A bill to be entitled

An act relating to access to health care; amending s. 408.909, F.S.; clarifying licensure provisions for health flex plans; revising criteria for eligibility for enrollment in a health flex plan; creating s. 445.015, F.S.; establishing a small business health insurance plan grant program; providing purposes of the grant program; providing conditions for use of grant funds; providing duties of the Agency for Workforce Innovation and the Office of Insurance Regulation; requiring a report to the Governor and Legislature; providing an appropriation; providing an effective date.

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

Section 1. Subsection (5) of section 408.909, Florida Statutes, is amended, and paragraph (d) is added to subsection (3) of that section, to read:

408.909 Health flex plans.--

or disapprove health flex plans that provide health care coverage for eligible participants. A health flex plan may limit or exclude benefits otherwise required by law for insurers offering coverage in this state, may cap the total amount of claims paid per year per enrollee, may limit the number of enrollees, or may take any combination of those actions. A health flex plan offering may include the option of a catastrophic plan supplementing the health flex plan.

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immediately qualify a large base of eligible entities to offer health flex plans, entities licensed under chapter 624, chapter 627, chapter 632, chapter 636, or chapter 641 and provider service networks authorized under chapter 409 shall be deemed in compliance with the financial requirements to offer a health flex plan. In addition, any local government or health care district that has the initial operating funds and taxing authority to fulfill its obligations under the proposed health flex plan shall be deemed in compliance with the financial requirements to offer a health flex plan.

- (5) ELIGIBILITY.--Eligibility to enroll in an approved health flex plan is limited to residents of this state who:
  - (a) Are 64 years of age or younger;

- (b) Have a family income equal to or less than  $\underline{250}$   $\underline{200}$  percent of the federal poverty level;
- (c) Are eligible under a federally approved Medicaid demonstration waiver and reside in Palm Beach County or Miami-Dade County;
- (d) Are not covered by a private insurance policy and are not eligible for coverage through a public health insurance program, such as Medicare or Medicaid, unless specifically authorized under paragraph (c), or another public health care program, such as Kidcare, and have not been covered at any time during the past 6 months; and
- (d) (e) Have applied for health care coverage through an approved health flex plan and have agreed to make any payments

required for participation, including periodic payments or payments due at the time health care services are provided; and

(e) Are either:

- 1. Not covered by a private insurance policy and not eligible for coverage through a public health insurance program, such as Medicare or Medicaid, unless specifically authorized under paragraph (c), or another public health care program, such as Kidcare, and have not been covered at any time during the past 6 months; or
- 2. Part of an employer group that is not covered by a private health insurance policy and has not been covered at any time during the past 6 months and in which at least 75 percent of the employees have a family income equal to or less than 250 percent of the federal poverty level. If the health flex plan entity is a properly licensed health insurer, health plan, or health maintenance organization, this subparagraph applies when only 50 percent of the employees have a family income equal to or less than 250 percent of the federal poverty level.
- Section 2. Section 445.015, Florida Statutes, is created to read:
- 445.015 Small business health insurance plan grant program.--
- (1) The agency shall establish a small business health insurance plan grant program to award, administer, and monitor grants to small employers and small businesses to develop and offer cafeteria health plans that qualify under s. 125 of the Internal Revenue Code and include options such as prepaid health clinic services licensed under part II of chapter 641 for the

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purpose of improving access to health insurance for uninsured employees. The agency shall give priority to employer proposals that would improve access for previously uninsured employees or include long-term commitments to insure employees. Grant funds shall not be used for ongoing maintenance of the plans or for employer contributions. Health plans may identify and assist eligible small employers and small businesses in obtaining grants. The agency, in consultation with the Office of Insurance Regulation, shall evaluate each project funded by a grant to measure any increases in access to insurance and the long-term viability of such increases. The agency shall design materials and interactive programs to inform small employers and small businesses about such cafeteria health plans and shall provide training to assist small employers and small businesses in developing such plans. Training shall include technical assistance in establishing relationships with health plans and individualized quidance on operational methods and infrastructure that will best support and ensure the long-term success of using these plans.

(2) The agency shall submit a report that documents the specific activities undertaken during the fiscal year pursuant to this section annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than February 1.

Section 3. The sum of \$250,000 in nonrecurring revenue is appropriated from the General Revenue Fund to the Agency for Workforce Innovation for the 2007-2008 fiscal year to award

111 Small Business Health Insurance Plan Grants to eligible

112 businesses.

Section 4. This act shall take effect July 1, 2007.

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