1 A bill to be entitled
2 An act relating to wellness programs for state employees;
3 amending s. 110.123, F.S.; defining the term "aged-based
4 and gender-based benefits" for purposes of the state group
5 insurance program; creating the Florida State Employee
6 Wellness Council within the Department of Management
7 Services; providing for the appointment and qualification
8 of members; providing terms of membership; providing for
9 the appointment of members to fill vacant positions;
10 requiring the council to elect a chair and vice chair;
11 providing that the chair shall call the initial meeting of
12 the council within a time certain; requiring the council
13 to meet quarterly; providing that council members shall
14 serve without compensation; providing for reimbursement of
15 per diem and travel expenses; providing purpose and duties
16 of the council; providing an effective date.
17
18 Be It Enacted by the Legislature of the State of Florida:
19
20 Section 1. Paragraph (h) of subsection (3) of section
21 110.123, Florida Statutes, is amended, and subsection (13) is
22 added to that section, to read:
23 110.123 State group insurance program.--
24 (3) STATE GROUP INSURANCE PROGRAM.--
25 (h)1. A person eligible to participate in the state group
26 insurance program may be authorized by rules adopted by the
27 department, in lieu of participating in the state group health
28 insurance plan, to exercise an option to elect membership in a

29 health maintenance organization plan which is under contract
30 with the state in accordance with criteria established by this
31 section and by said rules. The offer of optional membership in a
32 health maintenance organization plan permitted by this paragraph
33 may be limited or conditioned by rule as may be necessary to
34 meet the requirements of state and federal laws.
35 2. The department shall contract with health maintenance
36 organizations seeking to participate in the state group
37 insurance program through a request for proposal or other
38 procurement process, as developed by the Department of
39 Management Services and determined to be appropriate.
40 a. The department shall establish a schedule of minimum
41 benefits for health maintenance organization coverage, and that
42 schedule shall include: physician services; inpatient and
43 outpatient hospital services; emergency medical services,
44 including out-of-area emergency coverage; diagnostic laboratory
45 and diagnostic and therapeutic radiologic services; mental
46 health, alcohol, and chemical dependency treatment services
47 meeting the minimum requirements of state and federal law;
48 skilled nursing facilities and services; prescription drugs;
49 age-based and gender-based wellness benefits; and other benefits
50 as may be required by the department. Additional services may be
51 provided subject to the contract between the department and the
52 HMO. As used in this paragraph, the term "age-based and gender-
53 based wellness benefits" includes aerobic exercise, education in
54 alcohol and substance abuse prevention, blood cholesterol
55 screening, health risk appraisals, blood pressure screening and
56 education, nutrition education, program planning, safety belt

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

57 <u>education, smoking cessation, stress management, weight loss,</u>
58 <u>and women's health education.</u>
59 b. The department may establish uniform deductibles,
60 copayments, coverage tiers, or coinsurance schedules for all
61 participating HMO plans.
62 c. The department may require detailed information from
63 each health maintenance organization participating in the
64 procurement process, including information pertaining to
65 organizational status, experience in providing prepaid health
66 benefits, accessibility of services, financial stability of the
67 plan, quality of management services, accreditation status,
68 quality of medical services, network access and adequacy,
69 performance measurement, ability to meet the department's
70 reporting requirements, and the actuarial basis of the proposed
71 rates and other data determined by the director to be necessary
72 for the evaluation and selection of health maintenance
73 organization plans and negotiation of appropriate rates for
74 these plans. Upon receipt of proposals by health maintenance
75 organization plans and the evaluation of those proposals, the
76 department may enter into negotiations with all of the plans or
77 a subset of the plans, as the department determines appropriate.
78 Nothing shall preclude the department from negotiating regional
79 or statewide contracts with health maintenance organization
80 plans when this is cost-effective and when the department
81 determines that the plan offers high value to enrollees.
82 d. The department may limit the number of HMOs that it
83 contracts with in each service area based on the nature of the
84 bids the department receives, the number of state employees in

85 the service area, or any unique geographical characteristics of
86 the service area. The department shall establish by rule service
87 areas throughout the state.
88 e. All persons participating in the state group insurance
89 program may be required to contribute towards a total state
90 group health premium that may vary depending upon the plan and
91 coverage tier selected by the enrollee and the level of state
92 contribution authorized by the Legislature.
93 3. The department is authorized to negotiate and to
94 contract with specialty psychiatric hospitals for mental health
95 benefits, on a regional basis, for alcohol, drug abuse, and
96 mental and nervous disorders. The department may establish,
97 subject to the approval of the Legislature pursuant to
98 subsection (5), any such regional plan upon completion of an
99 actuarial study to determine any impact on plan benefits and
100 premiums.
101 4. In addition to contracting pursuant to subparagraph 2.,
102 the department may enter into contract with any HMO to
103 participate in the state group insurance program which:
104 a. Serves greater than 5,000 recipients on a prepaid basis
105 under the Medicaid program;
106 b. Does not currently meet the 25-percent non-
107 Medicare/non-Medicaid enrollment composition requirement
108 established by the Department of Health excluding participants
109 enrolled in the state group insurance program;
110 c. Meets the minimum benefit package and copayments and
111 deductibles contained in sub-subparagraphs 2.a. and b.;
112 d. Is willing to participate in the state group insurance

113 program at a cost of premiums that is not greater than 95
114 percent of the cost of HMO premiums accepted by the department
115 in each service area; and
116 e. Meets the minimum surplus requirements of s. 641.225.
117
118 The department is authorized to contract with HMOs that meet the
119 requirements of sub-subparagraphs a.-d. prior to the open
120 enrollment period for state employees. The department is not
121 required to renew the contract with the HMOs as set forth in
122 this paragraph more than twice. Thereafter, the HMOs shall be
123 eligible to participate in the state group insurance program
124 only through the request for proposal or invitation to negotiate
125 process described in subparagraph 2.
126 5. All enrollees in a state group health insurance plan, a
127 TRICARE supplemental insurance plan, or any health maintenance
128 organization plan have the option of changing to any other
129 health plan that is offered by the state within any open
130 enrollment period designated by the department. Open enrollment
131 shall be held at least once each calendar year.
132 6. When a contract between a treating provider and the
133 state-contracted health maintenance organization is terminated
134 for any reason other than for cause, each party shall allow any
135 enrollee for whom treatment was active to continue coverage and
136 care when medically necessary, through completion of treatment
137 of a condition for which the enrollee was receiving care at the
138 time of the termination, until the enrollee selects another
139 treating provider, or until the next open enrollment period
140 offered, whichever is longer, but no longer than 6 months after

141 termination of the contract. Each party to the terminated
142 contract shall allow an enrollee who has initiated a course of
143 prenatal care, regardless of the trimester in which care was
144 initiated, to continue care and coverage until completion of
145 postpartum care. This does not prevent a provider from refusing
146 to continue to provide care to an enrollee who is abusive,
147 noncompliant, or in arrears in payments for services provided.
148 For care continued under this subparagraph, the program and the
149 provider shall continue to be bound by the terms of the
150 terminated contract. Changes made within 30 days before
151 termination of a contract are effective only if agreed to by
152 both parties.
153 7. Any HMO participating in the state group insurance
154 program shall submit health care utilization and cost data to
155 the department, in such form and in such manner as the
156 department shall require, as a condition of participating in the
157 program. The department shall enter into negotiations with its
158 contracting HMOs to determine the nature and scope of the data
159 submission and the final requirements, format, penalties
160 associated with noncompliance, and timetables for submission.
161 These determinations shall be adopted by rule.
162 8. The department may establish and direct, with respect
163 to collective bargaining issues, a comprehensive package of
164 insurance benefits that may include supplemental health and life
165 coverage, dental care, long-term care, vision care, and other
166 benefits it determines necessary to enable state employees to
167 select from among benefit options that best suit their
168 individual and family needs.

169 a. Based upon a desired benefit package, the department
170 shall issue a request for proposal or invitation to negotiate
171 for health insurance providers interested in participating in
172 the state group insurance program, and the department shall
173 issue a request for proposal or invitation to negotiate for
174 insurance providers interested in participating in the non-
175 health-related components of the state group insurance program.
176 Upon receipt of all proposals, the department may enter into
177 contract negotiations with insurance providers submitting bids
178 or negotiate a specially designed benefit package. Insurance
179 providers offering or providing supplemental coverage as of May
180 30, 1991, which qualify for pretax benefit treatment pursuant to
181 s. 125 of the Internal Revenue Code of 1986, with 5,500 or more
182 state employees currently enrolled may be included by the
183 department in the supplemental insurance benefit plan
184 established by the department without participating in a request
185 for proposal, submitting bids, negotiating contracts, or
186 negotiating a specially designed benefit package. These
187 contracts shall provide state employees with the most cost-
188 effective and comprehensive coverage available; however, no
189 state or agency funds shall be contributed toward the cost of
190 any part of the premium of such supplemental benefit plans. With
191 respect to dental coverage, the division shall include in any
192 solicitation or contract for any state group dental program made
193 after July 1, 2001, a comprehensive indemnity dental plan option
194 which offers enrollees a completely unrestricted choice of
195 dentists. If a dental plan is endorsed, or in some manner
196 recognized as the preferred product, such plan shall include a

197 comprehensive indemnity dental plan option which provides
198 enrollees with a completely unrestricted choice of dentists.
199 b. Pursuant to the applicable provisions of s. 110.161,
200 and s. 125 of the Internal Revenue Code of 1986, the department
201 shall enroll in the pretax benefit program those state employees
202 who voluntarily elect coverage in any of the supplemental
203 insurance benefit plans as provided by sub-subparagraph a.
204 c. Nothing herein contained shall be construed to prohibit
205 insurance providers from continuing to provide or offer
206 supplemental benefit coverage to state employees as provided
207 under existing agency plans.
208 (13) WELLNESS COUNCIL.--
209 (a) There is created within the department the Florida
210 State Employee Wellness Council.
211 (b) The council shall be an advisory body to the
212 department to provide health education information to employees
213 and to assist the department in developing minimum benefits for
214 health maintenance organizations when providing age-based and
215 gender-based wellness benefits.
216 (c) The council shall be composed of nine members
217 appointed by the Governor. When making appointments to the
218 council, the Governor shall appoint persons who are residents of
219 the state and who are highly knowledgeable concerning, active
220 in, and recognized leaders in the health and medical field.
221 Council members shall equitably represent the broadest spectrum
222 of the health industry and the geographic areas of the state.
223 Not more than one member of the council may be from any one
224 company, organization, or association.

225 (d)1. Council members shall be appointed to 4-year terms,
226 except that the initial terms shall be staggered. The Governor
227 shall appoint three members to 2-year terms, three members to 3-
228 year terms, and three members to 4-year terms.
229 2. A member's absence from three consecutive meetings
230 shall result in his or her automatic removal from the council. A
231 vacancy on the council shall be filled for the remainder of the
232 unexpired term.
233 (e) The council shall annually elect from its membership
234 one member to serve as chair of the council and one member to
235 serve as vice chair.
236 (f) The first meeting of the council shall be called by
237 the chair not more than 60 days after the council members are
238 appointed by the Governor. The council shall thereafter meet at
239 least once quarterly and may meet more often as necessary. The
240 department shall provide staff assistance to the council, which
241 shall include, but not be limited to, keeping records of the
242 proceedings of the council and serving as custodian of all
243 books, documents, and papers filed with the council.
244 (g) A majority of the members of the council constitutes a
245 quorum.
246 (h) Members of the council shall serve without
247 compensation but are entitled to reimbursement for per diem and
248 travel expenses while performing their duties as provided in s.
249 112.061.
250 (i) The council shall:
251 1. Work to encourage participation in wellness programs by
252 state employees. The council may prepare informational programs

253 and brochures for state agencies and employees.
254 2. In consultation with the department, develop standards
255 and criteria for age-based and gender-based wellness programs.
256 3. In consultation with the department, recommend a
257 healthy food and beverage menu for cafeterias and other food-
258 service establishments located in buildings owned, operated, or
259 leased by the state.
260 Section 2. This act shall take effect July 1, 2006.