



**INFORMATIONAL MEMORANDUM
OIR-09-4M
ISSUED
JULY 30, 2009**

Florida Office of Insurance Regulation
Kevin M. McCarty, Commissioner

**ALL PREPAID LIMITED HEALTH SERVICE ORGANIZATIONS (PLHSOs) AND
HEALTH MAINTENANCE ORGANIZATIONS (HMOs)**

The purpose of this memorandum is to notify PLHSOs and HMOs of the legislative changes to Sections 636.035 and 641.315, Florida Statutes (F.S.), enacted in the 2009 Regular Session of the Florida Legislature. This notice is not intended to be a comprehensive analysis of the bill. You are encouraged to review specific bills found by legislative bill number at www.leg.state.fl.us.

HOUSE BILL 185

Section 2

Section 636.035, F.S., as amended creates two new provider contract prohibitions for PLHSOs. Contracts between a PLHSO and a provider of limited health services may not prohibit or restrict the provider from contracting with other PLHSOs. PLHSOs are also prohibited from requiring providers to accept the terms of other health care practitioner contracts with the PLHSO or any insurer or other PLHSO under common management or control with the PLHSO. These prohibitions apply to all contracts entered into or renewed on or after July 1, 2009.

Section 3

Section 641.315, F.S., which addresses these provider contract prohibitions for HMOs, is amended to add a cross-reference to Section 636.035, F.S. The effective date of this section was July 1, 2009.

If you have questions, please contact Gary Edenfield, Senior Management Analyst Supervisor, gary.edenfield@flor.com or (850) 413-5134, Life and Health Product Review, Florida Office of Insurance Regulation.