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A bill to be entitled  
 An act relating to health care; providing a popular name;  
 providing purposes; establishing the Citizens' Health Care  
 Working Group; providing for membership and criteria  
 therefor; providing for term of membership; providing for  
 a chair; requiring public hearings; requiring a report;  
 providing for community health care meetings and for  
 dissemination of recommendations; providing for staff of  
 the working group; providing for travel expenses;  
 requiring a report to the Legislature; providing for  
 termination of the working group; providing an  
 appropriation; providing an effective date.

WHEREAS, in order to improve the health care system, the  
 citizens of Florida must engage in an informed public debate to  
 make choices about the services they want covered, what health  
 care coverage they want, and how they are willing to pay for  
 coverage, and

WHEREAS, although on a national level more than \$1 trillion  
 annually is spent on the health care system, 2,100,000  
 Floridians are uninsured, and

WHEREAS, insured individuals do not always have access to  
 essential, effective services to improve and maintain their  
 health, and

WHEREAS, employers, who provide insurance coverage for  
 nearly 8,000,000 Floridians, find providing coverage  
 increasingly difficult because of rising costs and double-digit  
 premium increases, and



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29 WHEREAS, despite increases in medical care spending that  
 30 are greater than the rate of inflation, population growth, and  
 31 Gross Domestic Product growth, there has not been a commensurate  
 32 improvement in our health status as a nation, and

33 WHEREAS, health care costs for just one member of a family  
 34 can be catastrophic, resulting in medical bills that have the  
 35 potential to undermine the economic stability of the entire  
 36 family, and

37 WHEREAS, common life occurrences can jeopardize the ability  
 38 of a family to retain private coverage or jeopardize access to  
 39 public coverage, and

40 WHEREAS, innovations in health care access, coverage, and  
 41 quality of care, including the use of technology, have often  
 42 come from state governments, local communities, and private  
 43 sector organizations, but more creative policies could further  
 44 tap this potential, and

45 WHEREAS, despite our state's wealth, the current health  
 46 care system does not provide coverage to all Floridians who want  
 47 it, NOW, THEREFORE,

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

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51 Section 1. Popular name.--This act shall be known by the  
 52 popular name the "Health Care that Works for All Floridians  
 53 Act."

54 Section 2. Purposes.--The purposes of this act are:

55 (1) To provide for a statewide public debate about  
 56 improving the health care system to provide every Floridian with  
 57 the ability to obtain quality, affordable health care coverage.



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58       (2) To provide for a vote by the House of Representatives  
59 and the Senate on the recommendations that result from the  
60 debate.

61       Section 3. Citizens' Health Care Working Group.--

62       (1) The Secretary of Health Care Administration and the  
63 Secretary of Health shall establish the Citizens' Health Care  
64 Working Group, which shall consist of 27 members.

65       (2) Not later than 45 days after the effective date of  
66 this act, the Speaker of the House of Representatives and the  
67 majority leader and minority leader of the House of  
68 Representatives and the President of the Senate and the majority  
69 leader and minority leader of the Senate, who shall be known as  
70 "leadership" for the purposes of this act, shall each appoint  
71 members to serve on the working group in accordance with  
72 subsections (3), (4), and (5).

73       (3) The Secretary of Health Care Administration or a  
74 designee and the Secretary of Health or a designee shall be  
75 members of the working group. The remaining members of the  
76 working group shall be appointed as follows:

77       (a) The Speaker of the House of Representatives jointly  
78 with the majority leader and minority leader of the House of  
79 Representatives, and the President of the Senate jointly with  
80 the majority leader and minority leader of the Senate, shall  
81 each appoint one member of the working group from the categories  
82 listed in subparagraphs (d)1., 7., 10., 11., and 13.

83       (b) Leadership shall jointly appoint members of the  
84 working group from the categories listed in subparagraphs (d)2.,  
85 3., 4., 5., 6., 9., and 14.

86       (c) Members of the working group from the categories



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87 listed in subparagraphs (d)8. and 12. shall be appointed as  
88 follows:

89 1. Leadership shall jointly appoint one member from each  
90 category.

91 2. Of the remaining members, 3 shall be appointed by the  
92 Speaker of the House of Representatives jointly with the  
93 majority leader and minority leader of the House of  
94 Representatives, and 3 shall be appointed by the President of  
95 the Senate jointly with the majority leader and minority leader  
96 of the Senate.

97 (d) The categories from which members shall be appointed  
98 are as follows:

99 1. Two members shall be patients or family members of  
100 patients who, for at least 1 year prior to the effective date of  
101 this act, have had no health insurance.

102 2. One member shall be a representative of children.

103 3. One member shall be a representative of the mentally  
104 ill.

105 4. One member shall be a representative of the disabled.

106 5. One member shall be over the age of 65 and a  
107 beneficiary under the Medicare program established under Title  
108 XVIII of the Social Security Act (42 U.S.C. ss. 1395 et seq.).

109 6. One member shall be a recipient of benefits under the  
110 Medicaid program under Title XIX of the Social Security Act (42  
111 U.S.C. ss. 1396 et seq.).

112 7. Two members shall be state health officials.

113 8. Three members shall be employers and shall include:

114 a. One large employer who employed 50 or more employees on  
115 business days during the preceding calendar year and who



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116 employed at least 50 employees on January 1 of the current year.

117 b. One small employer who employed an average of at least  
118 2 employees but less than 50 employees on business days in the  
119 preceding calendar year and who employed at least 2 employees on  
120 January 1 of the current year.

121 c. One multistate employer.

122 9. One member shall be a representative of labor.

123 10. Two members shall be health insurance issuers.

124 11. Two members shall be health care providers.

125 12. Five members shall be appointed from the following  
126 categories:

127 a. One member shall be an economist.

128 b. One member shall be an academician.

129 c. One member shall be a health policy researcher.

130 d. One member shall be an individual with expertise in  
131 pharmacoeconomics.

132 e. One member shall be a health technology expert.

133 13. Two members shall be representatives of community  
134 leaders who have developed state or local community solutions to  
135 the problems addressed by the working group.

136 14. One member shall be a representative of a medical  
137 school.

138 (4) Members of the working group shall not include members  
139 of the Legislature or other elected officials from federal,  
140 state, or local government. To the extent possible, individuals  
141 appointed to the working group shall have used the health care  
142 system within the previous 2 years and shall not be paid  
143 employees or representatives of associations or advocacy  
144 organizations involved in the health care system.



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145 (5) Members of the working group shall be appointed for a  
146 term of 2 years. Such term is renewable, and any vacancies shall  
147 not affect the power and duties of the working group but shall  
148 be filled in the same manner as the original appointment.

149 (6) Not later than 15 days after the date on which all  
150 members of the working group have been appointed, the Speaker of  
151 the House of Representatives and the President of the Senate  
152 shall make a joint designation of the chair of the working  
153 group. If the Speaker of the House of Representatives and the  
154 President of the Senate fail to designate a chair within such  
155 time period, the members of the working group shall, not later  
156 than 10 days after the end of the 15-day time period, elect a  
157 chair by majority vote.

158 (7) The working group may establish subcommittees if doing  
159 so increases the efficiency of the working group.

160 (8) Not later than 90 days after the date of appointment  
161 of the chair, the working group shall hold hearings to evaluate:

162 (a) The capacity of the public and private health care  
163 systems to expand coverage options.

164 (b) The cost of health care and the effectiveness of care  
165 provided at all stages of disease, but in particular the cost of  
166 services at the end of life.

167 (c) Innovative strategies used by other states to expand  
168 health care coverage and lower health care costs.

169 (d) Local community solutions for accessing health care  
170 coverage.

171 (e) Efforts to enroll individuals currently eligible for  
172 public or private health care coverage.

173 (f) The role of evidence-based medical practices that can



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174 be documented as restoring, maintaining, or improving a  
175 patient's health, and the use of technology in supporting  
176 providers in improving quality of care and lowering costs.

177 (g) Strategies to assist purchasers of health care,  
178 including consumers, in becoming more aware of the impact of  
179 costs and to lower the costs of health care.

180 (9) The working group may hold additional hearings on  
181 subjects other than those listed in subsection (8) if such  
182 additional hearings are determined to be necessary. Additional  
183 hearings are not required to be completed within the time period  
184 specified in subsection (8) but shall not delay the other  
185 activities of the working group as specified in this act.

186 (10) Not later than 90 days after the hearings described  
187 in subsections (8) and (9) are completed, the working group  
188 shall prepare and make available to health care consumers,  
189 through the Internet and other appropriate public channels, a  
190 report to be entitled, "Health Report to the Citizens of  
191 Florida." Such report shall be understandable to the general  
192 public and include:

193 (a) Health care and related services that may be used by  
194 individuals throughout their lives.

195 (b) The cost of health care services and their medical  
196 effectiveness in providing better quality of care for different  
197 age groups.

198 (c) The source of coverage and payment, including  
199 reimbursement, for health care services.

200 (d) The reasons people are uninsured or underinsured and  
201 the cost to taxpayers, purchasers of health services, and  
202 communities when Floridians are uninsured or underinsured.



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203 (e) The impact on health care outcomes and costs when  
204 individuals are treated in later stages of disease.

205 (f) Health care cost containment strategies.

206 (g) Information on health care needs that need to be  
207 addressed.

208 (h) Examples of community strategies to provide health  
209 care coverage or access.

210 (i) Information on geographic-specific issues relating to  
211 health care.

212 (j) Information concerning the cost of care in different  
213 settings, including institutional-based, home-based, and  
214 community-based care.

215 (k) A summary of ways to finance health care coverage.

216 (l) The role of technology in providing future health  
217 care, including ways to support the information needs of  
218 patients and providers.

219 (11)(a) Not later than 1 year after the effective date of  
220 this act, the working group shall initiate community health care  
221 meetings throughout the state. Community meetings may be  
222 geographically or regionally based and shall be completed within  
223 180 days after the initiation of the first meeting.

224 (b) The working group shall hold a sufficient number of  
225 community meetings in order to receive information that reflects  
226 the geographic differences throughout the state, diverse  
227 populations, and a balance among urban and rural populations.

228 (c) A state health officer may serve as facilitator at  
229 each community meeting. At least one member of the working group  
230 shall attend and serve as chair of each community meeting. Other  
231 members may participate through interactive technology.





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232 (d) The community meetings shall, at a minimum, address  
233 the following issues:

234 1. The optimum way to balance costs and benefits so that  
235 affordable health coverage is available to as many people as  
236 possible.

237 2. The identification of services that provide cost-  
238 effective, essential health care services to maintain and  
239 improve health and that should be included in health care  
240 coverage.

241 3. The cost of providing increased benefits.

242 4. The mechanisms to finance health care coverage,  
243 including defining the appropriate financial role for  
244 individuals, businesses, and government.

245 (e) The working group may encourage public participation  
246 in community meetings through interactive technology and other  
247 means, as determined appropriate by the working group.

248 (12) (a) Not later than 180 days after the date of  
249 completion of the community meetings, the working group shall  
250 prepare and make available to the public, through the Internet  
251 and other appropriate public channels, an interim set of  
252 recommendations on health care coverage and ways to improve and  
253 strengthen the health care system based on the information and  
254 preferences expressed at the community meetings. There shall be  
255 a 90-day public comment period on such recommendations.

256 (b) Not later than 120 days after the expiration of the  
257 public comment period described in paragraph (a), the working  
258 group shall submit to the Speaker of the House of  
259 Representatives, the President of the Senate, and the Governor a  
260 final set of recommendations, including any proposed legislative



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261 language to implement such recommendations.

262 (13) The working group shall be staffed by employees of  
263 the Agency for Health Care Administration and the Department of  
264 Health. Sponsoring agencies and organizations shall fund travel  
265 and related expenses of their appointed members on the working  
266 group. Travel and related expenses of consumer members on the  
267 working group shall be reimbursed in accordance with s. 112.061,  
268 Florida Statutes.

269 (14) The working group may secure directly from any state  
270 department or agency such information as the working group  
271 considers necessary to carry out the provisions of this act.  
272 Upon request of the working group, the head of a state  
273 department or agency shall furnish such information.

274 (15) Not later than 1 year after the effective date of  
275 this act, the working group shall report to the Speaker of the  
276 House of Representatives and the President of the Senate and  
277 make public a detailed description of the expenditures of the  
278 working group used to carry out its duties.

279 (16) The working group shall terminate when the report  
280 described in subsection (16) is submitted to the Speaker of the  
281 House of Representatives and the President of the Senate.

282 (17) For fiscal year 2003-2004, the sum of \$200,000 from  
283 nonrecurring general revenue is appropriated to the Agency for  
284 Health Care Administration and the Department of Health to cover  
285 the costs of the working group relating to travel and related  
286 expenses of staff, consumer members, and members appointed by  
287 the agency or department; the hiring of consultants, if  
288 necessary; and the reproduction and dissemination of documents.

289 Section 4. This act shall take effect upon becoming a law.