A bill to be entitled

An act relating to continuity of care in health insurance contracts; amending s. 627.6474, F.S.; requiring that contracts between an individual health insurer and a contracted health care practitioner require a specified notice to affected policyholders before cancellation or termination of the contracts; specifying requirements for such notice; authorizing the Financial Services Commission to adopt rules; providing administrative penalties; requiring a health insurer and a health care practitioner to allow certain policyholders to continue coverage and care for a specified timeframe; requiring the insurer and the health care practitioner to be bound by the terminated contract under certain circumstances; specifying that changes to the contract made within a specified timeframe are effective only under certain circumstances; creating s. 627.65713, F.S.; requiring that contracts between a group, blanket, and franchise health insurer and a contracted health care practitioner require a specified notice to affected policyholders before cancellation or termination of the contracts; specifying requirements for such notice; authorizing the commission to adopt rules; providing administrative penalties; requiring a group,

blanket, and health insurer and a health care practitioner to allow certain policyholders to continue coverage and care for a specified timeframe; requiring the insurer and the health care practitioner to be bound by the terminated contract under certain circumstances; specifying that changes to the contract made within a specified timeframe are effective only under certain circumstances; amending s. 641.315, F.S.; requiring that certain health maintenance contracts between a health maintenance organization and a provider require a specified notice to affected subscribers before cancellation or termination of the contracts; specifying requirements for such notice; authorizing the commission to adopt rules; providing administrative penalties; amending s. 641.51, F.S.; requiring a health maintenance organization and a treating provider to allow certain subscribers to continue coverage and care for a specified timeframe; deleting construction; providing an effective date.

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

Section 1. Subsections (4) and (5) are added to section 627.6474, Florida Statutes, to read:

627.6474 Provider contracts.—

(4)(a) A contract between a health insurer and a contracted health care practitioner as defined in s. 456.001 must require the health insurer and the contracted health care practitioner to issue a joint written notice to each affected policyholder at least 60 days before the effective date of the cancellation or termination of the contract. The notice must be written in plain language and include all of the following:

1. An explanation of the policyholder's rights regarding continuation of care and coverage.

2. Applicable timelines for transition of care.

3. Contact information for the insurer, the practitioner, and the office for questions or complaints.

(b) The commission may adopt rules to administer paragraph (a). The office may impose an administrative fine of up to $5,000 for each violation to a health insurer or contracted health care practitioner that fails to comply with paragraph (a).

(5) When a contract between an insurer and a treating health care practitioner as defined in s. 456.001 is terminated for any reason, the insurer and the health care practitioner must allow policyholders for whom treatment was active to continue coverage and care, through completion of treatment of a condition for which the policyholder was receiving care at the time of the termination, until the policyholder selects another treating health care practitioner, or during the next open

enrollment period offered by the insurer, whichever is longer, but not longer than 6 months after termination of the contract. The insurer and the health care practitioner shall allow a policyholder who has initiated a course of prenatal care, regardless of the trimester in which care was initiated, to continue care and coverage until completion of postpartum care. For care continued under this subsection, the insurer and the health care practitioner shall continue to be bound by the terms of the terminated contract. Changes made within 30 days before termination of a contract are effective only if agreed to by both the insurer and the practitioner.

Section 2. Section 627.65713, Florida Statutes, is created to read:

627.65713 Provider contracts.—

(1) A contract between a group, blanket, or franchise health insurer and a contracted health care practitioner as defined in s. 456.001 must require the health insurer and the contracted health care practitioner to issue a joint written notice to each affected policyholder at least 60 days before the effective date of the cancellation or termination of the contract. The notice must be written in plain language and include all of the following:

(a) An explanation of the policyholder's rights regarding continuation of care and coverage.

(b) Applicable timelines for transition of care.

(c) Contact information for the insurer, the practitioner, and the office for questions or complaints.

(2) The commission may adopt rules to administer subsection (1). The office may impose an administrative fine of up to $5,000 for each violation to a health insurer or contracted health care practitioner that fails to comply with subsection (1).

(3) When a contract between a group, blanket, or franchise health insurer and a treating health care practitioner as defined in s. 456.001 is terminated for any reason, the insurer and the health care practitioner must allow policyholders for whom treatment was active to continue coverage and care, through completion of treatment of a condition for which the policyholder was receiving care at the time of the termination, until the policyholder selects another treating health care practitioner, or during the next open enrollment period offered by the insurer, whichever is longer, but not longer than 6 months after termination of the contract. The insurer and the health care practitioner shall allow a policyholder who has initiated a course of prenatal care, regardless of the trimester in which care was initiated, to continue care and coverage until completion of postpartum care. For care continued under this subsection, the insurer and the health care practitioner shall continue to be bound by the terms of the terminated contract. Changes made within 30 days before termination of a contract are

effective only if agreed to by both the insurer and the practitioner.

Section 3. Paragraph (a) of subsection (2) of section 641.315, Florida Statutes, is amended to read:

641.315 Provider contracts.—

(2)(a) For all provider contracts executed after October 1, 1991, and within 180 days after October 1, 1991, for contracts in existence as of October 1, 1991:

1. The contracts must require the provider to give 60 days' advance written notice to the health maintenance organization and the office before canceling the contract with the health maintenance organization for any reason.~~; and~~

2. The contracts ~~contract~~ must also provide that nonpayment for goods or services rendered by the provider to the health maintenance organization is not a valid reason for avoiding the 60-day advance notice of cancellation.

3. The contracts must require the health maintenance organization and the provider to issue a joint written notice to each affected subscriber at least 60 days before the effective date of the cancellation or termination of the provider contract. The notice must be written in plain language and include all of the following:

a. An explanation of the subscriber's rights regarding continuation of care and coverage.

b. Applicable timelines for transition of care.

c. Contact information for the health maintenance organization, the provider, and the Office of Insurance Regulation for questions or complaints.

4. The commission may adopt rules to administer subparagraph 3. A health maintenance organization or provider that fails to comply with subparagraph 3. is subject to an administrative fine by the office of up to $5,000 for each violation.

Section 4. Subsection (8) of section 641.51, Florida Statutes, is amended to read:

641.51 Quality assurance program; second medical opinion requirement.—

(8) When a contract between an organization and a treating provider is terminated for any reason ~~other than for cause~~, each party shall allow subscribers for whom treatment was active to continue coverage and care ~~when medically necessary~~, through completion of treatment of a condition for which the subscriber was receiving care at the time of the termination, until the subscriber selects another treating provider, or during the next open enrollment period offered by the organization, whichever is longer, but not longer than 6 months after termination of the contract. Each party to the terminated contract shall allow a subscriber who has initiated a course of prenatal care, regardless of the trimester in which care was initiated, to continue care and coverage until completion of postpartum care.

~~This does not prevent a provider from refusing to continue to provide care to a subscriber who is abusive, noncompliant, or in arrears in payments for services provided.~~ For care continued under this subsection, the organization and the provider shall continue to be bound by the terms of the terminated contract. Changes made within 30 days before termination of a contract are effective only if agreed to by both parties.

Section 5. This act shall take effect July 1, 2026.