

By Senator Margolis

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A bill to be entitled

An act relating to wellness programs for state employees; amending s. 110.123, F.S.; defining the term "aged-based and gender-based benefits" for purposes of the state group insurance program; creating the Florida State Employees Wellness Council within the Department of Management Services; providing for membership; providing for reimbursement of per diem and travel expenses; providing purpose and duties of the council; providing an effective date.

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

Section 1. Paragraph (h) of subsection (3) of section 110.123, Florida Statutes, is amended, and subsection (13) is added to that section, to read:

110.123 State group insurance program.--

(3) STATE GROUP INSURANCE PROGRAM.--

(h)1. A person eligible to participate in the state group insurance program may be authorized by rules adopted by the department, in lieu of participating in the state group health insurance plan, to exercise an option to elect membership in a health maintenance organization plan which is under contract with the state in accordance with criteria established by this section and by said rules. The offer of optional membership in a health maintenance organization plan permitted by this paragraph may be limited or conditioned by rule as may be necessary to meet the requirements of state and federal laws.

1 2. The department shall contract with health
2 maintenance organizations seeking to participate in the state
3 group insurance program through a request for proposal or
4 other procurement process, as developed by the Department of
5 Management Services and determined to be appropriate.

6 a. The department shall establish a schedule of
7 minimum benefits for health maintenance organization coverage,
8 and that schedule shall include: physician services; inpatient
9 and outpatient hospital services; emergency medical services,
10 including out-of-area emergency coverage; diagnostic
11 laboratory and diagnostic and therapeutic radiologic services;
12 mental health, alcohol, and chemical dependency treatment
13 services meeting the minimum requirements of state and federal
14 law; skilled nursing facilities and services; prescription
15 drugs; age-based and gender-based wellness benefits; and other
16 benefits as may be required by the department. Additional
17 services may be provided subject to the contract between the
18 department and the HMO. As used in this paragraph, the term
19 "age-based and gender-based wellness benefits" includes
20 aerobic exercise, education in alcohol and substance abuse
21 prevention, blood cholesterol screening, health risk
22 appraisals, blood pressure screening and education, nutrition
23 education, program planning, safety belt education, smoking
24 cessation, stress management, weight loss, and woman's health
25 education.

26 b. The department may establish uniform deductibles,
27 copayments, coverage tiers, or coinsurance schedules for all
28 participating HMO plans.

29 c. The department may require detailed information
30 from each health maintenance organization participating in the
31 procurement process, including information pertaining to

1 | organizational status, experience in providing prepaid health
2 | benefits, accessibility of services, financial stability of
3 | the plan, quality of management services, accreditation
4 | status, quality of medical services, network access and
5 | adequacy, performance measurement, ability to meet the
6 | department's reporting requirements, and the actuarial basis
7 | of the proposed rates and other data determined by the
8 | director to be necessary for the evaluation and selection of
9 | health maintenance organization plans and negotiation of
10 | appropriate rates for these plans. Upon receipt of proposals
11 | by health maintenance organization plans and the evaluation of
12 | those proposals, the department may enter into negotiations
13 | with all of the plans or a subset of the plans, as the
14 | department determines appropriate. Nothing shall preclude the
15 | department from negotiating regional or statewide contracts
16 | with health maintenance organization plans when this is
17 | cost-effective and when the department determines that the
18 | plan offers high value to enrollees.

19 | d. The department may limit the number of HMOs that it
20 | contracts with in each service area based on the nature of the
21 | bids the department receives, the number of state employees in
22 | the service area, or any unique geographical characteristics
23 | of the service area. The department shall establish by rule
24 | service areas throughout the state.

25 | e. All persons participating in the state group
26 | insurance program may be required to contribute towards a
27 | total state group health premium that may vary depending upon
28 | the plan and coverage tier selected by the enrollee and the
29 | level of state contribution authorized by the Legislature.

30 | 3. The department is authorized to negotiate and to
31 | contract with specialty psychiatric hospitals for mental

1 health benefits, on a regional basis, for alcohol, drug abuse,
2 and mental and nervous disorders. The department may
3 establish, subject to the approval of the Legislature pursuant
4 to subsection (5), any such regional plan upon completion of
5 an actuarial study to determine any impact on plan benefits
6 and premiums.

7 4. In addition to contracting pursuant to subparagraph
8 2., the department may enter into contract with any HMO to
9 participate in the state group insurance program which:

10 a. Serves greater than 5,000 recipients on a prepaid
11 basis under the Medicaid program;

12 b. Does not currently meet the 25-percent
13 non-Medicare/non-Medicaid enrollment composition requirement
14 established by the Department of Health excluding participants
15 enrolled in the state group insurance program;

16 c. Meets the minimum benefit package and copayments
17 and deductibles contained in sub-subparagraphs 2.a. and b.;

18 d. Is willing to participate in the state group
19 insurance program at a cost of premiums that is not greater
20 than 95 percent of the cost of HMO premiums accepted by the
21 department in each service area; and

22 e. Meets the minimum surplus requirements of s.
23 641.225.

24
25 The department is authorized to contract with HMOs that meet
26 the requirements of sub-subparagraphs a.-d. prior to the open
27 enrollment period for state employees. The department is not
28 required to renew the contract with the HMOs as set forth in
29 this paragraph more than twice. Thereafter, the HMOs shall be
30 eligible to participate in the state group insurance program
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1 only through the request for proposal or invitation to
2 negotiate process described in subparagraph 2.

3 5. All enrollees in a state group health insurance
4 plan, a TRICARE supplemental insurance plan, or any health
5 maintenance organization plan have the option of changing to
6 any other health plan that is offered by the state within any
7 open enrollment period designated by the department. Open
8 enrollment shall be held at least once each calendar year.

9 6. When a contract between a treating provider and the
10 state-contracted health maintenance organization is terminated
11 for any reason other than for cause, each party shall allow
12 any enrollee for whom treatment was active to continue
13 coverage and care when medically necessary, through completion
14 of treatment of a condition for which the enrollee was
15 receiving care at the time of the termination, until the
16 enrollee selects another treating provider, or until the next
17 open enrollment period offered, whichever is longer, but no
18 longer than 6 months after termination of the contract. Each
19 party to the terminated contract shall allow an enrollee who
20 has initiated a course of prenatal care, regardless of the
21 trimester in which care was initiated, to continue care and
22 coverage until completion of postpartum care. This does not
23 prevent a provider from refusing to continue to provide care
24 to an enrollee who is abusive, noncompliant, or in arrears in
25 payments for services provided. For care continued under this
26 subparagraph, the program and the provider shall continue to
27 be bound by the terms of the terminated contract. Changes made
28 within 30 days before termination of a contract are effective
29 only if agreed to by both parties.

30 7. Any HMO participating in the state group insurance
31 program shall submit health care utilization and cost data to

1 | the department, in such form and in such manner as the
2 | department shall require, as a condition of participating in
3 | the program. The department shall enter into negotiations
4 | with its contracting HMOs to determine the nature and scope of
5 | the data submission and the final requirements, format,
6 | penalties associated with noncompliance, and timetables for
7 | submission. These determinations shall be adopted by rule.

8 | 8. The department may establish and direct, with
9 | respect to collective bargaining issues, a comprehensive
10 | package of insurance benefits that may include supplemental
11 | health and life coverage, dental care, long-term care, vision
12 | care, and other benefits it determines necessary to enable
13 | state employees to select from among benefit options that best
14 | suit their individual and family needs.

15 | a. Based upon a desired benefit package, the
16 | department shall issue a request for proposal or invitation to
17 | negotiate for health insurance providers interested in
18 | participating in the state group insurance program, and the
19 | department shall issue a request for proposal or invitation to
20 | negotiate for insurance providers interested in participating
21 | in the non-health-related components of the state group
22 | insurance program. Upon receipt of all proposals, the
23 | department may enter into contract negotiations with insurance
24 | providers submitting bids or negotiate a specially designed
25 | benefit package. Insurance providers offering or providing
26 | supplemental coverage as of May 30, 1991, which qualify for
27 | pretax benefit treatment pursuant to s. 125 of the Internal
28 | Revenue Code of 1986, with 5,500 or more state employees
29 | currently enrolled may be included by the department in the
30 | supplemental insurance benefit plan established by the
31 | department without participating in a request for proposal,

1 submitting bids, negotiating contracts, or negotiating a
2 specially designed benefit package. These contracts shall
3 provide state employees with the most cost-effective and
4 comprehensive coverage available; however, no state or agency
5 funds shall be contributed toward the cost of any part of the
6 premium of such supplemental benefit plans. With respect to
7 dental coverage, the division shall include in any
8 solicitation or contract for any state group dental program
9 made after July 1, 2001, a comprehensive indemnity dental plan
10 option which offers enrollees a completely unrestricted choice
11 of dentists. If a dental plan is endorsed, or in some manner
12 recognized as the preferred product, such plan shall include a
13 comprehensive indemnity dental plan option which provides
14 enrollees with a completely unrestricted choice of dentists.

15 b. Pursuant to the applicable provisions of s.
16 110.161, and s. 125 of the Internal Revenue Code of 1986, the
17 department shall enroll in the pretax benefit program those
18 state employees who voluntarily elect coverage in any of the
19 supplemental insurance benefit plans as provided by
20 sub-subparagraph a.

21 c. Nothing herein contained shall be construed to
22 prohibit insurance providers from continuing to provide or
23 offer supplemental benefit coverage to state employees as
24 provided under existing agency plans.

25 (13) WELLNESS COUNCIL.--

26 (a) There is created within the department the Florida
27 State Employee Wellness Council.

28 (b) The council shall be an advisory body to the
29 department to provide health education information to
30 employees and to assist the department in developing minimum
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1 benefits for health maintenance organizations when providing
2 age-based and gender-based wellness benefits.

3 (c) The council shall be composed of nine members
4 appointed by the Governor. When making appointments to the
5 council, the Governor shall appoint persons who are residents
6 of the state and who are highly knowledgeable concerning,
7 active in, and recognized leaders in the health and medical
8 field. Council members shall equitably represent the broadest
9 spectrum of the health industry and the geographic areas of
10 the state. Not more than one member of the council may be from
11 any one company, organization, or association.

12 (d)1. Council members shall be appointed to 4-year
13 terms, except that the initial terms shall be staggered. The
14 Governor shall appoint three members to 2-year terms, three
15 members to 3-year terms, and three members to 4-year terms.

16 2. A member's absence from three consecutive meetings
17 shall result in his or her automatic removal from the council.
18 A vacancy on the council shall be filled for the remainder of
19 the unexpired term.

20 (e) The council shall annually elect from its
21 membership one member to serve as chair of the council and one
22 member to serve as vice chair.

23 (f) The first meeting of the council shall be called
24 by the chairperson not more than 60 days after the council
25 members are appointed by the Governor. The council shall
26 thereafter meet at least once quarterly and may meet more
27 often as necessary. The department shall provide staff
28 assistance to the council which shall include, but not be
29 limited to, keeping records of the proceedings of the council
30 and serving as custodian of all books, documents, and papers
31 filed with the council.

1 (g) A majority of the members of the council
2 constitutes a quorum.

3 (h) Members of the council shall serve without
4 compensation, but are entitled to reimbursement for per diem
5 and travel expenses as provided in s. 112.061 while performing
6 their duties.

7 (i) The council shall:

8 1. Work to encourage participation in wellness
9 programs by state employees. The council may prepare
10 informational programs and brochures for state agencies and
11 employees.

12 2. In consultation with the department, develop
13 standards and criteria for age-based and gender-based wellness
14 programs.

15 3. In consultation with the department, recommend a
16 "healthy food and beverage" menu for cafeterias and other
17 food-service establishments located in buildings owned,
18 operated, or leased by the state.

19 Section 2. This act shall take effect July 1, 2006.

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22 SENATE SUMMARY

23 Defines the term "aged-based and gender-based benefits"
24 for purposes of the state group insurance program.
25 Creates the Florida State Employees Wellness Council
26 within the Department of Management Services. Provides
27 for membership on the council. Provides the purpose and
28 duties of the council.
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