

Bill No. SB 2094

Barcode 275504

CHAMBER ACTION

Senate

House

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Comm: RCS
04/09/2007 05:55 PM

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The Committee on Banking and Insurance (Peaden) recommended
the following amendment:

Senate Amendment (with title amendment)

On page 1, line 21,

insert:

Section 1. Subsections (3) and (5) of section 408.909,
Florida Statutes, are amended to read:

408.909 Health flex plans.--

(3) PROGRAM.--The agency and the office shall each
approve 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.

(a) The agency shall develop guidelines for the review
of applications for health flex plans and shall disapprove or

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1 withdraw approval of plans that do not meet or no longer meet
 2 minimum standards for quality of care and access to care. The
 3 agency shall ensure that the health flex plans follow
 4 standardized grievance procedures similar to those required of
 5 health maintenance organizations.

6 (b) The office shall develop guidelines for the review
 7 of health flex plan applications and provide regulatory
 8 oversight of health flex plan advertisement and marketing
 9 procedures. The office shall disapprove or shall withdraw
 10 approval of plans that:

11 1. Contain any ambiguous, inconsistent, or misleading
 12 provisions or any exceptions or conditions that deceptively
 13 affect or limit the benefits purported to be assumed in the
 14 general coverage provided by the health flex plan;

15 2. Provide benefits that are unreasonable in relation
 16 to the premium charged or contain provisions that are unfair
 17 or inequitable or contrary to the public policy of this state,
 18 that encourage misrepresentation, or that result in unfair
 19 discrimination in sales practices;

20 3. Cannot demonstrate that the health flex plan is
 21 financially sound and that the applicant is able to underwrite
 22 or finance the health care coverage provided; or

23 4. Cannot demonstrate that the applicant and its
 24 management are in compliance with the standards required under
 25 s. 624.404(3).

26 (c) In order to expedite financial determinations and
 27 immediately qualify a large base of eligible entities to offer
 28 the health flex program, entities licensed under chapter 627,
 29 chapter 632, chapter 636, or chapter 641 shall be deemed in
 30 compliance with the financial requirements for offering a
 31 health flex plan. In addition, any local government or health

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1 care district that has the initial operating funds and taxing
 2 authority to fulfill its obligations under the proposed health
 3 flex plan shall be deemed in compliance with the financial
 4 requirements for offering a health flex plan.

5 (d)(e) The agency and the Financial Services
 6 Commission may adopt rules as needed to administer this
 7 section.

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

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

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

13 (c) Are eligible under a federally approved Medicaid
 14 demonstration waiver and reside in Palm Beach County or
 15 Miami-Dade County;

16 ~~(d) Are not covered by a private insurance policy and~~
 17 ~~are not eligible for coverage through a public health~~
 18 ~~insurance program, such as Medicare or Medicaid, unless~~
 19 ~~specifically authorized under paragraph (c), or another public~~
 20 ~~health care program, such as Kidcare, and have not been~~
 21 ~~covered at any time during the past 6 months; and~~

22 (d)(e) Have applied for health care coverage through
 23 an approved health flex plan and have agreed to make any
 24 payments required for participation, including periodic
 25 payments or payments due at the time health care services are
 26 provided; and

27 (e) Are either:

28 1. Not covered by a private insurance policy and not
 29 eligible for coverage through a public health insurance
 30 program, such as Medicare or Medicaid, unless specifically
 31 authorized under paragraph (c), or another public health care

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1 program, such as Kidcare, and have not been covered at any
2 time during the past 6 months; or

3 2. Part of an employer group that is not covered by a
4 private health insurance policy and has not been covered at
5 any time during the past 6 months and in which at least 75
6 percent of the employees have a family income equal to or less
7 than 250 percent of the federal poverty level. If the health
8 flex plan entity is a properly licensed health insurer, health
9 plan, or health maintenance organization, this subparagraph
10 applies when only 50 percent of the employees have a family
11 income equal to or less than 250 percent of the federal
12 poverty level.

13 Section 2. Section 445.015, Florida Statutes, is
14 created to read:

15 445.015 Small business health insurance plan grant
16 program.--

17 (1) The agency shall establish a small business health
18 insurance plan grant program to award, administer, and monitor
19 grants to small employers and small businesses to develop and
20 offer cafeteria health plans that qualify under s. 125 of the
21 Internal Revenue Code and include options such as prepaid
22 health clinic services licensed under part II of chapter 641
23 for the purpose of improving access to health insurance for
24 uninsured employees. The agency shall give priority to
25 employer proposals that would improve access for previously
26 uninsured employees or include long-term commitments to insure
27 employees. Grant funds shall not be used for ongoing
28 maintenance of the plans or for employer contributions. Health
29 plans may identify and assist eligible small employers and
30 small businesses in obtaining grants. The agency, in
31 consultation with the Office of Insurance Regulation, shall

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1 evaluate each project funded by a grant to measure any
 2 increases in access to insurance and the long-term viability
 3 of such increases. The agency shall design materials and
 4 interactive programs to inform small employers and small
 5 businesses about such cafeteria health plans and shall provide
 6 training to assist small employers and small businesses in
 7 developing such plans. Training shall include technical
 8 assistance in establishing relationships with health plans and
 9 individualized guidance on operational methods and
 10 infrastructure that will best support and ensure the long-term
 11 success of using these plans.

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

17 Section 3. The sum of \$250,000 in nonrecurring revenue
 18 is appropriated from the General Revenue Fund to the Agency
 19 for Workforce Innovation for the 2007-2008 fiscal year to
 20 award Small Business Health Insurance Plan Grants to eligible
 21 businesses.

22
 23 (Redesignate subsequent sections.)

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 25
 26 ===== T I T L E A M E N D M E N T =====

27 And the title is amended as follows:

28 On page 1, line 4, after the first semicolon,
 29
 30 insert:

31 amending s. 408.909, F.S.; authorizing certain

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1 licensed entities to offer the health flex
2 plan; revising criteria for eligibility for
3 enrollment in a health flex plan; creating s.
4 445.015, F.S.; establishing a small business
5 health insurance plan grant program; providing
6 purposes of the grant program; providing
7 conditions for use of grant funds; providing
8 duties of the Agency for Workforce Innovation
9 and the Office of Insurance Regulation;
10 requiring a report to the Governor and
11 Legislature; providing an appropriation;

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