By Senator Latvala

19-819A-00

A bill to be entitled 1 2 An act relating to health insurance; amending s. 216.136, F.S.; creating the Mandated Health 3 4 Insurance Benefits and Providers Estimating Conference; providing for membership and duties 5 6 of the conference; providing duties of 7 legislative committees that have jurisdiction over health insurance matters; amending s. 8 9 624.215, F.S.; providing that certain 10 legislative proposals must be submitted to and 11 assessed by the conference, rather than the 12 Agency for Health Care Administration; amending guidelines for assessing the impact of a 13 proposal to legislatively mandate certain 14 health coverage; providing prerequisites to 15 16 legislative consideration of such proposals; 17 providing an effective date. 18 19 Be It Enacted by the Legislature of the State of Florida: 20 21 Section 1. Subsection (12) is added to section 22 216.136, Florida Statutes, to read: 23 216.136 Consensus estimating conferences; duties and 24 principals.--25 (12) MANDATED HEALTH INSURANCE BENEFITS AND PROVIDERS 26 ESTIMATING CONFERENCE. --27 (a) Duties. -- The Mandated Health Insurance Benefits 28 and Providers Estimating Conference shall: 29 1. Develop and maintain, with the Department of 30 Insurance, a system and program of data collection to assess the impact of mandated benefits and providers, including costs

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to employers and insurers, impact of treatment, cost savings in the health care system, number of providers, and other appropriate data.

- 2. Prescribe the format, content, and timing of information that is to be submitted to the conference and used by the conference in its assessment of proposed and existing mandated benefits and providers. Such format, content, and timing requirements are binding upon all parties submitting information for the conference to use in its assessment of proposed and existing mandated benefits and providers.
- 3. Provide assessments of proposed and existing mandated benefits and providers and other studies of mandated benefits and provider issues as requested by the Legislature or the Governor. When a legislative measure containing a mandated health insurance benefit or provider is proposed, the standing committee of the Legislature which has jurisdiction over the proposal shall request that the conference prepare and forward to the Governor and the Legislature a study that provides, for each measure, a cost-benefit analysis that assesses the social and financial impact and the medical efficacy according to prevailing medical standards of the proposed mandate. The conference has 12 months after the committee makes its request in which to complete and submit the conference's report. The standing committee may not consider such a proposed legislative measure until 12 months after it has requested the report and has received the conference's report on the measure.
- 4. The standing committees of the Legislature which have jurisdiction over health insurance matters shall request that the conference assess the social and financial impact and the medical efficacy of existing mandated benefits and

providers. The committees shall submit to the conference by January 1, 2001, a schedule of evaluations that sets forth the respective dates by which the conference must have completed its evaluations of particular existing mandates.

(b) Principals.--The Executive Office of the Governor, the Insurance Commissioner, the Director of the Division of Economic and Demographic Research of the Joint Legislative Management Committee, and professional staff of the Senate and the House of Representatives who have health insurance expertise, or their designees, are the principals of the Mandated Health Insurance Benefits and Providers Estimating Conference. The responsibility of presiding over sessions of the conference shall be rotated among the principals.

Section 2. Section 624.215, Florida Statutes, is amended to read:

624.215 Proposals for legislation which mandates health benefit coverage; review by Legislature.--

(1) LEGISLATIVE INTENT.--The Legislature finds that there is an increasing number of proposals which mandate that certain health benefits be provided by insurers and health maintenance organizations as components of individual and group policies. The Legislature further finds that many of these benefits provide beneficial social and health consequences which may be in the public interest. However, the Legislature also recognizes that most mandated benefits contribute to the increasing cost of health insurance premiums. Therefore, it is the intent of the Legislature to conduct a systematic review of current and proposed mandated or mandatorily offered health coverages and to establish guidelines for such a review. This review will assist the

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Legislature in determining whether mandating a particular coverage is in the public interest.

- (2) MANDATED HEALTH COVERAGE; REPORT TO THE MANDATED HEALTH INSURANCE BENEFITS AND PROVIDERS ESTIMATING CONFERENCE AGENCY FOR HEALTH CARE ADMINISTRATION AND LEGISLATIVE COMMITTEES; GUIDELINES FOR ASSESSING IMPACT. -- Every person or organization seeking consideration of a legislative proposal which would mandate a health coverage or the offering of a health coverage by an insurance carrier, health care service contractor, or health maintenance organization as a component of individual or group policies, shall submit to the Mandated Health Insurance Benefits and Providers Estimating Conference Agency for Health Care Administration and the legislative committees having jurisdiction a report which assesses the social and financial impacts of the proposed coverage. Guidelines for assessing the impact of a proposed mandated or mandatorily offered health coverage must, to the extent that information is available, shall include:
- (a) To what extent is the treatment or service generally used by a significant portion of the population.
- (b) To what extent is the insurance coverage generally available.
- (c) If the insurance coverage is not generally available, to what extent does the lack of coverage result in persons avoiding necessary health care treatment.
- (d) If the coverage is not generally available, to what extent does the lack of coverage result in unreasonable financial hardship.
- (e) The level of public demand for the treatment or service.

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- (f) The level of public demand for insurance coverage of the treatment or service.
- (g) The level of interest of collective bargaining agents in negotiating for the inclusion of this coverage in group contracts.
- A report, prepared by a certified actuary, of the extent to which To what extent will the coverage will increase or decrease the cost of the treatment or service.
- (i) A report, prepared by a certified actuary, of the extent to which To what extent will the coverage will increase the appropriate uses of the treatment or service.
- (j) A report, prepared by a certified actuary, of the extent to which To what extent will the mandated treatment or service will be a substitute for a more expensive treatment or service.
- (k) A report, prepared by a certified actuary, of the extent to which To what extent will the coverage will increase or decrease the administrative expenses of insurance companies and the premium and administrative expenses of policyholders.
- (1) A report, prepared by a certified actuary, as to the impact of this coverage on the total cost of health care.
- The standing committee of the Legislature which has jurisdiction over the legislative proposal must request and
- receive a report from the Mandated Health Insurance Benefits and Providers Estimating Conference before the committee
- considers the proposal. The committee may not consider a
- legislative proposal that would mandate a health coverage or
- 29 the offering of a health coverage by an insurance carrier,
 - health care service contractor, or health maintenance
 - organization until after the committee's request to the

Mandated Health Insurance Benefits and Providers Estimating Conference has been answered. As used in this section, the term "health coverage mandate" includes mandating the use of a type of provider. Section 3. This act shall take effect July 1, 2000. SENATE SUMMARY Creates the Mandated Health Insurance Benefits and Providers Estimating Conference. Provides for conference membership and duties. Provides duties of legislative committees that have jurisdiction over health insurance matters. Provides that certain proposals for legislative enactment of health care mandates must be submitted to and assessed by the conference, rather than the Agency for Health Care Administration. Amends guidelines for assessing the impact of such proposals. Provides that the conference must have submitted distribution and such proposals before a legislative committee may appoint the proposal before a legislative committee may consider the proposal.