

CLIENT ALERT



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Government Unveils the AMENDED PATIENT'S BILL OF RIGHTS & RESPONSIBILITIES

 On November 1, 2010, Governor Luis Fortuño signed the amended Patient's Bill of Rights & Responsibilities.

The primary objective of the amended bill is to help children and eventually all Puerto Ricans with pre-existing conditions to gain coverage and to keep it. Also, to protect all patient's choice of doctors and to end lifetime limits on the care consumers may receive. These new protections apply to nearly all health insurance plans, except grandfathered health plans.¹

The provisions of the amended bill among other matters include the following:

PREEXISTING CONDITION EXCLUSIONS: Prohibits preexisting condition exclusions for both benefit limitations and coverage.

ANNUAL DOLLAR LIMITS: Restricts annual dollar limits on "essential health benefits" to no less than \$750,000 beginning September 23, 2010, \$1.25 million beginning Sept. 23, 2011, and \$2 million beginning September 23, 2012, but before January 1, 2014. Good faith compliance with a "reasonable interpretation" of what is an essential health benefit will be allowed until regulations defining that term are issued.

NO PRE-EXISTING CONDITION EXCLUSIONS FOR CHILDREN UNDER AGE 19: The new regulations will prohibit insurance plans from denying coverage to children based on a pre-existing condition. This ban includes both benefit limitations (*e.g.*, an insurer or employer health plan refusing to pay for chemotherapy for a child with cancer because the child had the cancer before getting insurance) and outright coverage denials (*e.g.*, when the insurer refuses to offer a family policy for the child because of the child's pre-existing medical condition). These protections will apply to all types of insurance except for individual policies that are grandfathered health plans and will be extended to individuals of all ages starting in 2014.

KEEPING YOUNG ADULTS COVERED: Children under 26 years old will be allowed to stay on their parent's family policy, or be added to it. The Insurance Commissioner has the duty to regulate this matter.

¹ A grandfathered health plan is one that was in place on March 23, 2010, when the health reform law was enacted, is exempt from complying with some parts of the health reform law, so long as the plan does not make significant changes to its policy.

OTHER CONSUMER PROTECTION MANDATES: Group health plans or health insurance issuers are prohibited from requiring a referral for OB-GYN care or from not allowing a pediatrician to be a designated primary care provider as long the doctor belongs to the preferred-provider network.

INTERNAL & EXTERNAL APPEAL PROCESS: Health plans must have an internal appeal process for beneficiaries to challenge adverse benefit decisions. If the internal appeal is denied, patients may choose to have the claim reviewed through an external appeal process.

THE BILL IS NOW EFFECTIVE.

We at Goldman remain committed in assisting you and your business to adjust to these changes in the Law. For further information you may contact Luis F. Antonetti, Esq. or any of the attorneys in the Labor & Employment Law Department.

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