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A bill to be entitled

An act relating to health care disclosure; providing definitions; requiring the Office of Insurance Regulation of the Department of Financial Services to identify employers of persons receiving certain medical assistance and employers of proposed beneficiaries of certain health care benefits; requiring reports to the Legislature; providing for public access to such information; providing an effective date.

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

Section 1. Medical assistance.--

(1) For purposes of this section:

- (a) "Small employer" means any person, firm, corporation, partnership, association, political subdivision, or self-employed individual that is actively engaged in business that, during the preceding calendar quarter, employed no more than 50 employees who worked an average of 30 or more hours per week.
- (b) "Large employer" means any person, firm, corporation, partnership, association, political subdivision, or self-employed individual that is actively engaged in business that, during the preceding calendar quarter, employed more than 50 employees who worked an average of 30 or more hours per week.
- (2) On or before February 1 of each year, the Office of Insurance Regulation of the Department of Financial Services shall provide to the appropriate committees of the Senate and House of Representatives a report that identifies employers

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whose employees are receiving benefits through medical assistance for themselves or their dependents. The report must include whether the employer is a large employer or a small employer, and for each employer:

(a) The name and address of the employer.

- (b) The number of employees who are receiving benefits through medical assistance.
- (c) The number of enrollees who are spouses or dependents of their employees.
- $\underline{\mbox{(d)}}$ Whether the employer offers health benefits to his or her employees.
- (e) The cost to the state of providing medical assistance for their employees and enrolled dependents.

Section 2. Health care benefits.--

(1) Any applicant for health care benefits under public assistance programs, including, but not limited to, Medicaid or the Children's Medical Services Network, shall identify the employer or employers of the proposed beneficiary of the health care benefits. In the event the proposed beneficiary is not employed, the applicant shall identify the employer or employers of any adult who is responsible for providing all or some of the proposed beneficiary's support. As used in this section, the term "proposed beneficiary" means any individual who files an application for benefits for himself or herself or any other individual on whose behalf an application is filed, including, but not limited to, children or other dependents of the applicant or other individual for whom the application is filed.

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(2) On or before July 1 of each year, the Office of Insurance Regulation of the Department of Financial Services shall provide to the appropriate committees of the Senate and House of Representatives a report that identifies employers of a proposed beneficiary, or of the adult responsible for a proposed beneficiary's support, of applicants for health care benefits pursuant to the requirements in subsection (1). The report shall include the name and address of the employer and the total number of employees and dependants who are enrolled in each state-funded health care program. No other information regarding program beneficiaries shall be included in the report. In addition to filing the report with the appropriate committees of the Senate and the House of Representatives, the office shall make the report available to the public through the office's Internet website. Any member of the public shall have the right to request and receive a copy of the report published pursuant to this subsection.

Section 3. This act shall take effect July 1, 2005.