

Committee on Appropriations

HB 5009 — State Group Insurance Program

by Appropriations Committee and Rep. Stevenson (SB 2506 by Appropriations Committee)

The bill, relating to the State Group Insurance Program, conforms to the Fiscal Year 2022-2023 General Appropriations Act (GAA). The GAA contains \$2.5 million and 3.00 positions related to the creation of an anti-fraud unit within the Division of State Group Insurance.

The State Group Insurance Program (SGI Program) is created by s. 110.123, F.S., and is administered by the Division of State Group Insurance (DSGI) within the Department of Management Services (DMS). The SGI Program is an optional benefit for most state employees employed by executive branch agencies, state universities, the court system, and the Legislature and includes health, life, dental, vision, disability, and other supplemental insurance benefits. The SGI Program typically makes benefits changes on a plan year basis, January 1 through December 31.

In Fiscal Year 2021-2022, the SGI Program will serve nearly 170,000 enrolled employees at the cost of \$2.9 billion. The Revenue Estimating Conference forecasts the SGI Program will serve approximately the same number of employees at a cost of \$3.1 billion in Fiscal Year 2022-2023.

The bill amends statutes to make the following changes:

- Provides that eligible former employees of state government may reenroll in the SGI Program within 24 months of separation from employment which occurred on or after July 1, 2022. All eligible former employees must pay the same premiums as early retirees.
- Directs the DMS to establish an anti-fraud unit within DSGI by December 31, 2022. Specifically, the DMS must establish and maintain a designated anti-fraud unit to investigate and report possible fraudulent insurance acts by insureds, persons making claims for services against the State Employees Health Insurance Trust Fund, or vendors under contract with the division. The bill authorizes the division to contract for the provisions related to the anti-fraud division and requires the DMS to designate staff with the primary responsibility of implementing those provisions.
- Waives member cost share within the Price Transparency Program.
- Deletes obsolete language relating to additional state appropriations to the state group health insurance program.
- Ratifies the DMS's rule to create nine HMO regions across the state pursuant to s. 110.123(3)(h)2.d., F.S.
- Repeals the Metal Tier health plan contained in s. 110.123(3)(j), F.S.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 33-0; House 108-0