

By Representative Silver

1                                   A bill to be entitled  
 2           An act relating to universal access to health  
 3           care; providing legislative intent; providing  
 4           definitions; creating the Florida Universal  
 5           Health Access Plan; establishing the Florida  
 6           Universal Health Access and Cost Containment  
 7           Commission; providing commission  
 8           responsibilities; providing for the appointment  
 9           and responsibilities of an executive director;  
 10          providing for implementation and administration  
 11          of the plan; providing for deposit and use of  
 12          certain moneys in the Florida Universal Health  
 13          Access Trust Fund; establishing Florida  
 14          Universal Health Access Trust Fund accounts;  
 15          establishing a Health Professional Education  
 16          and Training Fund; providing eligibility for  
 17          health benefits under the plan; providing for  
 18          covered and noncovered health services;  
 19          providing access to participating providers;  
 20          providing for reimbursement; providing for  
 21          revenues and premium determinations;  
 22          instructing the Agency for Health Care  
 23          Administration to seek federal waivers;  
 24          providing reporting requirements; providing an  
 25          appropriation; providing an effective date.

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 27 Be It Enacted by the Legislature of the State of Florida:

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 29           Section 1. Legislative findings and intent.--  
 30           (1) The Legislature finds that although Florida has  
 31 made significant strides in addressing the lack of access to

1 health services and rising health service costs, major system  
2 deficiencies still exist. The number of persons without  
3 access to health services continues to grow at an alarming  
4 rate and health service costs continue to rise at a rate well  
5 above the rate of inflation.

6 (2) The Legislature further finds that rising health  
7 service costs have had a particularly devastating effect on  
8 small businesses, which have been experiencing increases in  
9 employee health costs at a rate that far exceeds the rate of  
10 inflation. This situation has resulted in a sharp decline in  
11 the capacity of employers to provide health care coverage for  
12 their employees.

13 (3) The Legislature further finds that any  
14 improvements in health services, cost control, and quality are  
15 impeded by the lack of administrative efficiency in the  
16 current health care system's structure, which has numerous  
17 payers and administrators, involving a mass of paperwork and  
18 consuming much of a health provider's time on nonpatient  
19 matters, and that a single administrative structure could  
20 greatly reduce overall administrative costs and increase the  
21 amount of time a health provider would have available for  
22 patient care.

23 (4) The Legislature concludes that future reforms must  
24 be systemic, encompassing all major components of health  
25 service delivery and finance. Such reforms must also result  
26 in appropriate health service coverage for all state  
27 residents, promote quality of care, and include effective cost  
28 controls.

29 (5) To address the problems described above, it is the  
30 intent of the Legislature to establish the Florida Universal  
31 Health Access Plan, based on the following principles:

1           (a) The responsibility for a healthy citizenry lies  
2 primarily with the individual citizen.

3           (b) Appropriate health services should be available  
4 within an integrated system, to all residents of Florida,  
5 regardless of health condition, age, sex, race, geographic  
6 location, employment, or economic status.

7           (c) Citizens should play a key role in the development  
8 and oversight of their health care system.

9           (d) Health service providers should receive fair  
10 compensation for their services in a timely and uncomplicated  
11 manner.

12           (e) Health service providers should have the freedom  
13 to choose their practice setting, but incentives should be  
14 provided for them to participate in cost-effective, managed  
15 health service settings and in areas where there is a shortage  
16 of providers.

17           (f) Illness and injury prevention and health promotion  
18 programs should be a major part of the health service system.

19           (g) The state global health budget should be  
20 established in an open and deliberative manner.

21           (h) Quality of care should be promoted through the  
22 establishment of the most effective health services, as  
23 determined by those providers trained to make such  
24 determinations and by the assurance of acceptable standards  
25 for health professionals and facilities.

26           Section 2. Definitions.--As used in this act, the  
27 term:

28           (1) "Agency" means the Agency for Health Care  
29 Administration.

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1           (2) "Commission" means the Florida Universal Health  
2 Access and Cost Containment Commission established in this  
3 act.

4           (3) "Eligible person" means any person who is a  
5 resident of Florida.

6           (4) "Employer" means the state, its political  
7 subdivisions, any individual, partnership, association,  
8 corporation, or business trust, or any person or group of  
9 persons, acting in the interest of an employer in relation to  
10 an employee.

11           (5) "Fund" means the Florida Universal Health Access  
12 Trust Fund, if created by law, otherwise the General Revenue  
13 Fund.

14           (6) "Health services" means a set of basic health  
15 services defined pursuant to subsection (2) of section 11 and  
16 provided by the Florida Universal Health Access Plan.

17           (7) "Participating provider" means any person that is  
18 authorized to furnish covered health services pursuant to this  
19 act and rules adopted by the Florida Universal Health Access  
20 and Cost Containment Commission.

21           (8) "Plan" means the Florida Universal Health Access  
22 Plan created by this act.

23           Section 3. Florida Universal Health Access Plan.--The  
24 Florida Universal Health Access Plan is hereby created for the  
25 purpose of providing a single, publicly financed statewide  
26 insurance program to provide comprehensive coverage for all  
27 necessary health services for all residents of the state.

28           Section 4. The Florida Universal Health Access and  
29 Cost Containment Commission.--

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1           (1) There is hereby created the Florida Universal  
2 Health Access and Cost Containment Commission, composed of 17  
3 members, including the following:

4           (a) Two members of the House of Representatives, one  
5 from each political party, appointed by the Speaker of the  
6 House of Representatives.

7           (b) Two members of the Senate, one from each political  
8 party, appointed by the President of the Senate.

9           (c) The Commissioner of Insurance.

10          (2) The remaining 12 members shall be appointed as  
11 follows:

12          (a) Three members shall represent employers, and at  
13 least one of these members shall represent employers with  
14 small businesses; all shall be appointed by the Governor.

15          (b) Three members shall be citizen representatives who  
16 have no direct involvement with government, employers,  
17 employee organizations, or the provision of health services,  
18 and one of these members shall be 65 years of age or older;  
19 all shall be appointed by the Governor.

20          (c) Three members shall represent employee  
21 organizations, and at least one of these members shall  
22 represent a state public employee organization and at least  
23 one shall represent a local government employee organization;  
24 all shall be appointed by the President of the Senate.

25          (d) Three members shall represent providers of health  
26 services, provided that no more than one of these members  
27 shall be from any one provider group and that one shall be  
28 from a public health establishment; all shall be appointed by  
29 the Speaker of the House of Representatives.

30          (3)(a) Of the initial appointments under subsection  
31 (2), four shall be for a term ending December 31, 1998, four

1 shall be for a term ending December 31, 1999, and four shall  
2 be for a term ending December 31, 2000. Thereafter, terms of  
3 office shall be for 3 years, each term ending on December 31.

4 (b) Each member appointed under subsection (2) shall  
5 hold office from the date of his appointment until the end of  
6 the term for which he was appointed. Any member appointed to  
7 fill a vacancy occurring prior to the expiration of the term  
8 for which his predecessor was appointed shall hold office for  
9 the remainder of that term. Each member shall continue in  
10 office subsequent to the expiration date of his term until his  
11 successor takes office or until a period of 60 days has  
12 elapsed, whichever occurs first.

13 (4) All members of the commission shall be appointed  
14 no later than October 1, 1997. The first meeting of the  
15 commission shall be held no later than October 15, 1997, by  
16 which date the Governor, the President of the Senate, and the  
17 Speaker of the House of Representatives shall jointly agree  
18 upon a chairman and a vice chairman. Thereafter, on an annual  
19 basis, the Governor, the President of the Senate, and the  
20 Speaker of the House of Representatives shall jointly agree  
21 upon a chairman and a vice chairman.

22 (5) Commission members shall receive no compensation  
23 for their services as members, but shall be entitled to be  
24 reimbursed for per diem and travel expenses while engaging in  
25 activities directly associated with the commission.

26 (6) The commission may establish ad hoc technical  
27 advisory committees, as necessary, and may reimburse committee  
28 members for related travel expenses.

29 (7) In the conduct of its business, the commission  
30 shall have access to all health data available by statute to  
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1 the Agency for Health Care Administration and the Departments  
2 of Health and Insurance.

3 Section 5. Responsibilities of the Florida Universal  
4 Health Access and Cost Containment Commission.--

5 (1) The Florida Universal Health Access and Cost  
6 Containment Commission shall do all of the following:

7 (a) Establish budget and reimbursement policy  
8 guidelines for the plan.

9 (b) Establish fee schedules.

10 (c) Determine aggregate capital expenditures.

11 (d) Approve changes in coverage offered by the plan.

12 (e) Administer and implement the plan, and administer  
13 the Florida Universal Health Access Trust Fund, if created by  
14 law.

15 (f) Adopt rules to carry out its responsibilities  
16 under this act.

17 (g) Study the most effective methods of providing  
18 comprehensive health services to all persons within this  
19 state.

20 (h) Report annually to the Speaker of the House of  
21 Representatives, the President of the Senate, and the Governor  
22 on its activities, and recommend any changes in insurance and  
23 health care law to improve access to health care for the  
24 residents of Florida.

25 (i) Disseminate, to providers of services and to the  
26 public, information concerning the plan and persons eligible  
27 to receive the benefits of the plan.

28 (j) Monitor, study, and evaluate the operation of the  
29 plan, including, but not limited to, the adequacy and quality  
30 of services furnished under the plan, the cost of each type of  
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1 service, and the effectiveness of cost containment measures  
2 under the plan.  
3 (k) Conduct necessary investigations and inquiries and  
4 compel the submission of information, documents, and records  
5 it considers necessary to carry out its duties under this act.  
6 (l) Employ and supervise staff.  
7 (m) Conduct other activities it considers necessary to  
8 carry out the purposes of this act.  
9 (n) Develop a plan of operation.  
10 (2) The commission, after providing notice to  
11 consumers, policyholders, providers, the Commissioner of  
12 Insurance, the Director of Health Care Administration, and the  
13 Secretary of Health, may hold hearings in connection with any  
14 action that it proposes to take under subsection (1).  
15 Section 6. Appointment and responsibilities of  
16 executive director.--  
17 (1) The commission shall appoint the executive  
18 director of the plan.  
19 (2) The executive director shall serve as secretary to  
20 the commission and shall perform such duties in the  
21 administration of the plan as the commission may assign.  
22 (3) The commission shall direct the executive director  
23 to prepare for the commission's approval:  
24 (a) An implementation schedule for the Florida  
25 Universal Health Access Plan.  
26 (b) Recommendations for benefit coverage, including  
27 limitations, exclusions, and copayments.  
28 (c) Annual premiums that are actuarially sound.  
29 (d) The process and data to be used for calculating  
30 annual premiums.  
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1           (e) A rule related to the administration of the  
2 Florida Universal Health Access Plan, the process to be  
3 followed in premium collection, and the procedures for  
4 negotiating fee-for-service reimbursement and global budgets.

5           (4) The executive director shall prepare and seek  
6 waivers from the Health Care Financing Administration that  
7 would permit the federal share of Medicaid and Medicare funds  
8 to be deposited into the Florida Universal Health Access Trust  
9 Fund, if created by law, otherwise into the General Revenue  
10 Fund.

11           (5) The commission may delegate to the executive  
12 director any of its functions or duties under this act other  
13 than the issuance of rules and the determination of the  
14 availability of funds and their allocation.

15           Section 7. Florida Universal Health Access Trust  
16 Fund.--

17           (1) All moneys obtained from tax revenues pursuant to  
18 section 14 and federal payments received as a result of any  
19 waiver of requirements granted by the United States Secretary  
20 of Health and Human Services under health care programs  
21 established under Title XVIII (Medicare) and Title XIX  
22 (Medicaid) of the Social Security Act shall be deposited in  
23 the State Treasury in the Florida Universal Health Access  
24 Trust Fund, if created by law, otherwise in the General  
25 Revenue Fund. Moneys in the fund shall be used solely to  
26 establish and maintain primary community prevention programs,  
27 to pay participating providers, and to support construction,  
28 renovation, and equipping of health care institutions.

29           (2) Revenues held in the fund are not subject to  
30 appropriation or allotment by the state or any political  
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1 subdivision of the state for purposes other than those  
2 provided in this act.

3 (3) The commission shall administer the fund, and  
4 shall conduct a quarterly review of the expenditures from and  
5 revenues received by the fund.

6 (4) On and after January 1, 2002, the amount of  
7 reserves in the fund at any time shall equal at least the  
8 amount of expenditures from the fund during the entire 3  
9 preceding months.

10 Section 8. Florida Universal Health Access Trust Fund  
11 accounts; Health Professional Education and Training Fund.--

12 (1) The Prevention Account is hereby created within  
13 the Florida Universal Health Access Trust Fund, if created by  
14 law, otherwise within the General Revenue Fund. Moneys in the  
15 account shall be used solely to establish and maintain primary  
16 community prevention programs, including preventive screening  
17 tests. The commission shall administer the account and, every  
18 2 years, the commission shall determine the amount to be  
19 allocated to it.

20 (2) The Health Services Account is hereby created  
21 within the Florida Universal Health Access Trust Fund, if  
22 created by law, otherwise within the General Revenue Fund.  
23 Moneys in the account shall be used solely to pay  
24 participating providers in accordance with section 13.

25 (3) The Capital Account is hereby created within the  
26 Florida Universal Health Access Trust Fund, if created by law,  
27 otherwise within the General Revenue Fund. Moneys in the  
28 account shall be used solely to pay for the support of the  
29 construction, renovation, and equipping of health care  
30 institutions.

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1           Section 9. Establishment of Health Professional  
2 Education and Training Fund.--

3           (1) There is hereby created within the State Treasury  
4 the Health Professional Education and Training Fund which  
5 shall consist of all money received from federal health  
6 professions training funds. Moneys in this account shall be  
7 used solely to pay for the education and training of health  
8 professionals.

9           (2) During the 5-year period beginning January 1,  
10 1997, and ending December 31, 2001, the annual amount of state  
11 expenditures for the education and training of health  
12 professionals shall not be reduced below the level of such  
13 expenditures in calendar year 1995.

14           Section 10. Eligibility.--Every person who is a  
15 resident of this state is eligible to receive benefits for  
16 covered health services under the Florida Universal Health  
17 Access Plan.

18           Section 11. Health services.--

19           (1) Every eligible person is entitled to receive  
20 benefits for any covered service furnished within this state  
21 by a participating provider, if the service is necessary or  
22 appropriate for the maintenance of health or for the diagnosis  
23 or treatment of, or rehabilitation following, injury,  
24 disability, or disease.

25           (2) Covered health services shall include, but are not  
26 limited to, all of the following:

27           (a) Physician services in accordance with s. 627.419,  
28 Florida Statutes.

29           (b) Hospital inpatient and outpatient services.

30           (c) Prescription medications, subject to a copayment  
31 of \$1 per prescription.

- 1        (d) Laboratory and X-ray services.  
2        (e) Family planning services.  
3        (f) Home health services.  
4        (g) Physical examinations.  
5        (h) Ambulatory mental health visits. The commission  
6 shall establish the number of annual ambulatory mental health  
7 visits for which there is no charge. The commission may  
8 require copayments for extended therapy under circumstances  
9 that it determines.  
10       (i) Treatment in a facility for substance abuse.  
11 Admission to such a facility shall be limited to one per year.  
12 After an insured person has been admitted three times, a  
13 review board appointed by the commission shall study  
14 individual referrals for subsequent admissions.  
15       (3) Covered health services do not include any of the  
16 following:  
17       (a) Surgery for cosmetic purposes other than for  
18 reconstructive surgery.  
19       (b) Medical examination conducted and medical reports  
20 prepared for either purchasing or renewing life insurance or  
21 participating as a plaintiff or defendant in a civil action  
22 for the recovery or settlement of damages.  
23       (c) Basic care rendered in a nursing home.  
24       (4) Insurers, employers, and other plans may offer  
25 benefits that do not duplicate coverage that is offered by the  
26 plan, but may not offer benefits that duplicate coverage that  
27 is offered by the plan.  
28       Section 12. Access.--  
29       (1) No participating provider shall refuse to furnish  
30 services to an eligible person on the basis of race, color,  
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1 income level, national origin, religion, sex, sexual  
2 orientation, or other nonmedical criteria.

3 (2) An eligible person may choose any participating  
4 provider, including any physician, whether practicing on an  
5 independent basis, in a small group, or in a capitated  
6 practice. An eligible person who enrolls in a capitated  
7 practice may change providers only at stipulated intervals,  
8 which may not be more often than once a year.

9 (3) The Florida Universal Health Access Plan shall  
10 reimburse participating providers that are located outside the  
11 state at reasonable rates for care rendered to enrollees while  
12 outside of the state.

13 (4) Every participating provider shall furnish such  
14 information as may be reasonably required by the commission  
15 for utilization review, for the making of payments, and for  
16 statistical or other studies of the operation of the plan.

17 (5) Every participating provider shall permit the  
18 commission to examine its records as may be necessary for  
19 verification of payment.

20 Section 13. Reimbursement.--

21 (1) The Florida Universal Health Access Plan shall pay  
22 the expenses of institutional providers of inpatient services  
23 on the basis of global budgets that are approved by the  
24 commission.

25 (2) Each institutional provider shall negotiate an  
26 annual budget with the commission to cover its anticipated  
27 services for the next year based on past performance and  
28 projected changes in price and service levels.

29 (3) Every physician or other provider employed by a  
30 globally budgeted institutional provider shall be paid through  
31 and in a manner determined by the institutional provider.

1       (4) The commission shall reimburse independent  
2 providers of health care services on a fee-for-service basis.  
3 The commission shall annually negotiate the fee schedule with  
4 the appropriate group. The fee schedule shall be applied to  
5 health care services rendered by independent providers  
6 throughout the state.

7       (5) A participating provider may not charge rates that  
8 are higher than the negotiated reimbursement level.

9       (6) A participating provider may not charge separately  
10 for covered services under section 11.

11       (7) A multi-specialty organization of providers may  
12 elect to be reimbursed on a capitation basis, in lieu of the  
13 fee-for-service basis. Payment on a capitation basis does not  
14 include services rendered for inpatient services by  
15 institutional providers.

16       Section 14. Revenues; premiums.--For the purpose of  
17 providing revenue for the Florida Universal Health Access  
18 Plan, after application of governmental appropriated funds,  
19 the premium per resident shall be determined actuarially and  
20 as provided in this section. Collection of the premium shall  
21 be made in a manner determined by the commission.

22       (1) Any resident with an annual income below \$25,000  
23 shall be exempt from the payment of premiums.

24       (2) Any resident with an annual income between \$25,000  
25 and \$50,000 shall be entitled to a 5-percent discount on the  
26 payment of premiums for each of the following factors which  
27 may apply:

28       (a) The individual is a nonsmoker.

29       (b) The individual's weight is within the healthy  
30 range.

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1           (c) The individual's blood pressure is within the  
2 healthy range.

3           Section 15. Waivers.--Not later than March 31, 1998,  
4 the Agency for Health Care Administration shall do both of the  
5 following:

6           (1) Apply to the United States Secretary of Health and  
7 Human Services for all waivers of requirements under health  
8 programs established under Title XVIII and Title XIX of the  
9 Social Security Act that are necessary to enable this state to  
10 deposit all federal payments under the Medicaid program in the  
11 State Treasury to the credit of the Florida Universal Health  
12 Access Trust Fund, if created by law, otherwise the General  
13 Revenue Fund.

14           (2) Identify any other federal programs that provide  
15 federal funds for payment of health care services to  
16 individuals. The agency shall comply with any requirements  
17 under those programs and apply for any waivers of those  
18 requirements that are necessary to enable this state to  
19 deposit such federal funds to the credit of the Florida  
20 Universal Health Access Trust Fund, if created by law,  
21 otherwise the General Revenue Fund.

22           Section 16. Reporting.--The Director of Health Care  
23 Administration shall prepare a report identifying and  
24 evaluating the probable effects on the quality and costs of  
25 health care in the state that would result from requiring that  
26 all money that local governmental agencies raise through  
27 locally imposed taxes and currently spend for local health  
28 care be deposited, instead, in the State Treasury to the  
29 credit of the Florida Universal Health Access Trust Fund, if  
30 created by law, otherwise the General Revenue Fund. On or  
31 before December 31, 1999, the director shall submit the report

1 to the Speaker of the House of Representatives, the President  
2 of the Senate, and the Governor.

3 Section 17. There is hereby appropriated the sum of  
4 \$84,000 from the Health Care Trust Fund to the Florida  
5 Universal Health Access and Cost Containment Commission for  
6 the purpose of planning the implementation of the Florida  
7 Universal Health Access Plan and the administrative activities  
8 as identified in section 6.

9 Section 18. This act shall take effect July 1, 1997.

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HOUSE SUMMARY

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