

1 A bill to be entitled
2 An act relating to health insurance; amending s. 627.4236,
3 F.S.; revising the definition of the term "bone marrow
4 transplant"; amending ss. 627.642, 627.657, and 641.31,
5 F.S.; requiring an identification card containing
6 specified information to be given to insureds under health
7 benefit plans and group health insurance policies and
8 persons having health care services through health
9 maintenance contracts; creating s. 627.4108, F.S.;
10 authorizing life or health insurers or health maintenance
11 organizations to offer to groups a credit reflecting
12 demonstrable administrative savings resulting from
13 efficiencies under specified conditions; providing
14 applicability; authorizing the Financial Services
15 Commission to establish certain rules; amending s.
16 408.909, F.S.; clarifying licensure provisions for health
17 flex plans; revising criteria for eligibility for
18 enrollment in a health flex plan; creating s. 445.015,
19 F.S.; establishing a small business health insurance plan
20 grant program; providing purposes of the grant program;
21 providing conditions for use of grant funds; providing
22 duties of the Agency for Workforce Innovation and the
23 Office of Insurance Regulation; requiring a report to the
24 Governor and Legislature; providing an appropriation;
25 repealing s. 468.807, F.S., relating to temporary licenses
26 for orthotists and prosthetists; providing applicability;
27 providing effective dates.
28

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

30

31 Section 1. Subsection (1) of section 627.4236, Florida
 32 Statutes, is amended to read:

33 627.4236 Coverage for bone marrow transplant procedures.--

34 (1) As used in this section, the term "bone marrow
 35 transplant" means human blood precursor cells administered to a
 36 patient to restore normal hematological and immunological
 37 functions following ablative or nonablative therapy with
 38 curative or life-prolonging intent. Human blood precursor cells
 39 may be obtained from the patient in an autologous transplant or
 40 from a medically acceptable related or unrelated donor, and may
 41 be derived from bone marrow, circulating blood, or a combination
 42 of bone marrow and circulating blood. If chemotherapy is an
 43 integral part of the treatment involving bone marrow
 44 transplantation, the term "bone marrow transplant" includes both
 45 the transplantation and the chemotherapy.

46 Section 2. Subsection (3) is added to section 627.642,
 47 Florida Statutes, to read:

48 627.642 Outline of coverage.--

49 (3) In addition to the outline of coverage, a policy as
 50 specified in s. 627.6699(3)(k) must be accompanied by an
 51 identification card that contains, at a minimum:

52 (a) The name of the organization issuing the policy or the
 53 name of the organization administering the policy, whichever
 54 applies.

55 (b) The name of the contract holder.

56 (c) The type of plan only if the plan is filed in the

57 state, an indication that the plan is self-funded, or the name
58 of the network.

59 (d) The member identification number, contract number, and
60 policy or group number, if applicable.

61 (e) A contact phone number or electronic address for
62 authorizations.

63 (f) A phone number or electronic address whereby the
64 covered person or hospital, physician, or other person rendering
65 services covered by the policy may determine if the plan is
66 insured and may obtain a benefits verification in order to
67 estimate patient financial responsibility, in compliance with
68 privacy rules under the Health Insurance Portability and
69 Accountability Act.

70 (g) The national plan identifier, in accordance with the
71 compliance date set forth by the federal Department of Health
72 and Human Services.

73
74 The identification card must present the information in a
75 readily identifiable manner or, alternatively, the information
76 may be embedded on the card and available through magnetic
77 stripe or smart card. The information may also be provided
78 through other electronic technology.

79 Section 3. Present subsection (2) of section 627.657,
80 Florida Statutes, is renumbered as subsection (3), and a new
81 subsection (2) is added to that section to read:

82 627.657 Provisions of group health insurance policies.--

83 (2) The medical policy as specified in s. 627.6699(3)(k)
84 must be accompanied by an identification card that contains, at

85 a minimum:

86 (a) The name of the organization issuing the policy or
87 name of the organization administering the policy, whichever
88 applies.

89 (b) The name of the certificateholder.

90 (c) The type of plan only if the plan is filed in the
91 state, an indication that the plan is self-funded, or the name
92 of the network.

93 (d) The member identification number, contract number, and
94 policy or group number, if applicable.

95 (e) A contact phone number or electronic address for
96 authorizations.

97 (f) A phone number or electronic address whereby the
98 covered person or hospital, physician, or other person rendering
99 services covered by the policy may determine if the plan is
100 insured and may obtain a benefits verification in order to
101 estimate patient financial responsibility, in compliance with
102 privacy rules under the Health Insurance Portability and
103 Accountability Act.

104 (g) The national plan identifier, in accordance with the
105 compliance date set forth by the federal Department of Health
106 and Human Services.

107
108 The identification card must present the information in a
109 readily identifiable manner or, alternatively, the information
110 may be embedded on the card and available through magnetic
111 stripe or smart card. The information may also be provided
112 through other electronic technology.

113 Section 4. Subsection (41) is added to section 641.31,
 114 Florida Statutes, to read:

115 641.31 Health maintenance contracts.--

116 (41) The contract, certificate, or member handbook must be
 117 accompanied by an identification card that contains, at a
 118 minimum:

119 (a) The name of the organization offering the contract or
 120 name of the organization administering the contract, whichever
 121 applies.

122 (b) The name of the subscriber.

123 (c) A statement that the health plan is a health
 124 maintenance organization. Only a health plan with a certificate
 125 of authority issued under this chapter may be identified as a
 126 health maintenance organization.

127 (d) The member identification number, contract number, and
 128 group number, if applicable.

129 (e) A contact phone number or electronic address for
 130 authorizations.

131 (f) A phone number or electronic address whereby the
 132 covered person or hospital, physician, or other person rendering
 133 services covered by the contract may determine if the plan is
 134 insured and may obtain a benefits verification in order to
 135 estimate patient financial responsibility, in compliance with
 136 privacy rules under the Health Insurance Portability and
 137 Accountability Act.

138 (g) The national plan identifier, in accordance with the
 139 compliance date set forth by the federal Department of Health
 140 and Human Services.

141
142 The identification card must present the information in a
143 readily identifiable manner or, alternatively, the information
144 may be embedded on the card and available through magnetic
145 stripe or smart card. The information may also be provided
146 through other electronic technology.

147 Section 5. Effective July 1, 2007, section 627.4108,
148 Florida Statutes, is created to read:

149 627.4108 Credit for administrative efficiencies.--A life
150 or health insurer or health maintenance organization may offer
151 to groups a credit reflecting demonstrable administrative
152 savings resulting from efficiencies that occur when two or more
153 life or health insurance products, or a health maintenance
154 organization contract and one or more life or health insurance
155 products, are purchased from the insurer or its affiliated
156 companies or health maintenance organization. The insurer or
157 health maintenance organization shall be required to demonstrate
158 to the office that the proposed credit is reasonable, does not
159 exceed the administrative savings, and is offered in a
160 nondiscriminatory manner. Such demonstration may be submitted
161 for approval separate from any premium rate filing. In no event
162 shall such credit, resulting in reduction of revenue, be
163 reflected in the experience used in rate filings. The commission
164 may establish by rule procedures to be used in ascertaining the
165 appropriate amount and reasonableness of the credit in relation
166 to the administrative savings and to ensure that it is offered
167 in a nondiscriminatory manner.

168 Section 6. Effective July 1, 2007, subsection (5) of

169 section 408.909, Florida Statutes, is amended, and paragraph (d)
 170 is added to subsection (3) of that section, to read:

171 408.909 Health flex plans.--

172 (3) PROGRAM.--The agency and the office shall each approve
 173 or disapprove health flex plans that provide health care
 174 coverage for eligible participants. A health flex plan may limit
 175 or exclude benefits otherwise required by law for insurers
 176 offering coverage in this state, may cap the total amount of
 177 claims paid per year per enrollee, may limit the number of
 178 enrollees, or may take any combination of those actions. A
 179 health flex plan offering may include the option of a
 180 catastrophic plan supplementing the health flex plan.

181 (d) In order to expedite financial determinations and
 182 immediately qualify a large base of eligible entities to offer
 183 health flex plans, health insurers licensed under chapters 624
 184 and 627, fraternal benefit societies licensed under chapter 632,
 185 prepaid limited health service organizations licensed under
 186 chapter 636, health maintenance organizations licensed under
 187 part I of chapter 641, prepaid health clinics licensed under
 188 part II of chapter 641, and hospital-owned provider service
 189 networks authorized under chapter 409 shall be deemed in
 190 compliance with the financial requirements to offer a health
 191 flex plan. In addition, any local government or health care
 192 district that has the initial operating funds and taxing
 193 authority to fulfill its obligations under the proposed health
 194 flex plan shall be deemed in compliance with the financial
 195 requirements to offer a health flex plan.

196 (5) ELIGIBILITY.--Eligibility to enroll in an approved

197 health flex plan is limited to residents of this state who:

198 (a) Are 64 years of age or younger;

199 (b) Have a family income equal to or less than 250 ~~200~~
200 percent of the federal poverty level;

201 (c) Are eligible under a federally approved Medicaid
202 demonstration waiver and reside in Palm Beach County or Miami-
203 Dade County;

204 ~~(d) Are not covered by a private insurance policy and are~~
205 ~~not eligible for coverage through a public health insurance~~
206 ~~program, such as Medicare or Medicaid, unless specifically~~
207 ~~authorized under paragraph (c), or another public health care~~
208 ~~program, such as Kidcare, and have not been covered at any time~~
209 ~~during the past 6 months; and~~

210 (d) ~~(e)~~ Have applied for health care coverage through an
211 approved health flex plan and have agreed to make any payments
212 required for participation, including periodic payments or
213 payments due at the time health care services are provided; and

214 (e) Are either:

215 1. Not covered by a private insurance policy and not
216 eligible for coverage through a public health insurance program,
217 such as Medicare or Medicaid, unless specifically authorized
218 under paragraph (c), or another public health care program, such
219 as Kidcare, and have not been covered at any time during the
220 past 6 months; or

221 2. Part of an employer group that is not covered by a
222 private health insurance policy and has not been covered at any
223 time during the past 6 months and in which at least 75 percent
224 of the employees have a family income equal to or less than 250

225 percent of the federal poverty level. If the health flex plan
226 entity is a properly licensed health insurer, health plan, or
227 health maintenance organization, this subparagraph applies when
228 only 50 percent of the employees have a family income equal to
229 or less than 250 percent of the federal poverty level.

230 Section 7. Effective July 1, 2007, section 445.015,
231 Florida Statutes, is created to read:

232 445.015 Small business health insurance plan grant
233 program.--

234 (1) The agency shall establish a small business health
235 insurance plan grant program to award, administer, and monitor
236 grants to small employers and small businesses to develop and
237 offer cafeteria health plans that qualify under s. 125 of the
238 Internal Revenue Code and include options such as prepaid health
239 clinic services licensed under part II of chapter 641 for the
240 purpose of improving access to health insurance for uninsured
241 employees. The agency shall give priority to employer proposals
242 that would improve access for previously uninsured employees or
243 include long-term commitments to insure employees. Grant funds
244 shall not be used for ongoing maintenance of the plans or for
245 employer contributions. Health plans may identify and assist
246 eligible small employers and small businesses in obtaining
247 grants. The agency, in consultation with the Office of Insurance
248 Regulation, shall evaluate each project funded by a grant to
249 measure any increases in access to insurance and the long-term
250 viability of such increases. The agency shall design materials
251 and interactive programs to inform small employers and small
252 businesses about such cafeteria health plans and shall provide

253 training to assist small employers and small businesses in
254 developing such plans. Training shall include technical
255 assistance in establishing relationships with health plans and
256 individualized guidance on operational methods and
257 infrastructure that will best support and ensure the long-term
258 success of using these plans.

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

264 Section 8. Effective July 1, 2007, the sum of \$250,000 in
265 nonrecurring revenue is appropriated from the General Revenue
266 Fund to the Agency for Workforce Innovation for the 2007-2008
267 fiscal year to award Small Business Health Insurance Plan Grants
268 to eligible businesses.

269 Section 9. Effective July 1, 2007, section 468.807,
270 Florida Statutes, is repealed.

271 Section 10. Except as otherwise expressly provided in this
272 act, this act shall take effect January 1, 2008, and shall apply
273 to identification cards issued for policies or certificates
274 issued or renewed on or after that date.