

1 A bill to be entitled
2 An act relating to continuity of care in health
3 insurance contracts; amending s. 627.6474, F.S.;
4 requiring that contracts between an individual health
5 insurer and a contracted health care practitioner
6 require a specified notice to affected policyholders
7 before cancellation or termination of the contracts;
8 specifying requirements for such notice; authorizing
9 the Financial Services Commission to adopt rules;
10 providing administrative penalties; requiring a health
11 insurer and a health care practitioner to allow
12 certain policyholders to continue coverage and care
13 for a specified timeframe; requiring the insurer and
14 the health care practitioner to be bound by the
15 terminated contract under certain circumstances;
16 specifying that changes to the contract made within a
17 specified timeframe are effective only under certain
18 circumstances; creating s. 627.65713, F.S.; requiring
19 that contracts between a group, blanket, and franchise
20 health insurer and a contracted health care
21 practitioner require a specified notice to affected
22 policyholders before cancellation or termination of
23 the contracts; specifying requirements for such
24 notice; authorizing the commission to adopt rules;
25 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.—

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

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

60 2. Applicable timelines for transition of care.

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

63 (b) The commission may adopt rules to administer paragraph
64 (a). The office may impose an administrative fine of up to
65 \$5,000 for each violation to a health insurer or contracted
66 health care practitioner that fails to comply with paragraph
67 (a).

68 (5) When a contract between an insurer and a treating
69 health care practitioner as defined in s. 456.001 is terminated
70 for any reason, the insurer and the health care practitioner
71 must allow policyholders for whom treatment was active to
72 continue coverage and care, through completion of treatment of a
73 condition for which the policyholder was receiving care at the
74 time of the termination, until the policyholder selects another
75 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.

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

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

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

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

128 **Section 3. Paragraph (a) of subsection (2) of section**
129 **641.315, Florida Statutes, is amended to read:**

130 641.315 Provider contracts.—

131 (2) (a) For all provider contracts executed after October
132 1, 1991, and within 180 days after October 1, 1991, for
133 contracts in existence as of October 1, 1991:

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

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

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

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

150 b. Applicable timelines for transition of care.

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

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

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

161 641.51 Quality assurance program; second medical opinion
162 requirement.—

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

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~~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.