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By the Committee on Governmental Operations and Representatives Posey, Ball, A. Greene, Hafner and Fasano

A bill to be entitled An act relating to the state group insurance program; amending s. 20.22, F.S.; clarifying provisions relating to operation of the Division of State Group Insurance; modifying the role of the director of the Division of State Group Insurance and division staff with respect to the Florida State Group Insurance Council; specifying responsibilities of the director; prohibiting the council from terminating contracts; removing a limitation on the council's participation in certain activities; amending s. 110.123, F.S.; revising definitions; exempting the director and assistant director from the Career Service System; authorizing the director to exempt certain positions from the Career Service System under certain circumstances; clarifying and correcting references; clarifying requirements for contracting with health maintenance organizations; deleting authority to negotiate with specialty psychiatric hospitals; requiring HMOs to provide certain information to the division under certain circumstances; providing for the establishment of certain comprehensive package of insurance benefits; updating provisions relating to agency payment of premiums for certain employees injured or killed in the line of duty; providing coverage in the state group health insurance plan for legislative members

1 and employees; amending s. 110.12315, F.S.; 2 revising, clarifying, and reorganizing 3 provisions relating to the state employees' 4 prescription drug program; amending ss. 5 110.1232, 110.1234, 110.161, and 215.94, F.S.; clarifying provisions and correcting certain 6 7 references to conform; amending s. 110.1238, 8 F.S.; modifying the refund cap; amending s. 9 110.205, F.S.; exempting certain assistant division directors from the Career Service 10 System; amending s. 121.025, F.S.; exempting 11 12 the director and assistant director from the 13 Career Service System; authorizing the director 14 to exempt certain positions from the Career 15 Service System under certain circumstances; 16 providing an effective date.

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

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Section 1. Paragraphs (a), (c), and (e) of subsection (5) of section 20.22, Florida Statutes, are amended to read: 20.22 Department of Management Services. -- There is created a Department of Management Services.

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(5)(a) The Florida State Group Insurance Council is created within the Division of State Group Insurance for the purpose of providing joint and coordinated oversight of the operation and administration of the state group insurance The council shall consist of the state budget director or his or her designee; an individual from the private sector with an extensive health administration 31 background, appointed by the Governor; a member of the Florida

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Senate, appointed by the President of the Senate; a member of the Florida House of Representatives, appointed by the Speaker of the House of Representatives; a representative of the State University System, appointed by the Board of Regents; the State Insurance Commissioner or his or her designee; the director of the Division of Retirement or his or her designee; and two representatives of employees and retirees, appointed by the Governor. Members of the council appointed by the Governor shall be appointed to serve terms of 4 years each. Each member of the council shall serve until a successor is appointed. Additionally, The director of the Division of State Group Employee Insurance shall not be a nonvoting member of the council but shall assume responsibility for ensuring provision of administrative, analytical, and technical support to the council.

- (c) The council is assigned to the Division of State Group Insurance for administrative and fiscal accountability purposes, but the council and its staff shall otherwise function independently of the control and direction of the division. The division of State Group Insurance shall furnish dedicated administrative and secretarial assistance to the council, and other assistance to the council as requested.
- (e) The council or a member thereof may not enter into the day-to-day operation of the Division of State Group Insurance and is specifically prohibited from taking part in:
 - 1. The awarding or terminating of contracts.
- The selection of a consultant or contractor or the prequalification of any individual consultant or contractor. However, the council may recommend to the director standards and policies governing the procedure for selection and 31 pregualification of consultants and contractors.

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- The employment, promotion, demotion, suspension, 3. transfer, or discharge of any division personnel.
- 4. The granting, denial, suspension, or revocation of any license or permit issued by the division.

Section 2. Subsection (2), paragraphs (a), (e), and (h) of subsection (3), paragraphs (a) and (e) of subsection (4), and subsections (5), (8), and (9) of section 110.123, Florida Statutes, 1998 Supplement, are amended, and paragraph (h) is added to subsection (4) of said section, to read:

110.123 State group insurance program. --

- (2) DEFINITIONS.--As used in this section, the term:
- (a) "Department" means the Department of Management Services.
- "Division" means the Division of State Group Insurance in the department.
- (c) "Enrollee" means all state officers and employees, retired state officers and employees, and surviving spouses of deceased state officers and employees, and terminated employees or individuals with continuation coverage, who are enrolled in an insurance plan offered by the state group insurance program.
- "Full-time state employees" includes all full-time employees of all branches or agencies of state government holding salaried positions and paid by state warrant or from agency funds, and employees paid from regular salary appropriations for 8 months' employment, including university personnel on academic contracts, but in no case shall "state employee" or "salaried position" include persons paid from other-personal-services (OPS) funds.
- (e) "Health maintenance organization" or "HMO" means 31 an entity certified under part I of chapter 641.

(f) "Health plan member" means any person

participating in the state group health insurance plan or in a

health maintenance organization plan under the state group

insurance program, including enrollees and covered dependents

of enrollees.

(g)(f) "Part-time state employee" means any employee of any branch or agency of state government paid by state warrant from salary appropriations or from agency funds, and who is employed for less than the normal full-time workweek established by the department or, if on academic contract or seasonal or other type of employment which is less than year-round, is employed for less than 8 months during any 12-month period, but in no case shall "part-time" employee include a person paid from other-personal-services (OPS) funds.

(h)(g) "Retired state officer or employee" or "retiree" means any state officer or state employee who retires under a state retirement system or a state optional annuity or retirement program or is placed on disability retirement, and who was insured under the state group insurance program at the time of retirement, and who begins receiving retirement benefits immediately after retirement from state office or employment.

 $\underline{\text{(i)}}$ "State agency" or "agency" means any branch, department, or agency of state government.

(j) "State-contracted health maintenance organization" means any health maintenance organization under contract with the division to participate in the state group insurance program.

 $\underline{(k)}$ "State group health insurance plan" or "state plan"means the state self-insured health insurance plan

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offered to state officers and employees, retired state officers and employees, and surviving spouses of deceased state officers and employees pursuant to this section.

(1)(j) "State group insurance program" or "programs" means the package of insurance plans offered to state officers and employees, retired state officers and employees, and surviving spouses of deceased state officers and employees pursuant to this section, including the state group health insurance plan, health maintenance organization plans, and other plans required or authorized by this section.

(m)(k) "State officer" means any constitutional state officer, any elected state officer paid by state warrant, or any appointed state officer who is commissioned by the Governor and who is paid by state warrant.

(n)(1) "Surviving spouse" means the widow or widower of a deceased state officer, full-time state employee, part-time state employee, or retiree if such widow or widower was covered as a dependent under the state group health insurance plan or a health maintenance organization plan established pursuant to this section at the time of the death of the deceased officer, employee, or retiree. "Surviving spouse" also means any widow or widower who is receiving or eligible to receive a monthly state warrant from a state retirement system as the beneficiary of a state officer, full-time state employee, or retiree who died prior to July 1, 1979. For the purposes of this section, any such widow or widower shall cease to be a surviving spouse upon his or her remarriage.

- (3) STATE GROUP INSURANCE PROGRAM. --
- The Division of State Group Insurance is created 31 within the Department of Management Services, to be headed by

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a director who shall be appointed by the Governor and confirmed by the Senate. The division shall be a separate budget entity, and the director shall be its agency head for all purposes.

- 1. The director and assistant director shall be exempt from the Career Service System as provided under s. 110.205(2)(i). In addition to the 20 policymaking positions allocated to the Department of Management Services under s. 110.205(2)(m), the director, as agency head, may designate as being exempt from the Career Service System a maximum of 10 positions determined by the director to have policymaking or managerial responsibilities comparable to such positions.
- 2. The Department of Management Services shall provide administrative support and service to the division to the extent requested by the director. The division shall not be subject to control, supervision, or direction by the Department of Management Services in any manner, including, but not limited to, personnel, purchasing, transactions involving real or personal property, and budgetary matters, except to the extent as provided in this chapter and chapters 216, 255, 282, and 287 for agencies of the executive branch.
- (e)1. Notwithstanding the provisions of chapter 287 and the authority of the department, for the purpose of protecting the health of, and providing medical services to, state employees participating in the state group insurance program Employees' Health Self-Insurance Plan, the Division of State Group Insurance may contract to retain the services of professional administrators for the state group insurance program Employees' Health Self-Insurance Plan. The division agency shall follow good purchasing practices of state 31 procurement to the extent practicable under the circumstances.

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- Each vendor in a major procurement, and any other vendor if the division deems it necessary to protect the state's financial interests, shall, at the time of executing any contract with the division, post an appropriate bond with the division in an amount determined by the division to be adequate to protect the state's interests but not higher than the full amount estimated to be paid annually to the vendor under the contract.
- 3. Each major contract entered into by the division pursuant to this section shall contain a provision for payment of liquidated damages to the division for material noncompliance by a vendor with a contract provision. The division may require a liquidated damages provision in any contract if the division deems it necessary to protect the state's financial interests.
- The provisions of s. 120.57(3) apply to the division's contracting process, except:
- a. A formal written protest of any decision, intended decision, or other action subject to protest shall be filed within 72 hours after receipt of notice of the decision, intended decision, or other action.
- b. As an alternative to any provision of s. 120.57(3), the division may proceed with the bid selection or contract award process if the director of the division department sets forth, in writing, particular facts and circumstances which demonstrate the necessity of continuing the procurement process or the contract award process in order to avoid a substantial disruption to the provision of any scheduled insurance services.
- (h)1. A person eligible to participate in the state 31 group health insurance program plan may be authorized by rules

adopted by the division, in lieu of participating in the state group health insurance plan, to exercise an option to elect membership in a health maintenance organization plan which is under contract with the state in accordance with criteria established by this section and by said rules. The offer of optional membership in a health maintenance organization plan permitted by this paragraph may be limited or conditioned by rule as may be necessary to meet the requirements of state and federal laws.

- 2. The division shall contract with health maintenance organizations wishing to participate in the state group insurance program through a request for proposal or other procurement process, as developed by the Department of Management Services and determined to be appropriate by the director of the division. based upon a premium and a minimum benefit package as follows:
- a. The division shall establish a schedule of minimum benefits for HMO coverage, which schedule A minimum benefit package to be provided by a participating HMO shall include: physician services; inpatient and outpatient hospital services; emergency medical services, including out-of-area emergency coverage; diagnostic laboratory and diagnostic and therapeutic radiologic services; mental health, alcohol, and chemical dependency treatment services meeting the minimum requirements of state and federal law; skilled nursing facilities and services; prescription drugs; and other benefits as may be required by the division. Additional services may be provided subject to the contract between the division and the HMO.

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- b. The division may establish a uniform schedule for deductibles, and copayments, and coinsurance schedules may be established for all participating HMO plans HMOs.
- The division may require detailed information from each HMO participating in the procurement process, including, but not limited to, information pertaining to organizational status, experience in providing prepaid health benefits, accessibility of services, financial stability of the plan, quality of management services, accreditation status, quality of medical services, network access and adequacy, performance measurement, ability to meet the division's reporting requirements, actuarial basis of the proposed rates, and other data determined by the director to be necessary for the evaluation and selection of HMO plans and negotiation of appropriate rates for such plans. Upon receipt of proposals by HMO plans and the evaluation of such proposals, the division may enter into negotiations with all of the plans, or a subset of the plans, as the division deems appropriate. Based upon the minimum benefit package and copayments and deductibles contained in sub-subparagraphs a. and b., the division shall issue a request for proposal for all HMOs which are interested in participating in the state group insurance program. Upon receipt of all proposals, the division may, as it deems appropriate, enter into contract negotiations with HMOs submitting bids. As part of the request for proposal process, the division may require detailed financial data from each HMO which participates in the bidding process for the purpose of determining the financial stability of the HMO.
- d. In determining which HMOs to contract with, the division shall, at a minimum, consider: each proposed contractor's previous experience and expertise in providing

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prepaid health benefits; each proposed contractor's historical experience in enrolling and providing health care services to participants in the state group insurance program; the cost of the premiums; the plan's ability to adequately provide service coverage and administrative support services as determined by the division; plan benefits in addition to the minimum benefit package; accessibility to providers; and the financial solvency of the plan. Nothing shall preclude the division from negotiating regional or statewide contracts with health maintenance organization plans when this is cost-effective and when the division determines that the plan offers high value to enrollees has the best overall benefit package for the service areas involved. However, no HMO shall be eligible for a contract if the HMO's retiree Medicare premium exceeds the retiree rate as set by the division for the state group health insurance plan.

- e. The division may limit the number of HMOs that it contracts with in each service area based on the nature of the bids the division receives, the number of state employees in the service area, or and any unique geographical characteristics of the service area. The division shall establish by rule service areas throughout the state.
- f. All persons participating in the state group insurance program who are required to contribute towards a total state group health premium shall be subject to the same dollar contribution regardless of whether the enrollee enrolls in the state group health insurance plan or in an HMO plan.
- 3. The division is authorized to negotiate and to contract with specialty psychiatric hospitals for mental health benefits, on a regional basis, for alcohol, drug abuse, and mental and nervous disorders. The division may establish,

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subject to the approval of the Legislature pursuant to subsection (5), any such regional plan upon completion of an actuarial study to determine any impact on plan benefits and premiums.

- 3.4. In addition to contracting pursuant to subparagraph 2., the division shall enter into contract with any HMO to participate in the state group insurance program which:
- a. Serves greater than 5,000 recipients on a prepaid basis under the Medicaid program;
- b. Does not currently meet the 25 percent non-Medicare/non-Medicaid enrollment composition requirement established by the Department of Health and Human Services excluding participants enrolled in the state group insurance program;
- c. Meets the minimum benefit package and copayments and deductibles contained in sub-subparagraphs 2.a. and b.;
- d. Is willing to participate in the state group insurance program at a cost of premiums that is not greater than 95 percent of the cost of HMO premiums accepted by the division in each service area; and
- e. Meets the minimum surplus requirements of s. 641.225.

The division is authorized to contract with HMOs that meet the requirements of sub-subparagraphs a. through d. prior to the open enrollment period for state employees. The division is not required to renew the contract with the HMOs as set forth in this paragraph more than twice. Thereafter, the HMOs shall be eligible to participate in the state group insurance

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program only through the request for proposal process described in subparagraph 2.

 $\underline{4.5.}$ All enrollees in the state group health insurance plan or any health maintenance organization plan shall have the option of changing to any other health plan which is offered by the state within any open enrollment period designated by the division. Open enrollment shall be held at least once each calendar year.

5.6. Any HMO participating in the state group insurance program shall submit health care utilization and cost data to the division, in such form and in such manner as the division shall require, as a condition of participating in the program. The division shall enter into negotiations with the division's contracting HMOs to determine the nature and scope of the data submission and the final requirements, format, penalties associated with noncompliance, and timetables for submission. These determinations shall be adopted by rule. Any HMO participating in the state group insurance program shall, upon the request of the division, submit to the division standardized data for the purpose of comparison of the appropriateness, quality, and efficiency of care provided by the HMO. Such standardized data shall include: membership profiles; inpatient and outpatient utilization by age and sex, type of service, provider type, and facility; and emergency care experience. Requirements and timetables for submission of such standardized data and such other data as the division deems necessary to evaluate the performance of participating HMOs shall be adopted by rule.

6.7. The division may establish and direct, in

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package of insurance benefits that may include, but not necessarily be limited to, supplemental health and life coverage, dental care, long-term care, and vision care and other benefits as may be deemed necessary to enable state employees to select from among benefit options which best suit their individual and family needs. The division shall, after consultation with representatives from each of the unions representing state and university employees, establish a comprehensive package of insurance benefits including, but not limited to, supplemental health and life coverage, dental care, long-term care, and vision care to allow state employees the option to choose the benefit plans which best suit their individual needs.

Based upon a desired benefit package, the division shall issue a request for proposal for health insurance providers interested in participating in the state group insurance program, and the division shall issue a request for proposal for insurance providers interested in participating in the non-health-related components of the state group insurance program. Upon receipt of all proposals, the division may enter into contract negotiations with insurance providers submitting bids or negotiate a specially designed benefit package. Insurance providers offering or providing supplemental coverage as of May 30, 1991, which qualify for pretax benefit treatment pursuant to s. 125 of the Internal Revenue Code of 1986, with 5,500 or more state employees currently enrolled may be included by the division in the supplemental insurance benefit plan established by the division without participating in a request for proposal, submitting bids, negotiating contracts, or negotiating a 31 specially designed benefit package. These contracts shall

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provide state employees with the most cost-effective and comprehensive coverage available; however, no state or agency funds shall be contributed toward the cost of any part of the premium of such supplemental benefit plans.

- Pursuant to the applicable provisions of s. 110.161, and s. 125 of the Internal Revenue Code of 1986, the division shall enroll in the pretax benefit program those state employees who voluntarily elect coverage in any of the supplemental insurance benefit plans as provided by sub-subparagraph a.
- Nothing herein contained shall be construed to prohibit insurance providers from continuing to provide or offer supplemental benefit coverage to state employees as provided under existing agency plans.
- (4) PAYMENT OF PREMIUMS; CONTRIBUTION BY STATE; LIMITATION ON ACTIONS TO PAY AND COLLECT PREMIUMS. --
- (a) Except as provided in paragraph (e) with respect to law enforcement officers, correctional, and correctional probation officers, and firefighters, legislative authorization through the appropriations act is required for payment by a state agency of any part of the premium cost of participation in any group insurance plan. However, the state contribution for full-time employees or part-time permanent employees shall continue in the respective proportions for up to 6 months for any such officer or employee who has been granted an approved parental or medical leave of absence without pay.
- (e) No state contribution for the cost of any part of the premium shall be made for retirees or surviving spouses for any type of coverage under the state group insurance 31 program. However, any state agency that employs a full-time

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law enforcement officer, correctional officer, or correctional probation officer who is killed or suffers a catastrophic injury in the line of duty as provided in s. 112.19, or a full-time firefighter who is killed or suffers catastrophic injury in the line of duty as provided in s. 112.191, on or after July 1, 1980, as a result of an act of violence inflicted by another person while the officer is engaged in the performance of law enforcement duties or as a result of an assault against the officer under riot conditions shall pay the entire premium of the state group health insurance plan for the employee's surviving spouse until remarried, and for each dependent child of the employee subject to the conditions and limitations set forth in s. 112.19 or s. 112.191, as applicable until the child reaches the age of majority or until the end of the calendar year in which the child reaches the age of 25 if:

- 1. At the time of the employee's death, the child is dependent upon the employee for support; and
- 2. The surviving child continues to be a dependent for support, or the surviving child is a full-time or part-time student and is dependent for support.
- (h) State employees may participate in the state group health insurance plan at the time of receiving their state retirement benefits.
- (5) DIVISION OF STATE GROUP INSURANCE; POWERS AND DUTIES. -- The division is responsible for the administration of the state group insurance program. The division shall initiate and supervise the program as established by this section and shall adopt such rules as are necessary to perform its responsibilities. To implement this program, the division 31 | shall, with prior approval by the Legislature:

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- (a) Determine the benefits to be provided and the contributions to be required for the state group insurance program. Such determinations, whether for a contracted plan or a self-insurance plan pursuant to paragraph (c), do not constitute rules within the meaning of s. 120.52 or final orders within the meaning of s. 120.52. Any physician's fee schedule used in the health and accident plan shall not be available for inspection or copying by medical providers or other persons not involved in the administration of the program. However, in the determination of the design of the program, the division shall consider existing and complementary benefits provided by the Florida Retirement System and the Social Security System.
- (b) Prepare, in cooperation with the Department of Insurance, the specifications necessary to implement the program.
- (c) Contract on a competitive proposal basis with an insurance carrier or carriers, or professional administrator, determined by the Department of Insurance to be fully qualified, financially sound, and capable of meeting all servicing requirements. Alternatively, the division may self-insure any plan or plans contained in the state group insurance program subject to approval based on actuarial soundness by the Department of Insurance. The division may contract with an insurance company or professional administrator qualified and approved by the Department of Insurance to administer such plan. Before entering into any contract, the division shall advertise for competitive proposals, and such contract shall be let upon the consideration of the benefits provided in relationship to the 31 cost of such benefits. In determining which entity to contract

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with, the division shall, at a minimum, consider: the entity's previous experience and expertise in administering group insurance programs of the type it proposes to administer; the entity's ability to specifically perform its contractual obligations in this state and other governmental jurisdictions; the entity's anticipated administrative costs and claims experience; the entity's capability to adequately provide service coverage and sufficient number of experienced and qualified personnel in the areas of claims processing, recordkeeping, and underwriting, as determined by the division; the entity's accessibility to state employees and providers; the financial solvency of the entity, using accepted business sector measures of financial performance. The division may contract for medical services which will improve the health or reduce medical costs for employees who participate in the state group insurance plan.

- With respect to the state group health insurance plan, be authorized to require copayments with respect to all providers under the plan.
- (e) Have authority to establish a voluntary program for comprehensive health maintenance, which may include health educational components and health appraisals.
- (f) With respect to any contract with an insurance carrier or carriers or professional administrator entered into by the division, require that the state and the enrollees be held harmless and indemnified for any financial loss caused by the failure of the insurance carrier or professional administrator to comply with the terms of the contract.
- (g) With respect to any contract with an insurance carrier or carriers, or professional administrator entered 31 into by the division, require that the carrier or professional

administrator provide written notice to individual enrollees if any payment due to any health care provider of the enrollee remains unpaid beyond a period of time as specified in the contract.

- (h) Have authority to establish a voluntary group long-term care program or other programs to be funded on a pretax contribution basis or on a posttax contribution basis, as the division determines.
- (i) Beginning November 1, 1998, and for the 1998-1999 fiscal year only, continue to process health insurance claims for the 1996 and 1997 calendar years, subject to the review and approval process provided in s. 216.177. This paragraph is repealed on July 1, 1999.

Final decisions concerning enrollment, the existence of coverage or covered benefits under the state group health insurance program plan shall not be delegated or deemed to have been delegated by the division.

- (8)(a) COVERAGE FOR LEGISLATIVE MEMBERS AND EMPLOYEES.—The Legislature may provide coverage for its members and employees under all or any part of the state group insurance program; may provide coverage for its members and employees under a legislative group insurance program in lieu of all or any part of the state group insurance program; and, notwithstanding the provisions of paragraph (4)(c), may assume the cost of any group insurance coverage provided to its members and employees.
- (b) Effective July 1, 1999, any legislative member who terminates his or her elected service after July 1, 1999, after having vested in the state retirement system, may purchase coverage in the state group health insurance plan at

the same premium cost as that for retirees and surviving spouses.

(9) PUBLIC RECORDS LAW; EXEMPTION. -- Patient medical records and medical claims records of state employees, former state employees, and eligible covered dependents of state employees or former state employees in the custody or control of the state group insurance program are confidential and exempt from the provisions of s. 119.07(1). Such records shall not be furnished to any person other than the affected state employee or former state employee, or his or her the employee's legal representative, except upon written authorization of the state employee or former state employee, but may be furnished in any civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to the state employee, former state employee, or his or her the employee's legal representative by the party seeking such records.

Section 3. Section 110.12315, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 110.12315, F.S., for present text.)

employees' prescription drug program is hereby established.

The program shall be administered by the Division of State

Group Insurance of the Department of Management Services, in accordance with the terms and conditions of the plan as established by the division and by relevant provisions of the annual General Appropriations Act and implementing legislation, subject to the following conditions:

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(1) The division shall allow prescriptions written by health care providers under the plan to be filled by any licensed pharmacy pursuant to contractual claims-processing provisions. However, nothing in this section shall be construed as prohibiting a mail order prescription drug program distinct from the service provided by retail pharmacies.

- (2) In providing for reimbursement of pharmacies for prescription medicines dispensed to members of the state group health insurance plan and dependents of such members under the state employees' prescription drug program:
- (a) Retail pharmacies participating in the program shall be reimbursed at a uniform rate and subject to uniform conditions, in accordance with the terms and conditions of the plan.
- (b) There shall be a 30-day supply limit for prescription card purchases and there shall be a 90-day supply limit for mail order or mail order prescription drug purchases.
- (c) The current pharmacy dispensing fee shall remain in effect.
- (3) The division shall establish a reimbursement schedule for prescription pharmaceuticals dispensed under the program. Reimbursement rates for a prescription pharmaceutical shall be based on the cost of the generic equivalent drug if a generic equivalent exists, unless the physician prescribing the pharmaceutical clearly states on the prescription that the brand name drug is medically necessary or that the drug product is included on the formulary of drug products that may not be interchanged as provided in chapter 465, in which case, reimbursement shall be based on the cost

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of the brand name drug as specified in the reimbursement schedule adopted by the division.

- (4) The division shall conduct a prescription utilization review program. In order to participate in the state employees' prescription drug program, retail pharmacies dispensing prescription medicines to members of the state group health insurance plan or covered dependents of such members, or to subscribers or covered dependents of a health maintenance organization plan under the state group insurance program, shall be required to make their records available for such review.
- (5) The division shall implement any additional cost-saving measures and adjustments required to balance program funding within appropriations provided, including, but not limited to, a trial or starter dose program and dispensing of long-term maintenance medication in lieu of acute therapy medication.
- (6) Participating pharmacies must use a point-of-sale device or an on-line computer system to verify a participant's eligibility for coverage. The state is not liable for reimbursement of a participating pharmacy for dispensing prescription drugs to any person whose current eligibility for coverage has not been verified by the state's contracted administrator or by the division.

Section 4. Section 110.1232, Florida Statutes, is amended to read:

110.1232 Health insurance coverage for persons retired under state-administered retirement systems before January 1, 1976, and for spouses. -- Notwithstanding any provisions of law to the contrary, the Division of State Group Insurance shall 31 provide health insurance coverage under in the state group

Health insurance program Plan for persons who retired prior to January 1, 1976, under any of the state-administered retirement systems and who are not covered by social security and for the spouses and surviving spouses of such retirees who are also not covered by social security. Such health insurance coverage shall provide the same benefits as provided to other retirees who are entitled to participate under s. 110.123. The claims experience of this group shall be commingled with the claims experience of other members covered under s. 110.123.

Section 5. Subsection (1) of section 110.1234, Florida Statutes, is amended to read:

110.1234 Health insurance for retirees under the Florida Retirement System; Medicare supplement and fully insured coverage.--

(1) The Division of State Group Insurance shall solicit competitive bids from state-licensed insurance companies to provide and administer a fully insured Medicare supplement policy for all eligible retirees of a state or local public employer. Such Medicare supplement policy shall meet the provisions of ss. 627.671-627.675. For the purpose of this subsection, "eligible retiree" means any public employee who retired from a state or local public employer who is covered by Medicare, Parts A and B. The <u>division department</u> shall authorize one company to offer the Medicare supplement coverage to all eligible retirees. All premiums shall be paid by the retiree.

Section 6. Section 110.1238, Florida Statutes, is amended to read:

110.1238 State group health insurance plans; refunds with respect to overcharges by providers.--A participant in a

 state group health insurance plan who discovers that he or she was overcharged by a health care provider shall receive a refund of 50 percent of any amount recovered as a result of such overcharge, up to a maximum of \$1,000 per admission.

Section 7. Subsections (5), (6), and (7) of section 110.161, Florida Statutes, are amended to read:

110.161 State employees; pretax benefits program.--

- (5) The Division of State Group Insurance shall develop rules for the pretax benefits program, which shall specify the benefits to be offered under the program, the continuing tax-exempt status of the program, and any other matters deemed necessary by the <u>division</u> department to implement this section. The rules must be approved by a majority vote of the Administration Commission.
- (6) The Division of State Group Insurance is authorized to administer the establish a pretax benefits program established for all employees so that whereby employees may would receive benefits which are not includable in gross income under the Internal Revenue Code of 1986. The pretax benefits program: shall be implemented in phases. Phase one
- (a) Shall allow employee contributions to premiums for the state group insurance health program administered under s.

 110.123 and state life insurance to be paid on a pretax basis unless an employee elects not to participate.
- (b) Phase two Shall allow employees to voluntarily establish expense reimbursement plans from their salaries on a pretax basis to pay for qualified medical and dependent care expenses, including premiums paid by employees for qualified supplemental insurance.

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- (c) Phase two May also provide for the payment of such premiums through a pretax payroll procedure as used in phase one. The Administration Commission and the Division of State Group Insurance are directed to take all actions necessary to preserve the tax-exempt status of the program.
- (7) The Legislature recognizes that a substantial amount of the employer savings realized by the implementation of a pretax benefits program will be the result of diminutions in the state's employer contribution to the Federal Insurance Contributions Act tax. There is hereby created the Pretax Benefits Trust Fund in the Division of State Group Insurance. Each agency shall transfer to the Pretax Benefits Trust Fund the employer FICA contributions saved by the state as a result of the implementation of the pretax benefits program authorized pursuant to this section. Any moneys forfeited pursuant to employees' salary reduction agreements to participate in phase one or phase two of the program must also be deposited in the Pretax Benefits Trust Fund. Moneys in the Pretax Benefits Trust Fund shall be used for the pretax benefits program, including its administration by the Division of State Group Insurance Department of Management Services or a third-party administrator.

Section 8. Paragraph (i) of subsection (2) of section 110.205, Florida Statutes, is amended to read:

110.205 Career service; exemptions.--

(2) EXEMPT POSITIONS.--The exempt positions which are not covered by this part include the following, provided that no position, except for positions established for a limited period of time pursuant to paragraph (h), shall be exempted if the position reports to a position in the career service:

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The appointed secretaries, assistant secretaries, deputy secretaries, and deputy assistant secretaries of all departments; the executive directors, assistant executive directors, deputy executive directors, and deputy assistant executive directors of all departments; and the directors of all divisions and those positions determined by the department to have managerial responsibilities comparable to such positions, which positions include, but are not limited to, program directors, assistant program directors, district administrators, deputy district administrators, the Director of Central Operations Services of the Department of Health and Rehabilitative Services, the assistant director of the Division of State Group Insurance and the assistant director of the Division of Retirement of the Department of Management Services, and the State Transportation Planner, State Highway Engineer, State Public Transportation Administrator, district secretaries, district directors of planning and programming, production, and operations, and the managers of the offices specified in s. 20.23(3)(d)2., of the Department of Transportation. Unless otherwise fixed by law, the department shall set the salary and benefits of these positions in accordance with the rules of the Senior Management Service.

amended to read: 121.025 Administrator; powers and duties.--The

director of the Division of Retirement shall be the administrator of the retirement and pension systems assigned or transferred to the Division of Retirement by law and shall have the authority to sign the contracts necessary to carry out the duties and responsibilities assigned by law to the 31 Division of Retirement. The director and assistant director

Section 9. Section 121.025, Florida Statutes, is

shall be exempt from the Career Service System as provided under s. 110.205(2)(i). In addition to the 20 policymaking positions allocated to the Department of Management Services under s. 110.205(2)(m), the director, as agency head, may designate as being exempt from the Career Service System a maximum of 10 positions determined by the director to have policymaking or managerial responsibilities comparable to such positions.

Section 10. Paragraph (a) of subsection (5) of section 215.94, Florida Statutes, is amended to read:

215.94 Designation, duties, and responsibilities of functional owners.--

- (5) The Department of Management Services shall be the functional owner of the Cooperative Personnel Employment Subsystem. The department shall design, implement, and operate the subsystem in accordance with the provisions of ss. 110.116 and 215.90-215.96. The subsystem shall include, but shall not be limited to, functions for:
- (a) Maintenance of employee and position data, including funding sources and percentages and salary lapse. The employee data shall include, but not be limited to, information to meet the payroll system requirements of the Department of Banking and Finance and to meet the employee benefit system requirements of the Division of State Group Employees Insurance in the Department of Management Services.

 $\mbox{Section 11.} \ \mbox{This act shall take effect upon becoming a} \\ \mbox{law.}$

HOUSE SUMMARY Revises and clarifies provisions relating to the state group insurance program, the Division of State Group Insurance of the Department of Management Services, the Florida State Group Insurance Council, health maintenance organization contracting, the state employees' prescription drug program, the State Employee's Pretax Benefits Program, and exemptions from the Career Service System. See bill for details.