

1                                   A bill to be entitled  
2           An act relating to wellness programs for state  
3           employees; amending s. 110.123, F.S.; defining  
4           the term "aged-based and gender-based benefits"  
5           for purposes of the state group insurance  
6           program; creating the Florida State Employees  
7           Wellness Council within the Department of  
8           Management Services; providing for membership;  
9           providing for reimbursement of per diem and  
10          travel expenses; providing purpose and duties  
11          of the council; providing an effective date.  
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13 Be It Enacted by the Legislature of the State of Florida:  
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15           Section 1. Paragraph (h) of subsection (3) of section  
16 110.123, Florida Statutes, is amended, and subsection (13) is  
17 added to that section, to read:

18           110.123 State group insurance program.--

19           (3) STATE GROUP INSURANCE PROGRAM.--

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

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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 all health care providers 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, at least one of whom must be an employee of the state.  
9 Council members shall equitably represent the broadest  
10 spectrum of the health industry and the geographic areas of  
11 the state. Not more than one member of the council may be from  
12 any one company, organization, or association.

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

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

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

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

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1 and serving as custodian of all books, documents, and papers  
2 filed with the council.

3 (g) A majority of the members of the council  
4 constitutes a quorum.

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

9 (i) The council shall:

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

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

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