

CHAMBER ACTION

1 The Governmental Operations Committee 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 for state employees;
7 amending s. 110.123, F.S.; defining the term "aged-based
8 and gender-based benefits" for purposes of the state group
9 insurance program; creating the Florida State Employee
10 Wellness Council within the Department of Management
11 Services; providing for membership; providing for
12 reimbursement of per diem and travel expenses; providing
13 purpose and duties of the council; providing an effective
14 date.

15
16 Be It Enacted by the Legislature of the State of Florida:

17
18 Section 1. Paragraph (h) of subsection (3) of section
19 110.123, Florida Statutes, is amended, and subsection (13) is
20 added to that section, to read:

21 110.123 State group insurance program.--

22 (3) STATE GROUP INSURANCE PROGRAM.--

HB 783

2006
CS

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

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

38 | a. The department shall establish a schedule of minimum
39 | benefits for health maintenance organization coverage, and that
40 | schedule shall include: physician services; inpatient and
41 | outpatient hospital services; emergency medical services,
42 | including out-of-area emergency coverage; diagnostic laboratory
43 | and diagnostic and therapeutic radiologic services; mental
44 | health, alcohol, and chemical dependency treatment services
45 | meeting the minimum requirements of state and federal law;
46 | skilled nursing facilities and services; prescription drugs;
47 | age-based and gender-based wellness benefits; and other benefits
48 | as may be required by the department. Additional services may be
49 | provided subject to the contract between the department and the
50 | HMO. As used in this paragraph, the term "age-based and gender-

HB 783

2006
CS

51 based wellness benefits" includes aerobic exercise, education in
52 alcohol and substance abuse prevention, blood cholesterol
53 screening, health risk appraisals, blood pressure screening and
54 education, nutrition education, program planning, safety belt
55 education, smoking cessation, stress management, weight
56 management, and woman's health education.

57 b. The department may establish uniform deductibles,
58 copayments, coverage tiers, or coinsurance schedules for all
59 participating HMO plans.

60 c. The department may require detailed information from
61 each health maintenance organization participating in the
62 procurement process, including information pertaining to
63 organizational status, experience in providing prepaid health
64 benefits, accessibility of services, financial stability of the
65 plan, quality of management services, accreditation status,
66 quality of medical services, network access and adequacy,
67 performance measurement, ability to meet the department's
68 reporting requirements, and the actuarial basis of the proposed
69 rates and other data determined by the director to be necessary
70 for the evaluation and selection of health maintenance
71 organization plans and negotiation of appropriate rates for
72 these plans. Upon receipt of proposals by health maintenance
73 organization plans and the evaluation of those proposals, the
74 department may enter into negotiations with all of the plans or
75 a subset of the plans, as the department determines appropriate.
76 Nothing shall preclude the department from negotiating regional
77 or statewide contracts with health maintenance organization

HB 783

2006
CS

78 | plans when this is cost-effective and when the department
79 | determines that the plan offers high value to enrollees.

80 | d. The department may limit the number of HMOs that it
81 | contracts with in each service area based on the nature of the
82 | bids the department receives, the number of state employees in
83 | the service area, or any unique geographical characteristics of
84 | the service area. The department shall establish by rule service
85 | areas throughout the state.

86 | e. All persons participating in the state group insurance
87 | program may be required to contribute towards a total state
88 | group health premium that may vary depending upon the plan and
89 | coverage tier selected by the enrollee and the level of state
90 | contribution authorized by the Legislature.

91 | 3. The department is authorized to negotiate and to
92 | contract with specialty psychiatric hospitals for mental health
93 | benefits, on a regional basis, for alcohol, drug abuse, and
94 | mental and nervous disorders. The department may establish,
95 | subject to the approval of the Legislature pursuant to
96 | subsection (5), any such regional plan upon completion of an
97 | actuarial study to determine any impact on plan benefits and
98 | premiums.

99 | 4. In addition to contracting pursuant to subparagraph 2.,
100 | the department may enter into contract with any HMO to
101 | participate in the state group insurance program which:

102 | a. Serves greater than 5,000 recipients on a prepaid basis
103 | under the Medicaid program;

104 | b. Does not currently meet the 25-percent non-
105 | Medicare/non-Medicaid enrollment composition requirement

HB 783

2006
CS

106 established by the Department of Health excluding participants
107 enrolled in the state group insurance program;

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

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

114 e. Meets the minimum surplus requirements of s. 641.225.
115

116 The department is authorized to contract with HMOs that meet the
117 requirements of sub-subparagraphs a.-d. prior to the open
118 enrollment period for state employees. The department is not
119 required to renew the contract with the HMOs as set forth in
120 this paragraph more than twice. Thereafter, the HMOs shall be
121 eligible to participate in the state group insurance program
122 only through the request for proposal or invitation to negotiate
123 process described in subparagraph 2.

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

130 6. When a contract between a treating provider and the
131 state-contracted health maintenance organization is terminated
132 for any reason other than for cause, each party shall allow any
133 enrollee for whom treatment was active to continue coverage and

HB 783

2006
CS

134 care when medically necessary, through completion of treatment
135 of a condition for which the enrollee was receiving care at the
136 time of the termination, until the enrollee selects another
137 treating provider, or until the next open enrollment period
138 offered, whichever is longer, but no longer than 6 months after
139 termination of the contract. Each party to the terminated
140 contract shall allow an enrollee who has initiated a course of
141 prenatal care, regardless of the trimester in which care was
142 initiated, to continue care and coverage until completion of
143 postpartum care. This does not prevent a provider from refusing
144 to continue to provide care to an enrollee who is abusive,
145 noncompliant, or in arrears in payments for services provided.
146 For care continued under this subparagraph, the program and the
147 provider shall continue to be bound by the terms of the
148 terminated contract. Changes made within 30 days before
149 termination of a contract are effective only if agreed to by
150 both parties.

151 7. Any HMO participating in the state group insurance
152 program shall submit health care utilization and cost data to
153 the department, in such form and in such manner as the
154 department shall require, as a condition of participating in the
155 program. The department shall enter into negotiations with its
156 contracting HMOs to determine the nature and scope of the data
157 submission and the final requirements, format, penalties
158 associated with noncompliance, and timetables for submission.
159 These determinations shall be adopted by rule.

160 8. The department may establish and direct, with respect
161 to collective bargaining issues, a comprehensive package of

HB 783

2006
CS

162 insurance benefits that may include supplemental health and life
163 coverage, dental care, long-term care, vision care, and other
164 benefits it determines necessary to enable state employees to
165 select from among benefit options that best suit their
166 individual and family needs.

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

Page 7 of 10

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

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HB 783

2006
CS

190 solicitation or contract for any state group dental program made
191 after July 1, 2001, a comprehensive indemnity dental plan option
192 which offers enrollees a completely unrestricted choice of
193 dentists. If a dental plan is endorsed, or in some manner
194 recognized as the preferred product, such plan shall include a
195 comprehensive indemnity dental plan option which provides
196 enrollees with a completely unrestricted choice of dentists.

197 b. Pursuant to the applicable provisions of s. 110.161,
198 and s. 125 of the Internal Revenue Code of 1986, the department
199 shall enroll in the pretax benefit program those state employees
200 who voluntarily elect coverage in any of the supplemental
201 insurance benefit plans as provided by sub-subparagraph a.

202 c. Nothing herein contained shall be construed to prohibit
203 insurance providers from continuing to provide or offer
204 supplemental benefit coverage to state employees as provided
205 under existing agency plans.

206 (13) FLORIDA STATE EMPLOYEE WELLNESS COUNCIL.--

207 (a) There is created within the department the Florida
208 State Employee Wellness Council.

209 (b) The council shall be an advisory body to the
210 department to provide health education information to employees
211 and to assist the department in developing minimum benefits for
212 all health care providers when providing age-based and gender-
213 based wellness benefits.

214 (c) The council shall be composed of nine members
215 appointed by the Governor. When making appointments to the
216 council, the Governor shall appoint persons who are residents of
217 the state and who are highly knowledgeable concerning, active

HB 783

2006
CS

218 in, and recognized leaders in the health and medical field, at
219 least one of whom must be an employee of the state. Council
220 members shall equitably represent the broadest spectrum of the
221 health industry and the geographic areas of the state. Not more
222 than one member of the council may be from any one company,
223 organization, or association.

224 (d)1. Council members shall be appointed to 4-year terms,
225 except that the initial terms shall be staggered. The Governor
226 shall appoint three members to 2-year terms, three members to 3-
227 year terms, and three members to 4-year terms.

228 2. A member's absence from three consecutive meetings
229 shall result in his or her automatic removal from the council. A
230 vacancy on the council shall be filled for the remainder of the
231 unexpired term.

232 (e) The council shall annually elect from its membership
233 one member to serve as chair of the council and one member to
234 serve as vice chair.

235 (f) The first meeting of the council shall be called by
236 the chair not more than 60 days after the council members are
237 appointed by the Governor. The council shall thereafter meet at
238 least once quarterly and may meet more often as necessary. The
239 department shall provide staff assistance to the council which
240 shall include, but not be limited to, keeping records of the
241 proceedings of the council and serving as custodian of all
242 books, documents, and papers filed with the council.

243 (g) A majority of the members of the council constitutes a
244 quorum.

HB 783

2006
CS

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

249 (i) The council shall:

250 1. Work to encourage participation in wellness programs by
251 state employees. The council may prepare informational programs
252 and brochures for state agencies and employees.

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

255 3. In consultation with the department, recommend a
256 "healthy food and beverage" menu for cafeterias and other food-
257 service establishments located in buildings owned, operated, or
258 leased by the state.

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