

1 A bill to be entitled

2 An act relating to immunization services; amending s.  
3 110.123, F.S.; including immunization services in the  
4 schedule of minimum benefits for health maintenance  
5 organizations participating in the state group insurance  
6 program; creating s. 288.9416, F.S.; requiring Enterprise  
7 Florida, Inc., to conduct an outreach campaign to  
8 encourage pharmaceutical companies to produce vaccines in  
9 the state; amending s. 381.005, F.S.; requiring certain  
10 assisted living facilities to offer influenza vaccines to  
11 certain patients; requiring the Department of Health to  
12 send reminder notices to assisted living facilities;  
13 amending s. 409.908, F.S.; providing for the reimbursement  
14 of Medicaid providers of immunization services; amending  
15 s. 465.003, F.S.; redefining the term "practice of the  
16 profession of pharmacy" to include the administration of  
17 vaccines to adults by a pharmacist; creating s. 465.189,  
18 F.S.; authorizing pharmacists to administer vaccines  
19 within an established protocol and under a supervisory  
20 practitioner who is a licensed physician or by written  
21 agreement with a county health department; providing  
22 requirements for the protocol; requiring professional  
23 liability insurance, training, and certification in  
24 vaccination and employer approval before entering into a  
25 protocol; requiring a pharmacist to maintain and make  
26 available patient records for a certain time period;  
27 providing requirements for the certification program;  
28 creating s. 627.64194, F.S.; requiring certain health

29 insurance policies to provide an option for immunization  
 30 services coverage; amending s. 1003.22, F.S.; requiring  
 31 district school boards and private school governing  
 32 authorities to provide information relating to  
 33 meningococcal disease and meningococcal disease vaccine to  
 34 parents of certain students; requiring the Department of  
 35 Health to adopt rules specifying which students apply to  
 36 such information requirement; amending s. 1009.53, F.S.;  
 37 providing that awards from the Florida Bright Futures  
 38 Scholarship Program shall include coverage for certain  
 39 immunizations; amending s. 1009.98, F.S.; requiring all  
 40 Stanley G. Tate Florida Prepaid College Program plans to  
 41 include coverage for certain immunizations; providing an  
 42 effective date.

43

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

45

46 Section 1. Paragraph (h) of subsection (3) of section  
 47 110.123, Florida Statutes, is amended to read:

48 110.123 State group insurance program.--

49 (3) STATE GROUP INSURANCE PROGRAM.--

50 (h)1. A person eligible to participate in the state group  
 51 insurance program may be authorized by rules adopted by the  
 52 department, in lieu of participating in the state group health  
 53 insurance plan, to exercise an option to elect membership in a  
 54 health maintenance organization plan which is under contract  
 55 with the state in accordance with criteria established by this  
 56 section and by said rules. The offer of optional membership in a

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57 health maintenance organization plan permitted by this paragraph  
58 may be limited or conditioned by rule as may be necessary to  
59 meet the requirements of state and federal laws.

60 2. The department shall contract with health maintenance  
61 organizations seeking to participate in the state group  
62 insurance program through a request for proposal or other  
63 procurement process, as developed by the Department of  
64 Management Services and determined to be appropriate.

65 a. The department shall establish a schedule of minimum  
66 benefits for health maintenance organization coverage, and that  
67 schedule shall include: physician services; inpatient and  
68 outpatient hospital services; emergency medical services,  
69 including out-of-area emergency coverage; diagnostic laboratory  
70 and diagnostic and therapeutic radiologic services; mental  
71 health, alcohol, and chemical dependency treatment services  
72 meeting the minimum requirements of state and federal law;  
73 skilled nursing facilities and services; prescription drugs;  
74 age-based and gender-based wellness benefits; immunization  
75 services; and other benefits as may be required by the  
76 department. Additional services may be provided subject to the  
77 contract between the department and the HMO. As used in this  
78 paragraph, the term "age-based and gender-based wellness  
79 benefits" includes aerobic exercise, education in alcohol and  
80 substance abuse prevention, blood cholesterol screening, health  
81 risk appraisals, blood pressure screening and education,  
82 nutrition education, program planning, safety belt education,  
83 smoking cessation, stress management, weight management, and  
84 women's health education.

85           b. The department may establish uniform deductibles,  
86 copayments, coverage tiers, or coinsurance schedules for all  
87 participating HMO plans.

88           c. The department may require detailed information from  
89 each health maintenance organization participating in the  
90 procurement process, including information pertaining to  
91 organizational status, experience in providing prepaid health  
92 benefits, accessibility of services, financial stability of the  
93 plan, quality of management services, accreditation status,  
94 quality of medical services, network access and adequacy,  
95 performance measurement, ability to meet the department's  
96 reporting requirements, and the actuarial basis of the proposed  
97 rates and other data determined by the director to be necessary  
98 for the evaluation and selection of health maintenance  
99 organization plans and negotiation of appropriate rates for  
100 these plans. Upon receipt of proposals by health maintenance  
101 organization plans and the evaluation of those proposals, the  
102 department may enter into negotiations with all of the plans or  
103 a subset of the plans, as the department determines appropriate.  
104 Nothing shall preclude the department from negotiating regional  
105 or statewide contracts with health maintenance organization  
106 plans when this is cost-effective and when the department  
107 determines that the plan offers high value to enrollees.

108           d. The department may limit the number of HMOs that it  
109 contracts with in each service area based on the nature of the  
110 bids the department receives, the number of state employees in  
111 the service area, or any unique geographical characteristics of

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112 the service area. The department shall establish by rule service  
113 areas throughout the state.

114 e. All persons participating in the state group insurance  
115 program may be required to contribute towards a total state  
116 group health premium that may vary depending upon the plan and  
117 coverage tier selected by the enrollee and the level of state  
118 contribution authorized by the Legislature.

119 3. The department is authorized to negotiate and to  
120 contract with specialty psychiatric hospitals for mental health  
121 benefits, on a regional basis, for alcohol, drug abuse, and  
122 mental and nervous disorders. The department may establish,  
123 subject to the approval of the Legislature pursuant to  
124 subsection (5), any such regional plan upon completion of an  
125 actuarial study to determine any impact on plan benefits and  
126 premiums.

127 4. In addition to contracting pursuant to subparagraph 2.,  
128 the department may enter into contract with any HMO to  
129 participate in the state group insurance program which:

130 a. Serves greater than 5,000 recipients on a prepaid basis  
131 under the Medicaid program;

132 b. Does not currently meet the 25-percent non-  
133 Medicare/non-Medicaid enrollment composition requirement  
134 established by the Department of Health excluding participants  
135 enrolled in the state group insurance program;

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

138 d. Is willing to participate in the state group insurance  
139 program at a cost of premiums that is not greater than 95

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140 percent of the cost of HMO premiums accepted by the department  
141 in each service area; and

142 e. Meets the minimum surplus requirements of s. 641.225.  
143

144 The department is authorized to contract with HMOs that meet the  
145 requirements of sub-subparagraphs a.-d. prior to the open  
146 enrollment period for state employees. The department is not  
147 required to renew the contract with the HMOs as set forth in  
148 this paragraph more than twice. Thereafter, the HMOs shall be  
149 eligible to participate in the state group insurance program  
150 only through the request for proposal or invitation to negotiate  
151 process described in subparagraph 2.

152 5. All enrollees in a state group health insurance plan, a  
153 TRICARE supplemental insurance plan, or any health maintenance  
154 organization plan have the option of changing to any other  
155 health plan that is offered by the state within any open  
156 enrollment period designated by the department. Open enrollment  
157 shall be held at least once each calendar year.

158 6. When a contract between a treating provider and the  
159 state-contracted health maintenance organization is terminated  
160 for any reason other than for cause, each party shall allow any  
161 enrollee for whom treatment was active to continue coverage and  
162 care when medically necessary, through completion of treatment  
163 of a condition for which the enrollee was receiving care at the  
164 time of the termination, until the enrollee selects another  
165 treating provider, or until the next open enrollment period  
166 offered, whichever is longer, but no longer than 6 months after  
167 termination of the contract. Each party to the terminated

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168 contract shall allow an enrollee who has initiated a course of  
169 prenatal care, regardless of the trimester in which care was  
170 initiated, to continue care and coverage until completion of  
171 postpartum care. This does not prevent a provider from refusing  
172 to continue to provide care to an enrollee who is abusive,  
173 noncompliant, or in arrears in payments for services provided.  
174 For care continued under this subparagraph, the program and the  
175 provider shall continue to be bound by the terms of the  
176 terminated contract. Changes made within 30 days before  
177 termination of a contract are effective only if agreed to by  
178 both parties.

179 7. Any HMO participating in the state group insurance  
180 program shall submit health care utilization and cost data to  
181 the department, in such form and in such manner as the  
182 department shall require, as a condition of participating in the  
183 program. The department shall enter into negotiations with its  
184 contracting HMOs to determine the nature and scope of the data  
185 submission and the final requirements, format, penalties  
186 associated with noncompliance, and timetables for submission.  
187 These determinations shall be adopted by rule.

188 8. The department may establish and direct, with respect  
189 to collective bargaining issues, a comprehensive package of  
190 insurance benefits that may include supplemental health and life  
191 coverage, dental care, long-term care, vision care, and other  
192 benefits it determines necessary to enable state employees to  
193 select from among benefit options that best suit their  
194 individual and family needs.

195 a. Based upon a desired benefit package, the department  
196 shall issue a request for proposal or invitation to negotiate  
197 for health insurance providers interested in participating in  
198 the state group insurance program, and the department shall  
199 issue a request for proposal or invitation to negotiate for  
200 insurance providers interested in participating in the non-  
201 health-related components of the state group insurance program.  
202 Upon receipt of all proposals, the department may enter into  
203 contract negotiations with insurance providers submitting bids  
204 or negotiate a specially designed benefit package. Insurance  
205 providers offering or providing supplemental coverage as of May  
206 30, 1991, which qualify for pretax benefit treatment pursuant to  
207 s. 125 of the Internal Revenue Code of 1986, with 5,500 or more  
208 state employees currently enrolled may be included by the  
209 department in the supplemental insurance benefit plan  
210 established by the department without participating in a request  
211 for proposal, submitting bids, negotiating contracts, or  
212 negotiating a specially designed benefit package. These  
213 contracts shall provide state employees with the most cost-  
214 effective and comprehensive coverage available; however, no  
215 state or agency funds shall be contributed toward the cost of  
216 any part of the premium of such supplemental benefit plans. With  
217 respect to dental coverage, the division shall include in any  
218 solicitation or contract for any state group dental program made  
219 after July 1, 2001, a comprehensive indemnity dental plan option  
220 which offers enrollees a completely unrestricted choice of  
221 dentists. If a dental plan is endorsed, or in some manner  
222 recognized as the preferred product, such plan shall include a



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223 comprehensive indemnity dental plan option which provides  
224 enrollees with a completely unrestricted choice of dentists.

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

230 c. Nothing herein contained shall be construed to prohibit  
231 insurance providers from continuing to provide or offer  
232 supplemental benefit coverage to state employees as provided  
233 under existing agency plans.

234 Section 2. Section 288.9416, Florida Statutes, is created  
235 to read:

236 288.9416 Vaccine production facilities; outreach campaign  
237 for vaccine production.--Enterprise Florida, Inc., as the  
238 principal economic development organization for the state under  
239 s. 288.9015, shall conduct an outreach campaign to encourage  
240 pharmaceutical companies located in this state to produce  
241 vaccines for the prevention of communicable diseases and to  
242 encourage pharmaceutical companies located outside of this state  
243 to establish facilities in this state to produce vaccines for  
244 the prevention of communicable diseases.

245 Section 3. Subsection (3) of section 381.005, Florida  
246 Statutes, is renumbered as section (4), and a new subsection (3)  
247 is added to that section, to read:

248 381.005 Primary and preventive health services.--

249 (3) Between October 1 of each year, or earlier if the  
250 vaccination is available, and February 1 of the following year,

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251 subject to the availability of an adequate supply of the  
 252 necessary vaccine, each assisted living facility licensed  
 253 pursuant to chapter 400 that has 11 or more licensed beds shall  
 254 implement a program to offer immunizations against the influenza  
 255 virus and pneumococcal bacteria to all patients age 65 or older,  
 256 in accordance with the recommendations of the Advisory Committee  
 257 on Immunization Practices of the United States Centers for  
 258 Disease Control and Prevention and subject to the clinical  
 259 judgment of the responsible practitioner. By September 1 of each  
 260 year, the department or its designee shall send to each assisted  
 261 living facility under this section a reminder notice of the  
 262 responsibilities of each assisted living facility under this  
 263 section.

264 Section 4. Subsection (23) is added to section 409.908,  
 265 Florida Statutes, to read:

266 409.908 Reimbursement of Medicaid providers.--Subject to  
 267 specific appropriations, the agency shall reimburse Medicaid  
 268 providers, in accordance with state and federal law, according  
 269 to methodologies set forth in the rules of the agency and in  
 270 policy manuals and handbooks incorporated by reference therein.  
 271 These methodologies may include fee schedules, reimbursement  
 272 methods based on cost reporting, negotiated fees, competitive  
 273 bidding pursuant to s. 287.057, and other mechanisms the agency  
 274 considers efficient and effective for purchasing services or  
 275 goods on behalf of recipients. If a provider is reimbursed based  
 276 on cost reporting and submits a cost report late and that cost  
 277 report would have been used to set a lower reimbursement rate  
 278 for a rate semester, then the provider's rate for that semester

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279 shall be retroactively calculated using the new cost report, and  
 280 full payment at the recalculated rate shall be effected  
 281 retroactively. Medicare-granted extensions for filing cost  
 282 reports, if applicable, shall also apply to Medicaid cost  
 283 reports. Payment for Medicaid compensable services made on  
 284 behalf of Medicaid eligible persons is subject to the  
 285 availability of moneys and any limitations or directions  
 286 provided for in the General Appropriations Act or chapter 216.  
 287 Further, nothing in this section shall be construed to prevent  
 288 or limit the agency from adjusting fees, reimbursement rates,  
 289 lengths of stay, number of visits, or number of services, or  
 290 making any other adjustments necessary to comply with the  
 291 availability of moneys and any limitations or directions  
 292 provided for in the General Appropriations Act, provided the  
 293 adjustment is consistent with legislative intent.

294 (23) A provider of immunization services shall be  
 295 reimbursed at the Medicare reimbursement rate for the  
 296 administration of immunizations in addition to any applicable  
 297 reimbursement for the ingredient cost of the immunizations.

298 Section 5. Subsection (13) of section 465.003, Florida  
 299 Statutes, is amended to read:

300 465.003 Definitions.--As used in this chapter, the term:

301 (13) "Practice of the profession of pharmacy" includes  
 302 compounding, dispensing, and consulting concerning contents,  
 303 therapeutic values, and uses of any medicinal drug; consulting  
 304 concerning therapeutic values and interactions of patent or  
 305 proprietary preparations, whether pursuant to prescriptions or  
 306 in the absence and entirely independent of such prescriptions or

307 orders; and other pharmaceutical services. For purposes of this  
 308 subsection, "other pharmaceutical services" means the monitoring  
 309 of the patient's drug therapy and assisting the patient in the  
 310 management of his or her drug therapy, and includes review of  
 311 the patient's drug therapy and communication with the patient's  
 312 prescribing health care provider as licensed under chapter 458,  
 313 chapter 459, chapter 461, or chapter 466, or similar statutory  
 314 provision in another jurisdiction, or such provider's agent or  
 315 such other persons as specifically authorized by the patient,  
 316 regarding the drug therapy. However, nothing in this subsection  
 317 may be interpreted to permit an alteration of a prescriber's  
 318 directions, the diagnosis or treatment of any disease, the  
 319 initiation of any drug therapy, the practice of medicine, or the  
 320 practice of osteopathic medicine, unless otherwise permitted by  
 321 law. "Practice of the profession of pharmacy" also includes any  
 322 other act, service, operation, research, or transaction  
 323 incidental to, or forming a part of, any of the foregoing acts,  
 324 requiring, involving, or employing the science or art of any  
 325 branch of the pharmaceutical profession, study, or training, and  
 326 shall expressly permit a pharmacist to transmit information from  
 327 persons authorized to prescribe medicinal drugs to their  
 328 patients. "Practice of the profession of pharmacy" also includes  
 329 the administration to adults of vaccines under s. 468.189.

330 Section 6. Section 465.189, Florida Statutes, is created  
 331 to read:

332 465.189 Administration of vaccines.--

333 (1) Pharmacists may administer vaccines to adults within  
 334 the framework of an established protocol under a supervisory

335 practitioner who is a physician licensed under chapter 458 or  
336 chapter 459 or by written agreement with a county health  
337 department. Each protocol shall contain specific procedures for  
338 addressing any unforeseen allergic reaction to a vaccine.

339 (2) A pharmacist may not enter into a protocol unless he  
340 or she maintains at least \$200,000 of professional liability  
341 insurance and not until the pharmacist has completed training in  
342 vaccines as provided in this section.

343 (3) A pharmacist administering a vaccine shall maintain  
344 and make available patient records using the same standards for  
345 confidentiality and maintenance of such records as those that  
346 are imposed on health care practitioners under s. 456.057. These  
347 records shall be maintained for a minimum of 5 years.

348 (4) The decision by a supervisory practitioner to enter  
349 into a protocol under this section is a professional decision of  
350 the practitioner, and a person may not interfere with a  
351 supervisory practitioner's decision as to whether to enter into  
352 such a protocol. A pharmacist may not enter into a protocol that  
353 is to be performed while acting as an employee without the  
354 written approval of the owner of the pharmacy.

355 (5) Any pharmacist seeking to vaccinate patients under  
356 this section shall be certified to administer vaccines pursuant  
357 to a certification program approved by the Board of Pharmacy.  
358 The certification program shall, at a minimum, require that a  
359 pharmacist attend at least 20 hours of continuing education  
360 classes approved by the board. The program shall have a  
361 curriculum of instruction concerning the safe and effective  
362 administration of vaccines, including, but not limited to,

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363 potential allergic reactions to vaccines.

364 (6) The pharmacist shall submit to the Board of Pharmacy a  
 365 copy of the protocol or written agreement to administer a  
 366 vaccine.

367 Section 7. Section 627.64194, Florida Statutes, is created  
 368 to read:

369 627.64194 Coverage for immunizations.--An accident or  
 370 health insurance policy issued, amended, delivered, or renewed  
 371 in this state shall provide an option for the insured to elect  
 372 coverage for immunization services.

373 (1) The immunizations covered under this section shall  
 374 include: diphtheria; hepatitis B; measles; mumps; pertussis;  
 375 polio; rubella; tetanus; hemophilus influenza B (HIB);  
 376 pneumococcal; meningococcal; and any other immunization that the  
 377 Advisory Committee on Immunization Practices of the United  
 378 States Centers for Disease Control and Prevention or the  
 379 Department of Health determines to be recommended or required by  
 380 law, or that the Centers for Disease Control and Prevention  
 381 recommends or requires for specific international travel that  
 382 the policyholder is conducting.

383 (2) The coverage may be offered for an appropriate  
 384 additional premium.

385 (3) The coverage shall be offered without being subject to  
 386 the deductible copayment or coinsurance provisions of the  
 387 policy.

388 Section 8. Paragraph (c) is added to subsection (10) of  
 389 section 1003.22, Florida Statutes, to read:

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390 1003.22 School-entry health examinations; immunization  
391 against communicable diseases; exemptions; duties of Department  
392 of Health.--

393 (10) Each district school board and the governing  
394 authority of each private school shall:

395 (c) Provide detailed information concerning the causes,  
396 symptoms, and transmission of meningococcal disease; the risks  
397 associated with meningococcal disease; and the availability,  
398 effectiveness, and known contraindications of any required or  
399 recommended vaccine against meningococcal disease to every  
400 student's parent, in accordance with the recommended ages of  
401 students determined by the Department of Health to be  
402 appropriate for the administration of such vaccine. The  
403 department shall adopt rules that specify the age or grade level  
404 of students for whom such information shall be provided,  
405 consistent with the recommendations of the Advisory Committee on  
406 Immunization Practices of the United States Centers for Disease  
407 Control and Prevention concerning the appropriate age for the  
408 administration of the vaccine, and shall make available  
409 information concerning the causes symptoms, and transmission of  
410 meningococcal disease; the risks associated with meningococcal  
411 disease; and the availability, effectiveness, and known  
412 contraindications of any required or recommended vaccine to  
413 school districts and the governing authorities of each private  
414 school. Each district school board and the governing authority  
415 of each private school shall determine the means and methods for  
416 the provision of such information to students' parents.

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417 Section 9. Subsection (5) of section 1009.53, Florida  
418 Statutes, is amended to read:

419 1009.53 Florida Bright Futures Scholarship Program.--

420 (5) The department shall issue awards from the scholarship  
421 program annually. Annual awards may be for up to 45 semester  
422 credit hours or the equivalent. Awards shall include coverage  
423 for the student to receive immunizations required by the Florida  
424 State University System for enrollment, and shall include one-  
425 time coverage for the recommended meningococcal immunization at  
426 the option of the student. Awards shall include coverage for  
427 yearly recommended influenza immunizations. Before the  
428 registration period each semester, the department shall transmit  
429 payment for each award to the president or director of the  
430 postsecondary education institution, or his or her  
431 representative, except that the department may withhold payment  
432 if the receiving institution fails to report or to make refunds  
433 to the department as required in this section.

434 (a) Within 30 days after the end of regular registration  
435 each semester, the educational institution shall certify to the  
436 department the eligibility status of each student who receives  
437 an award. After the end of the drop and add period, an  
438 institution is not required to reevaluate or revise a student's  
439 eligibility status, but must make a refund to the department if  
440 a student who receives an award disbursement terminates  
441 enrollment for any reason during an academic term and a refund  
442 is permitted by the institution's refund policy.

443 (b) An institution that receives funds from the program  
444 shall certify to the department the amount of funds disbursed to



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445 each student and shall remit to the department any undisbursed  
446 advances within 60 days after the end of regular registration.

447 (c) Each institution that receives moneys through this  
448 program shall prepare an annual report that includes an annual  
449 financial audit, conducted by an independent certified public  
450 accountant or the Auditor General. The report shall include an  
451 audit of the institution's administration of the program and a  
452 complete accounting of the moneys for the program. This report  
453 must be submitted to the department annually by March 1. The  
454 department may conduct its own annual audit of an institution's  
455 administration of the program. The department may request a  
456 refund of any moneys overpaid to the institution for the  
457 program. The department may suspend or revoke an institution's  
458 eligibility to receive future moneys for the program if the  
459 department finds that an institution has not complied with this  
460 section. The institution must remit within 60 days any refund  
461 requested in accordance with this subsection.

462 Section 10. Subsection (2) of section 1009.98, Florida  
463 Statutes, is amended to read:

464 1009.98 Stanley G. Tate Florida Prepaid College Program.--

465 (2) PREPAID COLLEGE PLANS.--At a minimum, the board shall  
466 make advance payment contracts available for two independent  
467 plans to be known as the community college plan and the  
468 university plan. The board may also make advance payment  
469 contracts available for a dormitory residence plan. All plans  
470 shall include coverage for the student to receive immunizations  
471 required by the Florida State University System for enrollment  
472 and shall include one-time coverage for the recommended

473 meningococcal immunization at the option of the student. Awards  
474 shall include coverage for yearly recommended influenza  
475 immunizations. The board may restrict the number of participants  
476 in the community college plan, university plan, and dormitory  
477 residence plan, respectively. However, any person denied  
478 participation solely on the basis of such restriction shall be  
479 granted priority for participation during the succeeding year.

480 (a)1. Through the community college plan, the advance  
481 payment contract shall provide prepaid registration fees for a  
482 specified number of undergraduate semester credit hours not to  
483 exceed the average number of hours required for the conference  
484 of an associate degree. Qualified beneficiaries shall bear the  
485 cost of any laboratory fees associated with enrollment in  
486 specific courses. Each qualified beneficiary shall be classified  
487 as a resident for tuition purposes, pursuant to s. 1009.21,  
488 regardless of his or her actual legal residence.

489 2. Effective July 1, 1998, the board may provide advance  
490 payment contracts for additional fees delineated in s. 1009.23,  
491 not to exceed the average number of hours required for the  
492 conference of an associate degree, in conjunction with advance  
493 payment contracts for registration fees. Community college plan  
494 contracts purchased prior to July 1, 1998, shall be limited to  
495 the payment of registration fees as defined in s. 1009.97.

496 (b)1. Through the university plan, the advance payment  
497 contract shall provide prepaid registration fees for a specified  
498 number of undergraduate semester credit hours not to exceed the  
499 average number of hours required for the conference of a  
500 baccalaureate degree. Qualified beneficiaries shall bear the

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501 cost of any laboratory fees associated with enrollment in  
502 specific courses. Each qualified beneficiary shall be classified  
503 as a resident for tuition purposes pursuant to s. 1009.21,  
504 regardless of his or her actual legal residence.

505 2. Effective July 1, 1998, the board may provide advance  
506 payment contracts for additional fees delineated in s.  
507 1009.24(8)-(11), for a specified number of undergraduate  
508 semester credit hours not to exceed the average number of hours  
509 required for the conference of a baccalaureate degree, in  
510 conjunction with advance payment contracts for registration  
511 fees. Such contracts shall provide prepaid coverage for the sum  
512 of such fees, to a maximum of 45 percent of the cost of  
513 registration fees. University plan contracts purchased prior to  
514 July 1, 1998, shall be limited to the payment of registration  
515 fees as defined in s. 1009.97.

516 (c) The cost of participation in contracts authorized  
517 under paragraph (a) or paragraph (b) shall be based primarily on  
518 the current and projected registration fees within the Florida  
519 Community College System or the State University System,  
520 respectively, and the number of years expected to elapse between  
521 the purchase of the plan on behalf of a qualified beneficiary  
522 and the exercise of the benefits provided in the plan by such  
523 beneficiary.

524 (d) Through the dormitory residence plan, the advance  
525 payment contract may provide prepaid housing fees for a maximum  
526 of 10 semesters of full-time undergraduate enrollment in a state  
527 university. Dormitory residence plans shall be purchased in  
528 increments of 2 semesters. The cost of participation in the

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529 dormitory residence plan shall be based primarily on the average  
530 current and projected housing fees within the State University  
531 System and the number of years expected to elapse between the  
532 purchase of the plan on behalf of a qualified beneficiary and  
533 the exercise of the benefits provided in the plan by such  
534 beneficiary. Qualified beneficiaries shall have the highest  
535 priority in the assignment of housing within university  
536 residence halls. Qualified beneficiaries shall bear the cost of  
537 any additional elective charges such as laundry service or long-  
538 distance telephone service. Each state university may specify  
539 the residence halls or other university-held residences eligible  
540 for inclusion in the plan. In addition, any state university may  
541 request immediate termination of a dormitory residence contract  
542 based on a violation or multiple violations of rules of the  
543 residence hall or other university-held residences. In the event  
544 that sufficient housing is not available for all qualified  
545 beneficiaries, the board shall refund the purchaser or qualified  
546 beneficiary an amount equal to the fees charged for dormitory  
547 residence during that semester. If a qualified beneficiary fails  
548 to be admitted to a state university or chooses to attend a  
549 community college that operates one or more dormitories or  
550 residency opportunities, or has one or more dormitories or  
551 residency opportunities operated by the community college  
552 direct-support organization, the qualified beneficiary may  
553 transfer or cause to have transferred to the community college,  
554 or community college direct-support organization, the fees  
555 associated with dormitory residence. Dormitory fees transferred  
556 to the community college or community college direct-support

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557 organization may not exceed the maximum fees charged for state  
558 university dormitory residence for the purposes of this section,  
559 or the fees charged for community college or community college  
560 direct-support organization dormitories or residency  
561 opportunities, whichever is less.

562 Section 11. This act shall take effect July 1, 2007.