 2009.

Filed in Office Secretary of State June 10, 2009.