

By Senator Latvala

19-935-01

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

A bill to be entitled

An act relating to health care access; creating a pilot program to provide health care coverage for uninsured persons; prescribing guidelines for the program and coverage thereunder; prescribing duties of the Agency for Health Care Administration; requiring records and access to records; providing remedies for unlawful or harmful acts by health care entities; providing an effective date.

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

Section 1. Health flex plans.--

(1) INTENT.--The Legislature finds that a significant proportion of state residents is not able to obtain affordable health insurance coverage. Therefore, it is the intent of the Legislature to expand the availability of health care options for lower-income uninsured Floridians by encouraging health insurers, health maintenance organizations, health care provider-sponsored organizations, local governments, health care districts, and other public or private community-based organizations to develop alternative approaches to traditional health insurance which emphasize coverage for basic and preventative health care services. To the maximum extent possible, these options should be coordinated with existing governmental or community-based health services programs in a manner that is consistent with the objectives and requirements of such programs.

(2) DEFINITIONS.--As used in this section, the term:

1 (a) "Agency" means the Agency for Health Care
2 Administration.

3 (b) "Approved plan" means a health flex plan approved
4 under subsection (3) which guarantees payment by the health
5 plan entity for specified health care services provided to the
6 enrollee. The plan may limit or exclude benefits otherwise
7 required by law for insurers offering coverage in this state,
8 cap the total amount of claims paid in one year per enrollee,
9 or limit the number of enrollees covered.

10 (c) "Enrollee" means an individual who has been
11 determined eligible for and is receiving health benefits under
12 a health flex plan approved under this section.

13 (d) "Health care coverage" means payment for health
14 care services covered as benefits under an approved plan or
15 which otherwise provides, either directly or through
16 arrangements with other persons, covered health care services
17 on a prepaid per capita basis or on a prepaid aggregate
18 fixed-sum basis.

19 (e) "Health plan entity" means a health insurer,
20 health maintenance organization, health care
21 provider-sponsored organization, local government, health care
22 district, or other public or private community-based
23 organization that develops and implements an approved plan and
24 is responsible for financing and paying all claims by
25 enrollees of the plan.

26 (3) PILOT PROGRAM.--The agency, in consultation with
27 the Department of Insurance, shall approve or disapprove
28 health flex plans that provide health care coverage for
29 eligible participants residing in the three areas of the state
30 having the highest number of uninsured residents as determined
31

1 by the agency. The agency may not approve, or shall withdraw
2 approval of, plans that:

3 (a) Contain any ambiguous, inconsistent, or misleading
4 provisions, or exceptions or conditions that deceptively
5 affect or limit the benefits purported to be assumed in the
6 general coverage provided by the plan;

7 (b) Provide benefits that are unreasonable in relation
8 to the premium charged, contain provisions that are unfair or
9 inequitable or contrary to the public policy of this state,
10 that encourage misrepresentation, or that result in unfair
11 discrimination in sales practices; or

12 (c) Cannot demonstrate that the plan is financially
13 sound and that the applicant has the ability to underwrite or
14 finance the benefits provided.

15 (4) LICENSE NOT REQUIRED.--A health flex plan approved
16 under this section is not subject to the licensing
17 requirements of the Florida Insurance Code or chapter 641,
18 Florida Statutes, relating to health maintenance organizations
19 unless expressly made applicable. However, for the purposes of
20 prohibiting unfair trade practices, health flex plans shall be
21 considered insurance subject to the applicable provisions of
22 part IX of chapter 626, Florida Statutes, except where in
23 conflict with the provisions of this section.

24 (5) ELIGIBILITY.--Eligibility to enroll in an approved
25 health flex plan is limited to Florida residents who:

26 (a) Are 64 years of age or younger;

27 (b) Have a family income equal to or less than 200
28 percent of the federal poverty level;

29 (c) Are not covered by a private insurance policy; are
30 not eligible for coverage through a public health insurance
31 program, such as Medicare or Medicaid, or other public health

1 care program, such as KidCare; and have not been covered at
2 any time during the proceeding 6 months; and

3 (d) Have applied for health care benefits through an
4 approved health flex plan and agree to make any payments
5 required for participation, including periodic payments or
6 payments due at the time health care services are provided.

7 (6) RECORDS.--Every health option plan provider shall
8 maintain reasonable records of its loss, expense, and claims
9 experience and shall make such records reasonably available to
10 enable the agency to monitor and determine the financial
11 viability of the plan, as necessary.

12 (7) NOTICE.--The denial of coverage by the health plan
13 entity, or nonrenewal or cancellation of coverage, must be
14 accompanied by the specific reasons for denial, nonrenewal, or
15 cancellation. Notice of nonrenewal or cancellation must be
16 provided at least 45 days in advance of such nonrenewal or
17 cancellation, except that 10 days' written notice need be
18 given for cancellation due to nonpayment of premiums. If the
19 health plan entity fails to give the required notice, the plan
20 shall remain in effect until notice is appropriately given.

21 (8) NONENTITLEMENT.--Coverage under an approved health
22 plan is not an entitlement, and no cause of action shall arise
23 against the state, a local government entity or other
24 political subdivision of this state, or the agency for failure
25 to make coverage available to eligible persons under this
26 section.

27 (9) CIVIL ACTIONS.--In addition to an administrative
28 action initiated under section (4), the agency may seek any
29 remedy provided by law, including, but not limited to, the
30 remedies provided in section 812.035, Florida Statutes, if the
31 agency finds that a health plan entity has engaged in any act

1 resulting in injury to an enrollee covered by a plan approved
2 under this section.

3 Section 2. This act shall take effect July 1, 2001.

4
5 *****

6 SENATE SUMMARY

7 Creates a pilot program, designated health flex plans, to
8 provide health care coverage for uninsured persons under
9 the oversight of the Agency for Health Care
 Administration. (See bill for details.)

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31