

Bill No. CS for SB 1556

Amendment No. ____

<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Senator Scott moved the following amendment:

Senate Amendment (with title amendment)

On page 11, line 30, through page 27, line 26, delete those lines

and insert:

(e) Hire employees or contract with qualified, independent third parties for any service necessary to carry out the board's powers and duties, as authorized under ss. 408.70-408.7045. However, the board may not hire an insurance agent who engages in activities on behalf of the alliance for which an insurance agent's license is required by chapter 626.

(f) Perform any of the activities that may be performed by a regional board under subsection (6), subject to coordination with the regional boards to avoid duplication of effort.

(8) Each regional board of the alliance may:

(a) Establish conditions of alliance membership consistent with the minimum requirements established by the state board.

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1 (b) Provide to alliance members standardized
2 information for comparing health plans offered through the
3 alliance.

4 (c) Offer health plans to alliance members, subject to
5 the terms and conditions agreed to by the state board and
6 participating health insurers.

7 (d) Market and publicize the coverage and services
8 offered by the alliance.

9 (e) Collect premiums from alliance members on behalf
10 of participating health insurers.

11 (f) Assist members in resolving disputes between
12 health insurers and alliance members, consistent with
13 grievance procedures required by law.

14 (g) Set reasonable fees for alliance membership,
15 services offered by the alliance, and late payment of premiums
16 by alliance members for which the alliance is responsible.

17 (h) Receive and accept grants, loans, advances, or
18 funds from any public or private agency, and receive and
19 accept, from any source, contributions of money, property,
20 labor, or any other thing of value.

21 (i) Hire employees or contract with qualified,
22 independent third parties for any service necessary to carry
23 out the regional board's powers and duties as authorized under
24 ss. 408.70-408.7045. However, a regional board may not hire an
25 insurance agent who engages in activities on behalf of the
26 alliance for which an insurance agent's license is required by
27 chapter 626.

28 (9) No state agency may expend or provide funds to the
29 Alliance that would subsidize the pricing of health insurance
30 policies for its members, unless the Legislature specifically
31 authorizes such expenditure.

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1 ~~(6) Each community health purchasing alliance has the~~
2 ~~following powers, duties, and responsibilities:~~

3 ~~(a) Establishing the conditions of alliance membership~~
4 ~~in accordance with ss. 408.70-408.706.~~

5 ~~(b) Providing to alliance members clear, standardized~~
6 ~~information on each accountable health partnership and each~~
7 ~~health plan offered by each accountable health partnership,~~
8 ~~including information on price, enrollee costs, quality,~~
9 ~~patient satisfaction, enrollment, and enrollee~~
10 ~~responsibilities and obligations; and providing accountable~~
11 ~~health partnership comparison sheets in accordance with agency~~
12 ~~rule to be used in providing members and their employees with~~
13 ~~information regarding standard, basic, and specialized~~
14 ~~coverage that may be obtained through the accountable health~~
15 ~~partnerships.~~

16 ~~(c) Annually offering to all alliance members all~~
17 ~~accountable health partnerships and health plans offered by~~
18 ~~the accountable health partnerships which meet the~~
19 ~~requirements of ss. 408.70-408.706, and which submit a~~
20 ~~responsive proposal as to information necessary for~~
21 ~~accountable health partnership comparison sheets, and~~
22 ~~providing assistance to alliance members in selecting and~~
23 ~~obtaining coverage through accountable health partnerships~~
24 ~~that meet those requirements.~~

25 ~~(d) Requesting proposals for the standard and basic~~
26 ~~health plans, as defined in s. 627.6699, from all accountable~~
27 ~~health partnerships in the district; providing, in the format~~
28 ~~required by the alliance in the request for proposals, the~~
29 ~~necessary information for accountable health partnership~~
30 ~~comparison sheets; and offering to its members health plans of~~
31 ~~accountable health partnerships which meet those requirements.~~

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1 ~~(e) Requesting proposals from all accountable health~~
2 ~~partnerships in the district for specialized benefits approved~~
3 ~~by the alliance board based on input from alliance members,~~
4 ~~determining if the proposals submitted by the accountable~~
5 ~~health partnerships meet the requirements of the request for~~
6 ~~proposals, and offering them as options through riders to~~
7 ~~standard plans and basic plans. This paragraph does not limit~~
8 ~~an accountable health partnership's ability to offer other~~
9 ~~specialized benefits to alliance members.~~

10 ~~(f) Distributing to health care purchasers, placing~~
11 ~~special emphasis on the elderly, retail price data on~~
12 ~~prescription drugs and their generic equivalents, durable~~
13 ~~medical equipment, and disposable medical supplies which is~~
14 ~~provided by the agency pursuant to s. 408.063(3) and (4).~~

15 ~~(g) Establishing administrative and accounting~~
16 ~~procedures for the operation of the alliance and members'~~
17 ~~services, preparing an annual alliance budget, and preparing~~
18 ~~annual program and fiscal reports on alliance operations as~~
19 ~~required by the agency.~~

20 ~~(h) Developing and implementing a marketing plan to~~
21 ~~publicize the alliance to potential members and associate~~
22 ~~members and developing and implementing methods for informing~~
23 ~~the public about the alliance and its services.~~

24 ~~(i) Developing grievance procedures to be used in~~
25 ~~resolving disputes between members and the alliance and~~
26 ~~disputes between the accountable health partnerships and the~~
27 ~~alliance. Any member of, or accountable health partnership~~
28 ~~that serves, an alliance may appeal to the agency any~~
29 ~~grievance that is not resolved by the alliance.~~

30 ~~(j) Ensuring that accountable health partnerships have~~
31 ~~grievance procedures to be used in resolving disputes between~~

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1 ~~members and an accountable health partnership. A member may~~
2 ~~appeal to the alliance any grievance that is not resolved by~~
3 ~~the accountable health partnership. An accountable health~~
4 ~~partnership that is a health maintenance organization must~~
5 ~~follow the grievance procedures established in ss. 408.7056~~
6 ~~and 641.31(5).~~

7 ~~(k) Maintaining all records, reports, and other~~
8 ~~information required by the agency, ss. 408.70-408.706, or~~
9 ~~other state and local laws.~~

10 ~~(l) Receiving and accepting grants, loans, advances,~~
11 ~~or funds from any public or private agency; and receiving and~~
12 ~~accepting contributions, from any source, of money, property,~~
13 ~~labor, or any other thing of value.~~

14 ~~(m) Contracting, as authorized by alliance members,~~
15 ~~with a qualified, independent third party for any service~~
16 ~~necessary to carry out the powers and duties required by ss.~~
17 ~~408.70-408.706.~~

18 ~~(n) Developing a plan to facilitate participation of~~
19 ~~providers in the district in an accountable health~~
20 ~~partnership, placing special emphasis on ensuring~~
21 ~~participation by minority physicians in accountable health~~
22 ~~partnerships if such physicians are available. The use of the~~
23 ~~term "minority" in ss. 408.70-408.706 is consistent with the~~
24 ~~definition of "minority person" provided in s. 288.703(3).~~

25 ~~(o) Ensuring that any health plan reasonably available~~
26 ~~within the jurisdiction of an alliance, through a preferred~~
27 ~~provider network, a point of service product, an exclusive~~
28 ~~provider organization, a health maintenance organization, or a~~
29 ~~pure indemnity product, is offered to members of the alliance.~~
30 ~~For the purposes of this paragraph, "pure indemnity product"~~
31 ~~means a health insurance policy or contract that does not~~

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1 ~~provide different rates of reimbursement for a specified list~~
2 ~~of physicians and a "point of service product" means a~~
3 ~~preferred provider network or a health maintenance~~
4 ~~organization which allows members to select at a higher cost a~~
5 ~~provider outside of the network or the health maintenance~~
6 ~~organization.~~

7 ~~(p) Petitioning the agency for a determination as to~~
8 ~~the cost-effectiveness of collecting premiums on behalf of~~
9 ~~participating accountable health partnerships. If determined~~
10 ~~by the agency to be cost-effective, the alliance may establish~~
11 ~~procedures for collecting premiums from members and distribute~~
12 ~~them to the participating accountable health partnerships.~~
13 ~~This may include the remittance of the share of the group~~
14 ~~premium paid by both an employer and an enrollee. If an~~
15 ~~alliance assumes premium collection responsibility, it shall~~
16 ~~also assume liability for uncollected premium. This liability~~
17 ~~may be collected through a bad debt surcharge on alliance~~
18 ~~members to finance the cost of uncollected premiums. The~~
19 ~~alliance shall pay participating accountable health~~
20 ~~partnerships their contracting premium amounts on a prepaid~~
21 ~~monthly basis, or as otherwise mutually agreed upon.~~

22 ~~(7) Each alliance shall set reasonable fees for~~
23 ~~membership in the alliance which will finance all reasonable~~
24 ~~and necessary costs incurred in administering the alliance.~~

25 ~~(9)(8) Each regional board alliance shall annually~~
26 ~~report to the state board on the operations of the alliance in~~
27 ~~that region, including program and financial operations, and~~
28 ~~shall provide for annual internal and independent audits.~~

29 ~~(10)(9) The alliance, the state board, and regional~~
30 ~~boards A community health purchasing alliance may not engage~~
31 ~~in any activities for which an insurance agent's license is~~

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1 required by chapter 626.

2 ~~(11)(10)~~ The powers and responsibilities of the a
 3 ~~community health purchasing~~ alliance with respect to
 4 purchasing health plans services from health insurers
 5 ~~accountable health partnerships~~ do not extend beyond those
 6 enumerated in ss. 408.70-408.7045 ~~ss. 408.70-408.706~~.

7 (12) The Office of the Auditor General may audit and
 8 inspect the operations and records of the alliance.

9 Section 4. Section 408.703, Florida Statutes, is
 10 amended to read:

11 408.703 Small employer members of the alliance
 12 ~~community health purchasing alliances~~; eligibility
 13 requirements.--

14 (1) The board agency shall establish conditions of
 15 participation in the alliance for small employers, as defined
 16 in s. 627.6699, which must include, but need not be limited
 17 to:

18 (a) Assurance that the group is a valid small employer
 19 and is not formed for the purpose of securing health benefit
 20 coverage. This assurance must include requirements for sole
 21 proprietors and self-employed individuals which must be based
 22 on a specified requirement for the time that the sole
 23 proprietor or self-employed individual has been in business,
 24 required filings to verify employment status, and other
 25 requirements to ensure that the individual is working.

26 (b) Assurance that the individuals in the small
 27 employer group are employees and have not been added for the
 28 purpose of securing health benefit coverage.

29 ~~(2) The agency may not require a small employer to pay~~
 30 ~~any portion of premiums as a condition of participation in an~~
 31 ~~alliance.~~

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1 ~~(2)(3)~~ The board ~~agency~~ may require a small employer
2 seeking membership to agree to participate in the alliance for
3 a specified minimum period of time, not to exceed 1 year.

4 ~~(4)~~ ~~If a member small employer offers more than one~~
5 ~~accountable health partnership or health plan and the employer~~
6 ~~contributes to coverage of employees or dependents of the~~
7 ~~employee, the alliance shall require that the employer~~
8 ~~contribute the same dollar amount for each employee,~~
9 ~~regardless of the accountable health partnership or benefit~~
10 ~~plan chosen by the employee.~~

11 ~~(5)~~ ~~An employer that employs 30 or fewer employees~~
12 ~~must offer at least 2 accountable health partnerships or~~
13 ~~health plans to its employees, and an employer that employs 31~~
14 ~~or more employees must offer 3 or more accountable health~~
15 ~~partnerships or health plans to its employees.~~

16 ~~(3)(6)~~ Notwithstanding any other law, if a small
17 employer member loses eligibility to purchase health care
18 through the ~~a community health purchasing~~ alliance solely
19 because the business of the small employer member expands to
20 more than 50 and less than 75 eligible employees, the small
21 employer member may, at its next renewal date, purchase
22 coverage through the alliance for not more than 1 additional
23 year.

24 Section 5. Section 408.704, Florida Statutes, 1998
25 Supplement, is amended to read:

26 408.704 Agency duties and responsibilities related to
27 the alliance ~~community health purchasing alliances.--~~

28 ~~(1)~~ The agency shall supervise the operation of the
29 alliance.~~assist in developing a statewide system of community~~
30 ~~health purchasing alliances. To this end, the agency is~~
31 ~~responsible for:~~

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1 ~~(1) Initially and thereafter annually certifying that~~
 2 ~~each community health purchasing alliance complies with ss.~~
 3 ~~408.70-408.706 and rules adopted pursuant to ss.~~
 4 ~~408.70-408.706. The agency may decertify any community health~~
 5 ~~purchasing alliance if the alliance fails to comply with ss.~~
 6 ~~408.70-408.706 and rules adopted by the agency.~~

7 (2) The agency shall conduct ~~Providing administrative~~
 8 ~~startup funds. Each contract for startup funds is limited to~~
 9 ~~\$275,000.~~

10 ~~(3) Conducting an annual review of the performance of~~
 11 ~~the each~~ alliance to ensure that the alliance is in compliance
 12 with ss. 408.70-408.7045 ~~ss. 408.70-408.706~~. To assist the
 13 agency in its review, the each alliance shall submit,
 14 quarterly, data to the agency, including, but not limited to,
 15 employer enrollment by employer size, ~~industry sector,~~
 16 previous insurance status, and count; number of total eligible
 17 employers in the alliance district participating in the
 18 alliance; number of insured lives by county and insured
 19 category, including employees, dependents, and other insured
 20 categories, represented by alliance members; profiles of
 21 potential employer membership by county; premium ranges for
 22 each health insurer ~~accountable health partnership~~ for
 23 alliance member categories; type and resolution of member
 24 grievances; membership fees; and alliance financial
 25 statements. A summary of this annual review shall be provided
 26 to the Legislature and to each alliance.

27 ~~(4) Developing accountable health partnership~~
 28 ~~comparison sheets to be used in providing members and their~~
 29 ~~employees with information regarding the accountable health~~
 30 ~~partnership.~~

31 ~~(5) Establishing a data system for accountable health~~

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1 ~~partnerships.~~

2 ~~(a) The agency shall establish an advisory data~~
3 ~~committee comprised of the following representatives of~~
4 ~~employers, medical providers, hospitals, health maintenance~~
5 ~~organizations, and insurers:~~

6 ~~1. Two representatives appointed by each of the~~
7 ~~following organizations: Associated Industries of Florida,~~
8 ~~the Florida Chamber of Commerce, the National Federation of~~
9 ~~Independent Businesses, and the Florida Retail Federation;~~

10 ~~2. One representative of each of the following~~
11 ~~organizations: the Florida League of Hospitals, the~~
12 ~~Association of Voluntary Hospitals of Florida, the Florida~~
13 ~~Hospital Association, the Florida Medical Association, the~~
14 ~~Florida Osteopathic Medical Association, the Florida~~
15 ~~Chiropractic Association, the Florida Chapter of the National~~
16 ~~Medical Association, the Association of Managed Care~~
17 ~~Physicians, the Florida Insurance Council, the Florida~~
18 ~~Association of Domestic Insurers, the Florida Association of~~
19 ~~Health Maintenance Organizations; and~~

20 ~~3. One representative of governmental health care~~
21 ~~purchasers and three consumer representatives, to be appointed~~
22 ~~by the agency.~~

23 ~~(b) The advisory data committee shall issue a report~~
24 ~~and recommendations on each of the following subjects as each~~
25 ~~is completed. A final report covering all subjects must be~~
26 ~~included in the final Florida Health Plan to be submitted to~~
27 ~~the Legislature on December 31, 1993. The report shall~~
28 ~~include recommendations regarding:~~

29 ~~1. Types of data to be collected. Careful~~
30 ~~consideration shall be given to other data collection projects~~
31 ~~and standards for electronic data interchanges already in~~

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1 ~~process in this state and nationally, to evaluating and~~
2 ~~recommending the feasibility and cost-effectiveness of various~~
3 ~~data collection activities, and to ensuring that data~~
4 ~~reporting is necessary to support the evaluation of providers~~
5 ~~with respect to cost containment, access, quality, control of~~
6 ~~expensive technologies, and customer satisfaction analysis.~~
7 ~~Data elements to be collected from providers include prices,~~
8 ~~utilization, patient outcomes, quality, and patient~~
9 ~~satisfaction. The completion of this task is the first~~
10 ~~priority of the advisory data committee. The agency shall~~
11 ~~begin implementing these data collection activities~~
12 ~~immediately upon receipt of the recommendations, but no later~~
13 ~~than January 1, 1994. The data shall be submitted by~~
14 ~~hospitals, other licensed health care facilities, pharmacists,~~
15 ~~and group practices as defined in s. 455.654(3)(f).~~

16 2. ~~A standard data set, a standard cost-effective~~
17 ~~format for collecting the data, and a standard methodology for~~
18 ~~reporting the data to the agency, or its designee, and to the~~
19 ~~alliances. The reporting mechanisms must be designed to~~
20 ~~minimize the administrative burden and cost to health care~~
21 ~~providers and carriers. A methodology shall be developed for~~
22 ~~aggregating data in a standardized format for making~~
23 ~~comparisons between accountable health partnerships which~~
24 ~~takes advantage of national models and activities.~~

25 3. ~~Methods by which the agency should collect,~~
26 ~~process, analyze, and distribute the data.~~

27 4. ~~Standards for data interpretation. The advisory~~
28 ~~data committee shall actively solicit broad input from the~~
29 ~~provider community, carriers, the business community, and the~~
30 ~~general public.~~

31 5. ~~Structuring the data collection process to:~~

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1 ~~a. Incorporate safeguards to ensure that the health~~
2 ~~care services utilization data collected is reviewed by~~
3 ~~experienced, practicing physicians licensed to practice~~
4 ~~medicine in this state;~~

5 ~~b. Require that carrier customer satisfaction data~~
6 ~~conclusions are validated by the agency;~~

7 ~~c. Protect the confidentiality of medical information~~
8 ~~to protect the patient's identity and to protect the privacy~~
9 ~~of individual physicians and patients. Proprietary data~~
10 ~~submitted by insurers, providers, and purchasers are~~
11 ~~confidential pursuant to s. 408.061; and~~

12 ~~d. Afford all interested professional medical and~~
13 ~~hospital associations and carriers a minimum of 60 days to~~
14 ~~review and comment before data is released to the public.~~

15 ~~6. Developing a data collection implementation~~
16 ~~schedule, based on the data collection capabilities of~~
17 ~~carriers and providers.~~

18 ~~(c) In developing data recommendations, the advisory~~
19 ~~data committee shall assess the cost-effectiveness of~~
20 ~~collecting data from individual physician providers. The~~
21 ~~initial emphasis must be placed on collecting data from those~~
22 ~~providers with whom the highest percentages of the health care~~
23 ~~dollars are spent: hospitals, large physician group practices,~~
24 ~~outpatient facilities, and pharmacies.~~

25 ~~(d) The agency shall, to the maximum extent possible,~~
26 ~~adopt and implement the recommendations of the advisory data~~
27 ~~committee. The agency shall report all recommendations of the~~
28 ~~advisory data committee to the Legislature and submit an~~
29 ~~implementation plan.~~

30 ~~(e) The travel expenses of the participants of the~~
31 ~~advisory data committee must be paid by the participant or by~~

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1 ~~the organization that nominated the participant.~~
2 ~~(6) Collecting, compiling, and analyzing data on~~
3 ~~accountable health partnerships and providing statistical~~
4 ~~information to alliances.~~
5 ~~(7) Receiving appeals by members of an alliance and~~
6 ~~accountable health partnerships whose grievances were not~~
7 ~~resolved by the alliance. The agency shall review these~~
8 ~~appeals pursuant to chapter 120. Records or reports submitted~~
9 ~~as a part of a grievance proceeding conducted as provided for~~
10 ~~under this subsection are confidential and exempt from the~~
11 ~~provisions of s. 119.07(1) and s. 24(a), Art. I of the State~~
12 ~~Constitution. Records or reports of patient care quality~~
13 ~~assurance proceedings obtained or made by any member of a~~
14 ~~community health purchasing alliance or any member of an~~
15 ~~accountable health partnership and received by the agency as a~~
16 ~~part of a proceeding conducted pursuant to this subsection are~~
17 ~~confidential and exempt from s. 119.07(1) and s. 24(a), Art. I~~
18 ~~of the State Constitution. Portions of meetings held pursuant~~
19 ~~to the provisions of this subsection during which records held~~
20 ~~confidential pursuant to the provisions of this subsection are~~
21 ~~discussed are exempt from the provisions of s. 286.011 and s.~~
22 ~~24(b), Art. I of the State Constitution. All portions of any~~
23 ~~meeting closed to the public shall be recorded by a certified~~
24 ~~court reporter. For any portion of a meeting that is closed,~~
25 ~~the reporter shall record the times of commencement and~~
26 ~~termination of the meeting, all discussion and proceedings,~~
27 ~~the names of all persons present at any time, and the names of~~
28 ~~all persons speaking. No portion of the closed meeting shall~~
29 ~~be off the record. The court reporter's notes shall be fully~~
30 ~~transcribed and given to the appropriate records custodian~~
31 ~~within a reasonable time after the meeting. A copy of the~~

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1 ~~original transcript, with information otherwise confidential~~
2 ~~or exempt from public disclosure redacted, shall be made~~
3 ~~available for public inspection and copying 3 years after the~~
4 ~~date of the closed meeting.~~

5 Section 6. Section 408.7045, Florida Statutes, is
6 amended to read:

7 408.7045 ~~Community health purchasing~~ Alliance
8 marketing requirements.--

9 (1) ~~The~~ Each alliance shall use appropriate,
10 efficient, and standardized means to notify members of the
11 availability of sponsored health coverage from the alliance.

12 (2) ~~The~~ Each alliance shall make available to members
13 marketing materials that accurately summarize the benefit
14 plans that are offered by its health insurer accountable
15 ~~health partnerships~~ and the rates, costs, and accreditation
16 information relating to those plans.

17 ~~(3) Annually, the alliance shall offer each member~~
18 ~~small employer all accountable health partnerships available~~
19 ~~in the alliance and provide them with the appropriate~~
20 ~~materials relating to those plans. The member small employer~~
21 ~~may choose which health benefit plans shall be offered to~~
22 ~~eligible employees and may change the selection each year.~~
23 ~~The employee may be given options with regard to health plans~~
24 ~~and the type of managed care system under which his or her~~
25 ~~benefits will be provided.~~

26 (4) ~~An alliance may notify the agency of any marketing~~
27 ~~practices or materials that it finds are contrary to the fair~~
28 ~~and affirmative marketing requirements of the program. Upon~~
29 ~~the request of an alliance, the agency shall request the~~
30 ~~Department of Insurance to investigate the practices and the~~
31 ~~Department of Insurance may take any action authorized for a~~

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1 ~~violation of the insurance code or the Health Maintenance~~
2 ~~Organization Act.~~

3 Section 7. Paragraph (b) of subsection (6) of section
4 627.6699, Florida Statutes, 1998 Supplement, is amended to
5 read:

6 627.6699 Employee Health Care Access Act.--

7 (6) RESTRICTIONS RELATING TO PREMIUM RATES.--

8 (b) For all small employer health benefit plans that
9 are subject to this section and are issued by small employer
10 carriers on or after January 1, 1994, premium rates for health
11 benefit plans subject to this section are subject to the
12 following:

13 1. Small employer carriers must use a modified
14 community rating methodology in which the premium for each
15 small employer must be determined solely on the basis of the
16 eligible employee's and eligible dependent's gender, age,
17 family composition, tobacco use, or geographic area as
18 determined under paragraph~~(5)(j)(5)(k)~~.

19 2. Rating factors related to age, gender, family
20 composition, tobacco use, or geographic location may be
21 developed by each carrier to reflect the carrier's experience.
22 The factors used by carriers are subject to department review
23 and approval.

24 3. Small employer carriers may not modify the rate for
25 a small employer for 12 months from the initial issue date or
26 renewal date, unless the composition of the group changes or
27 benefits are changed. However, a small employer carrier may
28 modify the rate one time prior to 12 months after the initial
29 issue date for a small employer who enrolls under a previously
30 issued group policy that has a common anniversary date for all
31 employers covered under the policy, if the carrier discloses

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1 to the employer in a clear and conspicuous manner the date of
2 the first renewal and the fact that the premium may increase
3 on or after that date and if the insurer demonstrates to the
4 department that efficiencies in administration are achieved
5 and reflected in the rates charged to small employers covered
6 under the policy.

7 4. A small employer carrier may issue a policy to a
8 group association with rates that reflect a premium credit for
9 expense savings attributable to administrative activities
10 being performed by the group association, if these expense
11 savings are specifically documented in the carrier's rate
12 filing and are approved by the department. Any such credit may
13 not be based on different morbidity assumptions or on any
14 other factor related to the health status or claims experience
15 of the group or its members.~~Carriers participating in the~~
16 ~~alliance program, in accordance with ss. 408.700-408.707, may~~
17 ~~apply a different community rate to business written in that~~
18 ~~program.~~

19 (c) For all small employer health benefit plans that
20 are subject to this section, that are issued by small employer
21 carriers before January 1, 1994, and that are renewed on or
22 after January 1, 1995, renewal rates must be based on the same
23 modified community rating standard applied to new business.

24 (d) Notwithstanding s. 627.401(2), this section and
25 ss. 627.410 and 627.411 apply to any health benefit plan
26 provided by a small employer carrier that provides coverage to
27 one or more employees of a small employer regardless of where
28 the policy, certificate, or contract is issued or delivered,
29 if the health benefit plan covers employees or their covered
30 dependents who are residents of this state.

31 Section 8. Sections 408.7041, 408.7042, 408.7055, and

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1 408.706, Florida Statutes, are repealed.

2

3 (Redesignate subsequent sections.)

4

5

6 ===== T I T L E A M E N D M E N T =====

7 And the title is amended as follows:

8 On page 1, line 29, through page 2, line 12, delete
9 those lines

10

11 and insert:

12 Administration; amending s. 408.7045, F.S.;
13 revising marketing requirements of the
14 alliance; amending s. 627.6699, F.S.; revising
15 restrictions related to premium rates for small
16 employer health benefit plans; repealing ss.
17 408.7041, 408.7042, 408.7055, 408.706, F.S.,
18 relating to anti-trust protection, relating to
19 purchasing coverage for state employees and
20 Medicaid recipients through community health
21 purchasing alliances, relating to the
22 establishment of practitioner advisory groups
23 by the Agency for Health Care Administration,
24 and relating to requirements for accountable
25 health partnerships; providing an effective
26 date.

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