(H. B. 1749)

(No. 133)

(Approved June 1, 2003)

AN ACT

To add Sections 13, 14, 15, 16, and 17 to Article V of Act No. 72 of September 7, 1993, as amended, known as the "Puerto Rico Health Insurance Administration Act," to set forth the parameters that shall define the duties and rights of citizens for the use and execution of health care insurance coverage for providers and insurance companies, as well as for the beneficiaries.

STATEMENT OF MOTIVES

By means of Act No. 72 of September 7, 1993, as amended, with which the Puerto Rico Health Insurance Administration was created, the Commonwealth of Puerto Rico consolidated a series of conflicting socioeconomic interests to resolve said conflicts. Based upon its constitutional and public policy empowerment to oversee the life, welfare, and health of the people, the State assumed the posture of mediator between the interest of the medical-indigent population in receiving health care services, genuine interest of the providers and the medical profession in addressing the medical-indigent once their expectation of contractual compliance by the insurance institution, and the expectations of the insurance institution in obtaining a reliable contribution from the insured person to be able to assume financial risks without resorting to raising the premiums for health benefits coverage.

Notwithstanding the aforementioned, the interest favored by the regulating scheme by means of Act No. 72 stated as public policy in its

Article II is that the Puerto Rico Health Insurance Administration shall be responsible for implementing, administering, and negotiating a health insurance system that shall allow the obtainment of quality medical-hospital services for its insured, and particularly for the medical-indigent.

Thus, pursuant to Act No. 72, the Health Insurance Administration has struggled to comply with its legislative goals, since currently there exists a large portion of the Puerto Rican population that subscribes to high quality health insurance plans. We believe that enough time has elapsed for a review of the manner in which the health reform works, and to modify some of its aspects.

By means of recent investigations, we have seen how the Health Insurance Administration, through regulation and pre-contract agreements with diverse health insurance companies, has handled many of the tribulations produced by the financing of the health reform. Particularly, regarding the expectations of the beneficiaries, the health care services providers, and the insurers with respect to coverage effectiveness and implementation.

This has made us aware that one of the areas that deserves our particular attention, not having been foreseen in this manner since the creation of the Health Insurance Administration Act, which is the main groups that remain contractually bound by the health insurance coverage, and therefore, are subject to duties, rights and privileges.

To preserve the norms produced by the administrative experience of our Executive Branch officials, this Body understands that it is duty bound to perpetuate said norms by means of the appropriate legislation, which due to the oversight or convenience of the legislator upon the creation of the law, was delegated upon the executive official, by virtue of the delegated powers.

It consists of the creation of sustantive regulation in the matter of the rights and contractual duties of health insurance and social welfare.

To the merit of the aforementioned, this Legislature understands that the measure herein has the constitutional prerogative to amend, alter, and repeal those dispositions pertaining to the health reform regarding rights, privileges, and concessions to concentrate upon improving the scheme in effect, developing in the long term an advanced legal instrument for the benefit of the providers and insurers, as well as for beneficiary groups, particularly our medical-indigent citizens, and the resources of the Government of the Commonwealth of Puerto Rico.

***BE IT ENACTED BY THE LEGISLATURE OF PUERTO RICO*:**

Section 1.- A new Section 13 is hereby added to Article VI of Act No. 72 of September 7, 1993, as amended, to read as follows:

"Section 13.-Orientation for the Beneficiaries

(1) Insurance companies shall be responsible for the implementation, publication and distribution of informative brochures, at their own expense, in Spanish, including a description of the health coverage and the benefits included in same. Said brochures shall be distributed to each beneficiary, along with their identification cards.

(2) Insurance companies shall be responsible for the implementation and disclosure, at their own expense, of an orientation program for the community that covers the aspects of logistics regarding the structure, use, benefits and accessibility of the health services plan for the beneficiaries in each health region.

(3) The brochures shall serve as certificates and guarantees of the benefits to which the beneficiaries are entitled, and should include, as a minimum, the following:

(a) A list of the coverage benefits

(b) Limitations and exclusions of the benefits program

(c) Rights of the beneficiaries

(d) instructions on access to the benefits for the beneficiaries

(e) List of health care organizations and other providers-participants available to render health care services covered by the benefits program

(f) Description of the procedures for claims

(g) Signature of the beneficiary upon delivery and explanation of the brochure

(h) Right to free selection of service provider

(4) The contents of the informative brochures, as well as the plan for their distribution, shall be approved by the Administration prior to their publication and distribution."

Section 2.- A new Section 14 is hereby added to Article VI of Act No. 72 of September 7, 1993, as amended, to read as follows:

"Section 14.-Rights of the Beneficiaries

All beneficiaries shall be entitled, among others, to the following:

(1) Receive quality medical services when needed

(2) Easy access to medical services

(3) Select their health care services organization

(4) Select their primary physician

(5) Select a specialist physician, jointly with the primary physician

(6) Change their primary physician or their health care services organization

(7) Not to be denied services under their coverage

(8) Easy and immediate access to emergency services

(9) Receive the necessary instructions and information to know all the benefits offered by the health insurance

(10) Not to be discriminated against

(11) Initiate a formal claim procedure before the insurer, if there is a claim or concern regarding the health care services offered by the plan

(12) Appeal any final determination of the insurer before the Administration

(13) Select their pharmacy and laboratory."

Section 3.- A new Section 15 is hereby added to Article VI of Act No. 72 of September 7, 1993, as amended, to read as follows:

"Section 15.-Duties of the Beneficiaries

The beneficiaries shall be required to:

(1) Maintain their eligibility information updated when same is required by the Administration

(2) Maintain their good health by keeping a healthy lifestyle

(3) Once notified of being eligible for the program, they shall go to the location indicated by the insurer to complete the subscription process and receive their identification card as beneficiaries

(4) Notify the insurer of any problems that may arise when receiving the benefits under coverage

(5) Appeal any final determination of the insurer before the Administration."

Section 4.- A new Section 16 is hereby added to Article VI of Act No. 72 of September 7, 1993, as amended, to read as follows:

"Section 16.-Rights of the Providers

Under this plan, providers have the right to:

(1) Be paid for claims pursuant to the terms set forth in their contract with the insurer.

(2) Appeal any final determination by the insurer before the Administration."

Section 5.- A new Section 17 is hereby added to Article VI of Act No. 72 of September 7, 1993, as amended, to read as follows:

"Section 17.-Duties of the Providers

Providers are legally bound to:

(1) Render optimum quality services when necessary and without delay to the beneficiaries of the program.

(2) Render the necessary services for the health care of the beneficiaries

(3) Not discriminate against the beneficiaries of their other patients for any reason

(4) Notify the insurer of the problems that may arise in the rendering of services to the beneficiaries

(5) Notify the insurer or the Administration of any situation that constitutes abuse, misuse or fraud by the beneficiaries."

Section 6.- This Act shall take effect immediately after its approval.

CERTIFICATION

I hereby certify to the Secretary of State that the following Act No. 133 (H.B. 1749) of the 5th Session of the 14th Legislature of Puerto Rico:

AN ACT to add Sections 13, 14, 15, 16, and 17 to Article V of Act No. 72 of September 7, 1993, as amended, known as the "Puerto Rico Health Insurance Administration Act," to set forth the parameters that shall define the duties and rights of citizens for the use and execution of health care insurance coverage for providers and insurance companies, as well as for the beneficiaries,

has been translated from Spanish to English and that the English version is correct.

In San Juan, Puerto Rico, today 25th of March of 2004.

Elba Rosa Rodríguez-Fuentes
Director