A bill to be entitled 1 2 An act relating to the Employee Health Care 3 Access Act; amending s. 627.6699, F.S.; revising certain definitions; revising and 4 5 updating provisions requiring small employer carriers to offer and issue certain health 6 7 benefit plans; providing additional 8 restrictions on premium rates for certain 9 health benefit plans; providing an effective 10 date.

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

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Section 1. Paragraphs (n) and (v) of subsection (3), paragraph (c) of subsection (5), and paragraphs (b) and (d) of subsection (6) of section 627.6699, Florida Statutes, 1998 Supplement, are amended to read:

627.6699 Employee Health Care Access Act. --18

- (3) DEFINITIONS.--As used in this section, the term:
- "Modified community rating" means a method used to develop carrier premiums which spreads financial risk across a large population and allows adjustments for age, gender, family composition, tobacco usage, and geographic area as determined under paragraph (5)(j), (k) claims experience, health status or duration of coverage as permitted under subparagraph (6)(b)6., and administrative and acquisition expenses as permitted under subparagraph (6)(b)7.
- "Small employer" means, in connection with a health benefit plan with respect to a calendar year and a plan year, any person, sole proprietor, self-employed individual, 31 | independent contractor, firm, corporation, partnership, or

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association that is actively engaged in business, has its principal place of business in this state, employed an average of at least 2 ± but not more than 50 eligible employees on business days during the preceding calendar year in which a majority of such employees were employed within this state, and employs at least 2 employees 1 employee on the first day of the plan year, is not formed primarily for purposes of buying health insurance, and a bona fide employer-employee relationship exists. For purposes of this section, a sole proprietor, an independent contractor, or a self-employed individual that employed an average of at least 1 but not more than 2 eligible employees on business days during the preceding calendar year is considered a small employer only for purposes of renewal of coverage on or after July 1, 1999, if all of the conditions and criteria established in this section are met.

- (5) AVAILABILITY OF COVERAGE. --
- (c) Every small employer carrier must, as a condition of transacting business in this state:
- 1. Beginning July 1, 1999 January 1, 1994, offer and issue all small employer health benefit plans on a guaranteed-issue basis to every eligible small employer, with $\underline{2}$ to 50 eligible employees, that elects to be covered under such plan, agrees to make the required premium payments, and satisfies the other provisions of the plan. A rider for additional or increased benefits may be medically underwritten and may only be added to the standard health benefit plan. The increased rate charged for the additional or increased benefit must be rated in accordance with this section.
- 2. Beginning April 15, 1994, offer and issue basic and standard small employer health benefit plans on a

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guaranteed-issue basis to every eligible small employer, with one or two eligible employees, which elects to be covered under such plan, agrees to make the required premium payments, and satisfies the other provisions of the plan. A rider for additional or increased benefits may be medically underwritten and may only be added to the standard health benefit plan. The increased rate charged for the additional or increased benefit must be rated in accordance with this section.

- 2.3. Offer to eligible small employers the standard and basic health benefit plans. This subparagraph does not limit a carrier's ability to offer other health benefit plans to small employers if the standard and basic health benefit plans are offered and rejected.
 - (6) RESTRICTIONS RELATING TO PREMIUM RATES. --
- (b) For all small employer health benefit plans that are subject to this section and are issued by small employer carriers on or after January 1, 1994, premium rates for health benefit plans subject to this section are subject to the following:
- Small employer carriers must use a modified community rating methodology in which the premium for each small employer must be determined solely on the basis of the eligible employee's and eligible dependent's gender, age, family composition, tobacco use, or geographic area as determined under paragraph (5)(j)(k)and in which the premium may be adjusted as permitted by subparagraphs 5., 6., and 7.
- Rating factors related to age, gender, family composition, tobacco use, or geographic location may be developed by each carrier to reflect the carrier's experience. The factors used by carriers are subject to department review 31 and approval.

- 3. Small employer carriers may not modify the rate for a small employer for 12 months from the initial issue date or renewal date, unless the composition of the group changes or benefits are changed.
- 4. Carriers participating in the alliance program, in accordance with ss. 408.700-408.707, may apply a different community rate to business written in that program.
- 5. Any adjustments in rates for claims experience, health status, or duration of coverage shall not be charged to individual employees or dependents. For a small employer's policy, such adjustments may not result in a rate for the small employer which deviates more than 25 percent of the carrier's approved rate. Any such adjustment shall be applied uniformly to the rates charged for all employees of the small employer and such employees' dependents. A small employer carrier may make an adjustment to a small employer's renewal premium, not to exceed 15 percent annually, due to the claims experience, health status, or duration of coverage of the employees of the small employer and such employees' dependents.
- 6. A small employer carrier may make an adjustment to a small employer's premium based on administrative and acquisition expense differences resulting from the size of the group. Group size administration and acquisition expense factors may be developed by each carrier to reflect the carrier's experience and are subject to department review and approval.
- 7. A small employer carrier rating methodology may include separate rating categories for one dependent child, for two dependent children, or three or more dependent children for family coverage of an employee with a spouse and

dependent children or an employee with dependent children only. (d) Notwithstanding s. 627.401(2), this section and ss. 627.410 and 627.411 apply to any health benefit plan provided by a small employer carrier which is an insurer, and this section and s. 641.31 shall apply to any health benefit provided by a small employer carrier which is a health maintenance organization, that provides coverage to one or more employees of a small employer regardless of where the policy, certificate, or contract is issued or delivered, if the health benefit plan covers employees or their covered dependents who are residents of this state. Section 2. This act shall take effect October 1, 1999. ********* HOUSE SUMMARY Revises criteria by which small employer carriers offer and issue health benefit plans and provides additional restrictions on premium rates for health benefit plans. See bill for details.