By Senators Dawson-White, Sullivan, Bronson, Sebesta, Clary, Saunders, Campbell, Latvala and Cowin

30-652-99

1 A bill to be entitled An act relating to access to obstetrical and 2 3 gynecological services; amending s. 627.6472, 4 F.S.; requiring an exclusive provider 5 organization to provide direct access to 6 certain services; amending s. 641.31, F.S.; 7 requiring a health maintenance organization to provide direct access to certain services; 8 9 providing an effective date. 10 Be It Enacted by the Legislature of the State of Florida: 11 12 Section 1. Subsection (18) is added to section 13 627.6472, Florida Statutes, 1998 Supplement, to read: 14 15 627.6472 Exclusive provider organizations.--(18)(a) An exclusive provider organization must 16 17 provide direct patient access to a board-certified or board-eligible obstetrician or gynecologist who is under 18 19 contract with the exclusive provider organization, if the 20 exclusive provider organization covers obstetrical or gynecological services. As used in this paragraph, the term 21 22 direct patient access" means the ability of a subscriber to obtain services without a referral or other authorization 23 24 before receiving services. 25 (b) An exclusive provider organization may not impose additional coinsurance or deductibles upon a subscriber who 26 27 obtains services under this subsection unless the copayment or 2.8 deductible is imposed on all other primary care physician 29 services. 30 Section 2. Subsection (36) is added to section 641.31, 31 | Florida Statutes, 1998 Supplement, to read:

1	641.31 Health maintenance contracts
2	(36)(a) A health maintenance organization must provide
3	direct patient access to a board-certified or board-eligible
4	obstetrician or gynecologist who is under contract with the
5	health maintenance organization, if the health maintenance
6	organization covers obstetrical or gynecological services. As
7	used in this paragraph, the term "direct patient access" means
8	the ability of a subscriber to obtain services without a
9	referral or other authorization before receiving services.
10	(b) A health maintenance organization may not impose
11	additional coinsurance or deductibles upon a subscriber who
12	obtains services under this subsection unless the copayment or
13	deductible is imposed on all other primary care physician
14	services.
15	Section 3. This act shall take effect July 1, 1999.
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18	SENATE SUMMARY
19	Requires exclusive provider organizations and health maintenance organizations to provide direct access to obstetrical and gynecological services, if the organizations cover such services. Prohibits the imposition of additional coinsurance or deductibles upon a subscriber for such services.
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