

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 providing applicability; providing effective dates.

26
27 Be It Enacted by the Legislature of the State of Florida:
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29 Section 1. Subsection (1) of section 627.4236, Florida
 30 Statutes, is amended to read:

31 627.4236 Coverage for bone marrow transplant procedures.--

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

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

46 627.642 Outline of coverage.--

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

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

53 (b) The name of the contract holder.

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

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

59 (e) A contact phone number or electronic address for
60 authorizations.

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

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

71
72 The identification card must present the information in a
73 readily identifiable manner or, alternatively, the information
74 may be embedded on the card and available through magnetic
75 stripe or smart card. The information may also be provided
76 through other electronic technology.

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

80 627.657 Provisions of group health insurance policies.--

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

84 (a) The name of the organization issuing the policy or

85 name of the organization administering the policy, whichever
86 applies.

87 (b) The name of the certificateholder.

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

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

93 (e) A contact phone number or electronic address for
94 authorizations.

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

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

105
106 The identification card must present the information in a
107 readily identifiable manner or, alternatively, the information
108 may be embedded on the card and available through magnetic
109 stripe or smart card. The information may also be provided
110 through other electronic technology.

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

113 641.31 Health maintenance contracts.--

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

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

120 (b) The name of the subscriber.

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

125 (d) The member identification number, contract number, and
126 group number, if applicable.

127 (e) A contact phone number or electronic address for
128 authorizations.

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

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

139

140 The identification card must present the information in a

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

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

147 627.4108 Credit for administrative efficiencies.--A life
148 or health insurer or health maintenance organization may offer
149 to groups a credit reflecting demonstrable administrative
150 savings resulting from efficiencies that occur when two or more
151 life or health insurance products, or a health maintenance
152 organization contract and one or more life or health insurance
153 products, are purchased from the insurer or its affiliated
154 companies or health maintenance organization. The insurer or
155 health maintenance organization shall be required to demonstrate
156 to the office that the proposed credit is reasonable, does not
157 exceed the administrative savings, and is offered in a
158 nondiscriminatory manner. Such demonstration may be submitted
159 for approval separate from any premium rate filing. In no event
160 shall such credit, resulting in reduction of revenue, be
161 reflected in the experience used in rate filings. The commission
162 may establish by rule procedures to be used in ascertaining the
163 appropriate amount and reasonableness of the credit in relation
164 to the administrative savings and to ensure that it is offered
165 in a nondiscriminatory manner.

166 Section 6. Effective July 1, 2007, subsection (5) of
167 section 408.909, Florida Statutes, is amended, and paragraph (d)
168 is added to subsection (3) of that section, to read:

169 408.909 Health flex plans.--

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

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

194 (5) ELIGIBILITY.--Eligibility to enroll in an approved
 195 health flex plan is limited to residents of this state who:

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

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

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

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

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

212 (e) Are either:

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

219 2. Part of an employer group that is not covered by a
 220 private health insurance policy and has not been covered at any
 221 time during the past 6 months and in which at least 75 percent
 222 of the employees have a family income equal to or less than 250
 223 percent of the federal poverty level. If the health flex plan
 224 entity is a properly licensed health insurer, health plan, or

225 health maintenance organization, this subparagraph applies when
226 only 50 percent of the employees have a family income equal to
227 or less than 250 percent of the federal poverty level.

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

230 445.015 Small business health insurance plan grant
231 program.--

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

253 assistance in establishing relationships with health plans and
254 individualized guidance on operational methods and
255 infrastructure that will best support and ensure the long-term
256 success of using these plans.

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

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

267 Section 9. Except as otherwise expressly provided in this
268 act, this act shall take effect January 1, 2008, and shall apply
269 to identification cards issued for policies or certificates
270 issued or renewed on or after that date.