Bill No. CS for SB 1028

Amendment No. \_\_\_\_ CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 Senator Latvala moved the following amendment to amendment 11 12 (540324): 13 14 Senate Amendment (with title amendment) On page 63, between lines 19 and 20, 15 16 17 and insert: Section 40. Subsection (12) is added to section 18 19 216.136, Florida Statutes, to read: 20 216.136 Consensus estimating conferences; duties and 21 principals.--22 (12) MANDATED HEALTH INSURANCE BENEFITS AND PROVIDERS ESTIMATING CONFERENCE. --23 24 (a) Duties.--The Mandated Health Insurance Benefits 25 and Providers Estimating Conference shall: 26 1. Develop and maintain, with the Department of 27 Insurance, a system and program of data collection to assess the impact of mandated benefits and providers, including costs 28 to employers and insurers, impact of treatment, cost savings 29 30 in the health care system, number of providers, and other 31 appropriate data. 1

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2. Prescribe the format, content, and timing of 1 2 information that is to be submitted to the conference and used 3 by the conference in its assessment of proposed and existing 4 mandated benefits and providers. Such format, content, and timing requirements are binding upon all parties submitting 5 6 information for the conference to use in its assessment of 7 proposed and existing mandated benefits and providers. 3. Provide assessments of proposed and existing 8 mandated benefits and providers and other studies of mandated 9 10 benefits and provider issues as requested by the Legislature or the Governor. When a legislative measure containing a 11 12 mandated health insurance benefit or provider is proposed, the 13 standing committee of the Legislature which has jurisdiction over the proposal shall request that the conference prepare 14 15 and forward to the Governor and the Legislature a study that provides, for each measure, a cost-benefit analysis that 16 17 assesses the social and financial impact and the medical 18 efficacy according to prevailing medical standards of the proposed mandate. The conference has 12 months after the 19 committee makes its request in which to complete and submit 20 the conference's report. The standing committee may not 21 consider such a proposed legislative measure until 12 months 22 after it has requested the conference's report on the measure. 23 24 4. The standing committees of the Legislature which have jurisdiction over health insurance matters shall request 25 26 that the conference assess the social and financial impact and 27 the medical efficacy of existing mandated benefits and 28 providers. The committees shall submit to the conference by 29 January 1, 2001, a schedule of evaluations that sets forth the 30 respective dates by which the conference must have completed its evaluations of particular existing mandates. 31

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1	(b) PrincipalsThe Executive Office of the Governor,
2	the Insurance Commissioner, the Director of the Division of
3	Economic and Demographic Research of the Joint Legislative
4	Management Committee, and professional staff of the Senate and
5	the House of Representatives who have health insurance
6	expertise, or their designees, are the principals of the
7	Mandated Health Insurance Benefits and Providers Estimating
8	Conference. The responsibility of presiding over sessions of
9	the conference shall be rotated among the principals.
10	Section 41. Section 624.215, Florida Statutes, is
11	amended to read:
12	624.215 Proposals for legislation which mandates
13	health benefit coverage; review by Legislature
14	(1) LEGISLATIVE INTENTThe Legislature finds that
15	there is an increasing number of proposals which mandate that
16	certain health benefits be provided by insurers and health
17	maintenance organizations as components of individual and
18	group policies. The Legislature further finds that many of
19	these benefits provide beneficial social and health
20	consequences which may be in the public interest. However,
21	the Legislature also recognizes that most mandated benefits
22	contribute to the increasing cost of health insurance
23	premiums. Therefore, it is the intent of the Legislature to
24	conduct a systematic review of current and proposed mandated
25	or mandatorily offered health coverages and to establish
26	guidelines for such a review. This review will assist the
27	Legislature in determining whether mandating a particular
28	coverage is in the public interest.
29	(2) MANDATED HEALTH COVERAGE; REPORT TO THE MANDATED
30	HEALTH INSURANCE BENEFITS AND PROVIDERS ESTIMATING CONFERENCE
31	AGENCY FOR HEALTH CARE ADMINISTRATION AND LEGISLATIVE
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COMMITTEES; GUIDELINES FOR ASSESSING IMPACT. -- Every person or 1 2 organization seeking consideration of a legislative proposal 3 which would mandate a health coverage or the offering of a 4 health coverage by an insurance carrier, health care service 5 contractor, or health maintenance organization as a component 6 of individual or group policies, shall submit to the Mandated 7 Health Insurance Benefits and Providers Estimating Conference 8 Agency for Health Care Administration and the legislative 9 committees having jurisdiction a report which assesses the 10 social and financial impacts of the proposed coverage. 11 Guidelines for assessing the impact of a proposed mandated or mandatorily offered health coverage must, to the extent that 12 13 information is available, shall include: (a) To what extent is the treatment or service 14 15 generally used by a significant portion of the population. 16 (b) To what extent is the insurance coverage generally 17 available. 18 (c) If the insurance coverage is not generally available, to what extent does the lack of coverage result in 19 20 persons avoiding necessary health care treatment. 21 (d) If the coverage is not generally available, to what extent does the lack of coverage result in unreasonable 22 23 financial hardship. 24 (e) The level of public demand for the treatment or 25 service. The level of public demand for insurance coverage 26 (f) 27 of the treatment or service. The level of interest of collective bargaining 28 (q) 29 agents in negotiating for the inclusion of this coverage in 30 group contracts. 31 (h) A report of the extent to which To what extent 4

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will the coverage will increase or decrease the cost of the 1 2 treatment or service. 3 (i) A report of the extent to which To what extent 4 will the coverage will increase the appropriate uses of the treatment or service. 5 6 (j) A report of the extent to which To what extent 7 will the mandated treatment or service will be a substitute for a more expensive treatment or service. 8 (k) A report of the extent to which To what extent 9 10 will the coverage will increase or decrease the administrative expenses of insurance companies and the premium and 11 12 administrative expenses of policyholders. 13 (1) A report as to the impact of this coverage on the 14 total cost of health care. 15 16 The reports required in paragraphs (h) through (l) shall be 17 reviewed by the Mandated Health Insurance Benefits and 18 Providers Conference using a certified actuary. The standing committee of the Legislature which has jurisdiction over the 19 20 legislative proposal must request and receive a report from 21 the Mandated Health Insurance Benefits and Providers Estimating Conference before the committee considers the 22 proposal. The committee may not consider a legislative 23 24 proposal that would mandate a health coverage or the offering 25 of a health coverage by an insurance carrier, health care 26 service contractor, or health maintenance organization until 27 after the committee's request to the Mandated Health Insurance 28 Benefits and Providers Estimating Conference has been 29 answered. As used in this section, the term "health coverage 30 mandate" includes mandating the use of a type of provider.

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1 2 And the title is amended as follows: 3 On page 68, line 7, after the semicolon, 4 5 and insert: amending s. 216.136, F.S.; creating the 6 7 Mandated Health Insurance Benefits and Providers Estimating Conference; providing for 8 membership and duties of the conference; 9 providing duties of legislative committees that 10 have jurisdiction over health insurance 11 matters; amending s. 624.215, F.S.; providing 12 13 that certain legislative proposals must be 14 submitted to and assessed by the conference, rather than the Agency for Health Care 15 16 Administration; amending guidelines for 17 assessing the impact of a proposal to legislatively mandate certain health coverage; 18 19 providing prerequisites to legislative 20 consideration of such proposals; 21 22 23 24 25 26 27 28 29 30 31

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