HB 821 2017

1 A bill to be entitled 2 An act relating to a patient's choice of providers; 3 providing a short title; providing definitions; 4 prohibiting a health insurer from excluding a willing 5 and qualified health care provider from participating 6 in the health insurer's provider network under certain 7 circumstances; providing an effective date. 8 9 Be It Enacted by the Legislature of the State of Florida: 10 Patient's choice of providers; discrimination 11 Section 1. 12 against willing and qualified health care providers prohibited.-13 This section may be cited as the "Patient's Freedom of 14 Choice of Providers Act." (2) For purposes of this section, the term: 15 16 "Health care provider" means a health care 17 professional licensed under chapter 458; chapter 459; chapter 18 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 19 466; part I, part III, part IV, part V, or part X of chapter 20 468; chapter 483; chapter 484; chapter 486; chapter 490; or 21 chapter 491, Florida Statutes. 22 "Health insurance plan" means health benefits coverage (b) 23 under the following: 24 1. A health plan offered by any certified health 25 maintenance organization or authorized health insurer, except a

Page 1 of 3

HB 821 2017

plan that is limited to the following: a limited benefit,
specified disease, or specified accident; hospital indemnity;
accident only; limited benefit convalescent care; Medicare
supplement; credit disability; dental; vision; long-term care;
disability income; coverage issued as a supplement to another
health plan; workers' compensation liability or other insurance;
or motor vehicle medical payment only; or

- 2. An employee welfare benefit plan that includes health benefits established under the Employee Retirement Income

 Security Act of 1974, as amended.
- authorized to transact health insurance in the state, any insurance company authorized to transact health insurance in the state, any insurance company authorized to transact health insurance or casualty insurance in the state that is offering a minimum premium plan or stop-loss coverage for any person or entity providing health care benefits, any self-insurance plan as defined in s. 624.031, Florida Statutes, any health maintenance organization authorized to transact business in the state pursuant to part I of chapter 641, Florida Statutes, any prepaid health clinic authorized to transact business in the state pursuant to part II of chapter 641, Florida Statutes, any multiple-employer welfare arrangement authorized to transact business in the state pursuant to ss. 624.436-624.45, Florida Statutes, or any fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632,

HB 821 2017

51	Florida Statutes.
52	(3) Notwithstanding any other law, a health insurer may
53	not obstruct a patient's choice by excluding a health care
54	provider licensed in this state from participating in the health
55	insurer's provider network, if the health care provider is:
56	(a) Located within the geographic coverage area of the
57	health insurance plan; and
58	(b) Willing and qualified to meet the terms, conditions,
59	and fee schedule established by the health insurer.
60	Section 2. This act shall take effect July 1, 2017.