

CHAMBER ACTION

1 The Health & Families Council recommends the following:

2
3 **Council/Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to wellness programs; amending s.
7 381.0054, F.S.; requiring the Department of Health to
8 collaborate with other state agencies in developing
9 policies and strategies to prevent and treat obesity which
10 shall be incorporated into agency programs; requiring the
11 department to advise health care practitioners regarding
12 morbidity, mortality, and costs associated with the
13 condition of being overweight or obese; requiring the
14 department to inform health care practitioners about
15 clinical best practices for obesity prevention and
16 treatment and to encourage practitioners to counsel their
17 patients regarding the adoption of healthy lifestyles;
18 amending s. 110.123, F.S.; defining the term "aged-based
19 and gender-based benefits" for purposes of the state group
20 insurance program; creating the Florida State Employee
21 Wellness Council within the Department of Management
22 Services; providing for membership; providing for
23 reimbursement of per diem and travel expenses; providing

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24 | purpose and duties of the council; providing an effective
25 | date.

26 |

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

28 |

29 | Section 1. Subsection (1) of section 381.0054, Florida
30 | Statutes, is amended to read:

31 | 381.0054 Healthy lifestyles promotion.--

32 | (1) The Department of Health shall promote healthy
33 | lifestyles to reduce the prevalence of excess weight gain
34 | ~~overweight~~ and obesity in Florida by implementing appropriate
35 | physical activity and nutrition programs that are directed
36 | towards ~~target~~ all Floridians by:

37 | (a) Using all appropriate media to promote maximum public
38 | awareness of the latest research on healthy lifestyles and
39 | chronic diseases and disseminating relevant information through
40 | a statewide clearinghouse relating to wellness, physical
41 | activity, and nutrition and their impact on chronic diseases and
42 | disabling conditions.

43 | (b) Providing technical assistance, training, and
44 | resources on healthy lifestyles and chronic diseases to the
45 | public, county health departments, health care providers, school
46 | districts, and other persons or entities, including faith-based
47 | organizations, that request such assistance to promote physical
48 | activity, nutrition, and healthy lifestyle programs.

49 | (c) Developing, implementing, and using all available
50 | research methods to collect data, including, but not limited to,
51 | population-specific data, and track the incidence and effects of

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52 | weight gain, obesity, and related chronic diseases. The
53 | department shall include an evaluation and data collection
54 | component in all programs as appropriate.

55 | (d) Partnering with the Department of Education, local
56 | communities, school districts, and other entities to encourage
57 | Florida schools to promote activities during and after school to
58 | help students meet a minimum goal of 60 minutes of activity per
59 | day.

60 | (e) Partnering with the Department of Education, school
61 | districts, and the Florida Sports Foundation to develop a
62 | program that recognizes schools whose students demonstrate
63 | excellent physical fitness or fitness improvement.

64 | (f) Collaborating with other state agencies to develop
65 | policies and strategies for preventing and treating obesity,
66 | which shall be incorporated into programs administered by each
67 | agency and shall include promoting healthy lifestyles of
68 | employees of each agency.

69 | (g) Advising, in accordance with s. 456.081, health care
70 | practitioners licensed in this state regarding the morbidity,
71 | mortality, and costs associated with the condition of being
72 | overweight or obese, informing such practitioners of clinical
73 | best practices for preventing and treating obesity, and
74 | encouraging practitioners to counsel their patients regarding
75 | the adoption of healthy lifestyles.

76 | (h) ~~(f)~~ Maximizing all local, state, and federal funding
77 | sources, including grants, public-private partnerships, and
78 | other mechanisms, to strengthen the department's current

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79 | physical activity and nutrition programs and to enhance similar
80 | county health department programs.

81 | Section 2. Paragraph (h) of subsection (3) of section
82 | 110.123, Florida Statutes, is amended, and subsection (13) is
83 | added to that section, to read:

84 | 110.123 State group insurance program.--

85 | (3) STATE GROUP INSURANCE PROGRAM.--

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

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

101 | a. The department shall establish a schedule of minimum
102 | benefits for health maintenance organization coverage, and that
103 | schedule shall include: physician services; inpatient and
104 | outpatient hospital services; emergency medical services,
105 | including out-of-area emergency coverage; diagnostic laboratory
106 | and diagnostic and therapeutic radiologic services; mental

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107 health, alcohol, and chemical dependency treatment services
108 meeting the minimum requirements of state and federal law;
109 skilled nursing facilities and services; prescription drugs;
110 age-based and gender-based wellness benefits; and other benefits
111 as may be required by the department. Additional services may be
112 provided subject to the contract between the department and the
113 HMO. As used in this paragraph, the term "age-based and gender-
114 based wellness benefits" includes aerobic exercise, education in
115 alcohol and substance abuse prevention, blood cholesterol
116 screening, health risk appraisals, blood pressure screening and
117 education, nutrition education, program planning, safety belt
118 education, smoking cessation, stress management, weight
119 management, and woman's health education.

120 b. The department may establish uniform deductibles,
121 copayments, coverage tiers, or coinsurance schedules for all
122 participating HMO plans.

123 c. The department may require detailed information from
124 each health maintenance organization participating in the
125 procurement process, including information pertaining to
126 organizational status, experience in providing prepaid health
127 benefits, accessibility of services, financial stability of the
128 plan, quality of management services, accreditation status,
129 quality of medical services, network access and adequacy,
130 performance measurement, ability to meet the department's
131 reporting requirements, and the actuarial basis of the proposed
132 rates and other data determined by the director to be necessary
133 for the evaluation and selection of health maintenance
134 organization plans and negotiation of appropriate rates for

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135 | these plans. Upon receipt of proposals by health maintenance
136 | organization plans and the evaluation of those proposals, the
137 | department may enter into negotiations with all of the plans or
138 | a subset of the plans, as the department determines appropriate.
139 | Nothing shall preclude the department from negotiating regional
140 | or statewide contracts with health maintenance organization
141 | plans when this is cost-effective and when the department
142 | determines that the plan offers high value to enrollees.

143 | d. The department may limit the number of HMOs that it
144 | contracts with in each service area based on the nature of the
145 | bids the department receives, the number of state employees in
146 | the service area, or any unique geographical characteristics of
147 | the service area. The department shall establish by rule service
148 | areas throughout the state.

149 | e. All persons participating in the state group insurance
150 | program may be required to contribute towards a total state
151 | group health premium that may vary depending upon the plan and
152 | coverage tier selected by the enrollee and the level of state
153 | contribution authorized by the Legislature.

154 | 3. The department is authorized to negotiate and to
155 | contract with specialty psychiatric hospitals for mental health
156 | benefits, on a regional basis, for alcohol, drug abuse, and
157 | mental and nervous disorders. The department may establish,
158 | subject to the approval of the Legislature pursuant to
159 | subsection (5), any such regional plan upon completion of an
160 | actuarial study to determine any impact on plan benefits and
161 | premiums.

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

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

167 b. Does not currently meet the 25-percent non-
168 Medicare/non-Medicaid enrollment composition requirement
169 established by the Department of Health excluding participants
170 enrolled in the state group insurance program;

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

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

177 e. Meets the minimum surplus requirements of s. 641.225.
178

179 The department is authorized to contract with HMOs that meet the
180 requirements of sub-subparagraphs a.-d. prior to the open
181 enrollment period for state employees. The department is not
182 required to renew the contract with the HMOs as set forth in
183 this paragraph more than twice. Thereafter, the HMOs shall be
184 eligible to participate in the state group insurance program
185 only through the request for proposal or invitation to negotiate
186 process described in subparagraph 2.

187 5. All enrollees in a state group health insurance plan, a
188 TRICARE supplemental insurance plan, or any health maintenance
189 organization plan have the option of changing to any other

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190 health plan that is offered by the state within any open
191 enrollment period designated by the department. Open enrollment
192 shall be held at least once each calendar year.

193 6. When a contract between a treating provider and the
194 state-contracted health maintenance organization is terminated
195 for any reason other than for cause, each party shall allow any
196 enrollee for whom treatment was active to continue coverage and
197 care when medically necessary, through completion of treatment
198 of a condition for which the enrollee was receiving care at the
199 time of the termination, until the enrollee selects another
200 treating provider, or until the next open enrollment period
201 offered, whichever is longer, but no longer than 6 months after
202 termination of the contract. Each party to the terminated
203 contract shall allow an enrollee who has initiated a course of
204 prenatal care, regardless of the trimester in which care was
205 initiated, to continue care and coverage until completion of
206 postpartum care. This does not prevent a provider from refusing
207 to continue to provide care to an enrollee who is abusive,
208 noncompliant, or in arrears in payments for services provided.
209 For care continued under this subparagraph, the program and the
210 provider shall continue to be bound by the terms of the
211 terminated contract. Changes made within 30 days before
212 termination of a contract are effective only if agreed to by
213 both parties.

214 7. Any HMO participating in the state group insurance
215 program shall submit health care utilization and cost data to
216 the department, in such form and in such manner as the
217 department shall require, as a condition of participating in the

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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218 program. The department shall enter into negotiations with its
219 contracting HMOs to determine the nature and scope of the data
220 submission and the final requirements, format, penalties
221 associated with noncompliance, and timetables for submission.
222 These determinations shall be adopted by rule.

223 8. The department may establish and direct, with respect
224 to collective bargaining issues, a comprehensive package of
225 insurance benefits that may include supplemental health and life
226 coverage, dental care, long-term care, vision care, and other
227 benefits it determines necessary to enable state employees to
228 select from among benefit options that best suit their
229 individual and family needs.

230 a. Based upon a desired benefit package, the department
231 shall issue a request for proposal or invitation to negotiate
232 for health insurance providers interested in participating in
233 the state group insurance program, and the department shall
234 issue a request for proposal or invitation to negotiate for
235 insurance providers interested in participating in the non-
236 health-related components of the state group insurance program.
237 Upon receipt of all proposals, the department may enter into
238 contract negotiations with insurance providers submitting bids
239 or negotiate a specially designed benefit package. Insurance
240 providers offering or providing supplemental coverage as of May
241 30, 1991, which qualify for pretax benefit treatment pursuant to
242 s. 125 of the Internal Revenue Code of 1986, with 5,500 or more
243 state employees currently enrolled may be included by the
244 department in the supplemental insurance benefit plan
245 established by the department without participating in a request

246 | for proposal, submitting bids, negotiating contracts, or
 247 | negotiating a specially designed benefit package. These
 248 | contracts shall provide state employees with the most cost-
 249 | effective and comprehensive coverage available; however, no
 250 | state or agency funds shall be contributed toward the cost of
 251 | any part of the premium of such supplemental benefit plans. With
 252 | respect to dental coverage, the division shall include in any
 253 | solicitation or contract for any state group dental program made
 254 | after July 1, 2001, a comprehensive indemnity dental plan option
 255 | which offers enrollees a completely unrestricted choice of
 256 | dentists. If a dental plan is endorsed, or in some manner
 257 | recognized as the preferred product, such plan shall include a
 258 | comprehensive indemnity dental plan option which provides
 259 | enrollees with a completely unrestricted choice of dentists.

260 | b. Pursuant to the applicable provisions of s. 110.161,
 261 | and s. 125 of the Internal Revenue Code of 1986, the department
 262 | shall enroll in the pretax benefit program those state employees
 263 | who voluntarily elect coverage in any of the supplemental
 264 | insurance benefit plans as provided by sub-subparagraph a.

265 | c. Nothing herein contained shall be construed to prohibit
 266 | insurance providers from continuing to provide or offer
 267 | supplemental benefit coverage to state employees as provided
 268 | under existing agency plans.

269 | (13) FLORIDA STATE EMPLOYEE WELLNESS COUNCIL.--

270 | (a) There is created within the department the Florida
 271 | State Employee Wellness Council.

272 | (b) The council shall be an advisory body to the
 273 | department to provide health education information to employees

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274 and to assist the department in developing minimum benefits for
275 all health care providers when providing age-based and gender-
276 based wellness benefits.

277 (c) The council shall be composed of nine members
278 appointed by the Governor. When making appointments to the
279 council, the Governor shall appoint persons who are residents of
280 the state and who are highly knowledgeable concerning, active
281 in, and recognized leaders in the health and medical field, at
282 least one of whom must be an employee of the state. Council
283 members shall equitably represent the broadest spectrum of the
284 health industry and the geographic areas of the state. Not more
285 than one member of the council may be from any one company,
286 organization, or association.

287 (d)1. Council members shall be appointed to 4-year terms,
288 except that the initial terms shall be staggered. The Governor
289 shall appoint three members to 2-year terms, three members to 3-
290 year terms, and three members to 4-year terms.

291 2. A member's absence from three consecutive meetings
292 shall result in his or her automatic removal from the council. A
293 vacancy on the council shall be filled for the remainder of the
294 unexpired term.

295 (e) The council shall annually elect from its membership
296 one member to serve as chair of the council and one member to
297 serve as vice chair.

298 (f) The first meeting of the council shall be called by
299 the chair not more than 60 days after the council members are
300 appointed by the Governor. The council shall thereafter meet at
301 least once quarterly and may meet more often as necessary. The

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302 department shall provide staff assistance to the council which
303 shall include, but not be limited to, keeping records of the
304 proceedings of the council and serving as custodian of all
305 books, documents, and papers filed with the council.

306 (g) A majority of the members of the council constitutes a
307 quorum.

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

312 (i) The council shall:

313 1. Work to encourage participation in wellness programs by
314 state employees. The council may prepare informational programs
315 and brochures for state agencies and employees.

316 2. In consultation with the department, develop standards
317 and criteria for age-based and gender-based wellness programs.

318 3. In consultation with the department, recommend a
319 "healthy food and beverage" menu for cafeterias and other food-
320 service establishments located in buildings owned, operated, or
321 leased by the state.

322 Section 3. This act shall take effect July 1, 2006.