

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Ausley offered the following:

2
3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Paragraph (d) of subsection (2) of section
6 112.363, Florida Statutes, is amended to read:

7 112.363 Retiree health insurance subsidy.--

8 (2) ELIGIBILITY FOR RETIREE HEALTH INSURANCE SUBSIDY.--

9 (d) Payment of the retiree health insurance subsidy shall
10 be made only after coverage for health insurance for the retiree
11 or beneficiary has been certified in writing to the Department
12 of Management Services. Participation in a former employer's
13 group health insurance program is not a requirement for
14 eligibility under this section. Coverage issued pursuant to s.
15 408.9091 is considered health insurance for the purposes of this
16 section.

830641

4/16/2008 1:52 PM

Amendment No.

17 Section 2. Subsections (5) and (10) of section 408.909,
18 Florida Statutes, are amended to read:

19 408.909 Health flex plans.--

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

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

23 (b) Have a family income equal to or less than 300 ~~200~~
24 percent of the federal poverty level;

25 ~~(c) Are eligible under a federally approved Medicaid~~
26 ~~demonstration waiver and reside in Palm Beach County or Miami-~~
27 ~~Dade County;~~

28 (c)(d) Are not covered by a private insurance policy and
29 are not eligible for coverage through a public health insurance
30 program, such as Medicare or Medicaid, ~~unless specifically~~
31 ~~authorized under paragraph (e)~~, or another public health care
32 program, such as Kidcare, and have not been covered at any time
33 during the past 6 months; who are covered under an individual
34 contract issued by a health maintenance organization that is an
35 approved health flex plan on October 1, 2008, and are applying
36 for coverage in the same health flex plan without a lapse in
37 coverage and all other eligibility requirements under this
38 subsection are met; or who were covered under Medicaid or
39 Kidcare and lost eligibility for Medicaid or a Kidcare subsidy
40 due to income restrictions within 90 days before applying for
41 health care coverage through an approved health flex plan; and

42 (d)(e) Have applied for health care coverage through an
43 approved health flex plan and have agreed to make any payments

Amendment No.

44 required for participation, including periodic payments or
45 payments due at the time health care services are provided.

46 (10) EXPIRATION.--This section expires July 1, 2013 ~~2008~~.

47 Section 3. Section 408.9091, Florida Statutes, is created
48 to read:

49 408.9091 Cover Florida Health Care Access Act.--

50 (1) SHORT TITLE.--This section may be cited as the "Cover
51 Florida Health Access Program Act."

52 (2) INTENT.--The Legislature finds that a significant
53 proportion of state residents are unable to obtain affordable
54 health insurance coverage. The Legislature also finds that
55 existing "health flex" plan coverage has had limited
56 participation due in part to narrow eligibility restrictions as
57 well as minimal benefit options for catastrophic and emergency
58 care coverage. Therefore, it is the Legislature's intent to
59 expand the availability of health care options for uninsured
60 residents by developing an affordable health care product that
61 emphasizes coverage for basic and preventive health care
62 services; provides inpatient hospital, urgent, and emergency
63 care services; and is offered statewide by approved health
64 insurers, health maintenance organizations, health-care-
65 provider-sponsored organizations, or health care districts.

66 (3) DEFINITIONS.--As used in this section, the term:

67 (a) "Agency" means the Agency for Health Care
68 Administration.

69 (b) "Office" means the Office of Insurance Regulation of
70 the Financial Services Commission.

Amendment No.

71 (c) "Enrollee" means an individual who has been determined
72 to be eligible for and is receiving health insurance coverage
73 under a Cover Florida plan.

74 (d) "Cover Florida plan" means a consumer choice benefit
75 plan approved under this section which guarantees payment or
76 coverage for specified benefits provided to an enrollee.

77 (e) "Cover Florida plan coverage" means health care
78 services that are covered as benefits under a Cover Florida
79 plan.

80 (f) "Cover Florida plan entity" means a health insurer,
81 health maintenance organization, health-care-provider-sponsored
82 organization, or health care district that develops and
83 implements a Cover Florida plan and is responsible for
84 administering the plan and paying all claims for Cover Florida
85 plan coverage by enrollees.

86 (g) "Cover Florida Plus" plan means a supplemental
87 insurance product, such as for additional catastrophic coverage
88 or dental, vision, or cancer coverage, approved under this
89 section and offered to all enrollees.

90 (4) PROGRAM.--The agency and the office shall jointly
91 establish and administer the Cover Florida Health Care Access
92 Program.

93 (a) General Cover Florida plan components must require
94 that:

95 1. Plans are offered as guaranteed issue to enrollees,
96 subject to exclusions for preexisting conditions approved by the
97 office and the agency.

830641
4/16/2008 1:52 PM

Amendment No.

98 2. Plans are portable, such that the enrollee remains
99 covered regardless of employment status or the cost-sharing of
100 premiums.

101 3. Plans may provide for cost containment through limits
102 on the number of services, caps on benefit payments, and
103 copayments for services.

104 4. A Cover Florida health plan entity makes all benefit
105 plan and marketing materials available in English and Spanish.

106 5. In order to provide for consumer choice, Cover Florida
107 health plan entities develop two alternative benefit option
108 plans having different cost and benefit levels, including at
109 least one plan that provides catastrophic coverage.

110 6. Plans without catastrophic coverage provide coverage
111 options for the following services, including, but not limited
112 to:

113 a. Preventive health services, including preventive
114 screenings, annual health assessments, and well-care and well-
115 woman services, including mammograms, screenings for cervical
116 cancer, noninvasive colorectal or prostate screenings, and
117 immunizations.

118 b. Incentives for routine, preventive care.

119 c. Office visits for the diagnosis and treatment of
120 illness or injury.

121 d. Office surgery, including anesthesia.

122 e. Services related to behavioral health services.

123 f. Durable medical equipment and prosthetics.

124 g. Diabetic supplies.

830641

4/16/2008 1:52 PM

Amendment No.

125 7. Plans providing catastrophic coverage, at a minimum,
126 provide coverage options for all of the services listed under
127 subparagraph 6., and in addition include, but are not limited
128 to, coverage options for:

129 a. Inpatient hospital stays.

130 b. Hospital emergency care services.

131 c. Urgent care services.

132 d. Outpatient facility services, outpatient surgery, and
133 outpatient diagnostic services.

134 8. Plans offer prescription drug benefit coverage on all
135 plans, or use a prescription drug manager, such as the Florida
136 Discount Drug Card Program.

137 9. Plans provide, in enrollment materials, plain-language
138 information on policy benefit coverage, benefit limits, cost-
139 sharing requirements, and exclusions and a clear representation
140 of what is not covered in the plan.

141 10. Plans offered through a qualified employer meet the
142 requirements of s. 125 of the Internal Revenue Code.

143 (b) Guidelines shall be developed to ensure that Cover
144 Florida plans meet minimum standards for quality of care and
145 access to care. The agency shall ensure that the Cover Florida
146 plans follow standardized grievance procedures.

147 (c) Changes in Cover Florida plan benefits, premiums, and
148 policy forms are subject to regulatory oversight by the office
149 and agency as provided by rules adopted by the Financial
150 Services Commission and the agency.

151 (d) The agency, the office, and the Executive Office of
152 the Governor shall develop a public awareness program to be

830641

4/16/2008 1:52 PM

Amendment No.

153 implemented throughout the state for the promotion of the Cover
154 Florida Health Access Program.

155 (e) Public or private entities may design programs to
156 encourage Floridians to participate in the Cover Florida Health
157 Access Program, or to encourage employers to cosponsor some
158 share of Cover Florida plan premiums for employees.

159 (5) PLAN PROPOSALS.--The agency and the office shall
160 announce, no later than July 1, 2008, an invitation to negotiate
161 for Cover Florida plan entities to design a Cover Florida plan
162 proposal in which benefits and premiums are specified.

163 (a) The invitation to negotiate shall include guidelines
164 for the review of Cover Florida plan applications, policy forms,
165 and all associated forms, and provide regulatory oversight of
166 Cover Florida plan advertisement and marketing procedures. A
167 plan shall be disapproved or withdrawn if the plan:

168 1. Contains any ambiguous, inconsistent, or misleading
169 provisions or any exceptions or conditions that deceptively
170 affect or limit the benefits purported to be assumed in the
171 general coverage provided by the plan;

172 2. Provides benefits that are unreasonable in relation to
173 the premium charged or contains provisions that are unfair or
174 inequitable, that are contrary to the public policy of this
175 state, that encourage misrepresentation, or that result in
176 unfair discrimination in sales practices;

177 3. Cannot demonstrate that the plan is financially sound
178 and that the applicant is able to underwrite or finance the
179 health care coverage provided;

830641
4/16/2008 1:52 PM

Amendment No.

180 4. Cannot demonstrate that the applicant and its
181 management are in compliance with the standards required under
182 s. 624.404(3); or

183 5. Does not guarantee that enrollees may participate in
184 the Cover Florida plan entity's comprehensive network of
185 providers, as determined by the office, the agency, and the
186 contract.

187 (b) The agency and the office may announce an invitation
188 to negotiate for the design of Cover Florida Plus products to
189 companies that offer supplemental insurance, discount medical
190 plan organizations licensed under part II of chapter 636, or
191 prepaid health clinics licensed under part II of chapter 641.

192 (c) The agency and office shall approve at least one Cover
193 Florida plan entity having an existing statewide network of
194 providers, and may approve at least one regional network plan in
195 each existing Medicaid area.

196 (6) LICENSE NOT REQUIRED.--

197 (a) The licensing requirements of the Florida Insurance
198 Code and chapter 641, relating to health maintenance
199 organizations, do not apply to a Cover Florida plan approved
200 under this section unless expressly made applicable. However,
201 for the purpose of prohibiting unfair trade practices, Cover
202 Florida plans are considered to be insurance subject to the
203 applicable provisions of part IX of chapter 626, except as
204 otherwise provided in this section.

205 (b) Cover Florida plans are not covered by the Florida
206 Life and Health Insurance Guaranty Association under part III of

Amendment No.

207 chapter 631 or by the Health Maintenance Organization Consumer
208 Assistance Plan under part IV of chapter 631.

209 (7) ELIGIBILITY.--Eligibility to enroll in a Cover Florida
210 plan is limited to residents of this state who meet all of the
211 following:

212 (a) Are 19 to 64 years of age.

213 (b) Are not covered by a private health insurance policy
214 and are not eligible for coverage through a public health
215 insurance program, such as Medicare, Medicaid, or Kidcare,
216 unless eligibility for coverage lapses due to no longer meeting
217 income or categorical requirements.

218 (c) Have not been covered by any health insurance program
219 at any time during the past 6 months, unless coverage under a
220 health insurance program was terminated within the previous 6
221 months due to:

222 1. Loss of a job that provided an employer-sponsored
223 health benefit plan;

224 2. Exhaustion of coverage that was continued under COBRA
225 or continuation-of-coverage requirements under s. 627.6692;

226 3. Reaching the limiting age under the policy; or

227 4. Death of, or divorce from, a spouse who was provided
228 employer-sponsored health benefit plan.

229 (d) Have applied for health care coverage through a Cover
230 Florida plan and have agreed to make any payments required for
231 participation, including periodic payments or payments due at
232 the time health care services are provided.

233 (8) RECORDS.--Each Cover Florida plan must maintain
234 enrollment data and provide network data and reasonable records

830641

4/16/2008 1:52 PM

Amendment No.

235 to enable the office and agency to monitor plans and to
236 determine the financial viability of the Cover Florida plan, as
237 necessary.

238 (9) NONENTITLEMENT.--Coverage under a Cover Florida plan
239 is not an entitlement, and a cause of action does not arise
240 against the state, a local government entity, any other
241 political subdivision of this state, or the agency or office for
242 failure to make coverage available to eligible persons under
243 this section.

244 (10) PROGRAM EVALUATION.--The agency and the office shall:

245 (a) Evaluate the Cover Florida program and its effect on
246 the entities that seek approval as Cover Florida plans, on the
247 number of enrollees, and on the scope of the health care
248 coverage offered under a Cover Florida plan;

249 (b) Provide an assessment of the Cover Florida plans and
250 their potential applicability in other settings;

251 (c) Use Cover Florida plans to gather more information to
252 evaluate low-income, consumer-driven benefit packages; and

253 (d) Jointly submit by March 1, 2009, and annually
254 thereafter, a report to the Governor, the President of the
255 Senate, and the Speaker of the House of Representatives
256 providing the information specified in paragraphs (a)-(c) and
257 recommendations relating to the successful implementation and
258 administration of the program.

259 (11) RULEMAKING AUTHORITY.--The agency and the Financial
260 Services Commission may adopt rules as needed to administer this
261 section.

Amendment No.

262 Section 4. Paragraph (b) of subsection (5) of section
263 624.91, Florida Statutes, is amended to read:

264 624.91 The Florida Healthy Kids Corporation Act.--

265 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

266 (b) The Florida Healthy Kids Corporation shall:

267 1. Arrange for the collection of any family, local
268 contributions, or employer payment or premium, in an amount to
269 be determined by the board of directors, to provide for payment
270 of premiums for comprehensive insurance coverage and for the
271 actual or estimated administrative expenses.

272 2. Arrange for the collection of any voluntary
273 contributions to provide for payment of premiums for children
274 who are not eligible for medical assistance under Title XXI of
275 the Social Security Act.

276 3. Subject to the provisions of s. 409.8134, accept
277 voluntary supplemental local match contributions that comply
278 with the requirements of Title XXI of the Social Security Act
279 for the purpose of providing additional coverage in contributing
280 counties under Title XXI.

281 4. Establish the administrative and accounting procedures
282 for the operation of the corporation.

283 5. Establish, with consultation from appropriate
284 professional organizations, standards for preventive health
285 services and providers and comprehensive insurance benefits
286 appropriate to children, provided that such standards for rural
287 areas shall not limit primary care providers to board-certified
288 pediatricians.

830641

4/16/2008 1:52 PM

Amendment No.

289 6. Determine eligibility for children seeking to
290 participate in the Title XXI-funded components of the Florida
291 Kidcare program consistent with the requirements specified in s.
292 409.814, as well as the non-Title-XXI-eligible children as
293 provided in subsection (3).

294 7. Establish procedures under which providers of local
295 match to, applicants to and participants in the program may have
296 grievances reviewed by an impartial body and reported to the
297 board of directors of the corporation.

298 8. Establish participation criteria and, if appropriate,
299 contract with an authorized insurer, health maintenance
300 organization, or third-party administrator to provide
301 administrative services to the corporation.

302 9. Establish enrollment criteria which shall include
303 penalties or waiting periods of not fewer than 60 days for
304 reinstatement of coverage upon voluntary cancellation for
305 nonpayment of family premiums.

306 10. Contract with authorized insurers or any provider of
307 health care services, meeting standards established by the
308 corporation, for the provision of comprehensive insurance
309 coverage to participants. Such standards shall include criteria
310 under which the corporation may contract with more than one
311 provider of health care services in program sites. Health plans
312 shall be selected through a competitive bid process. The Florida
313 Healthy Kids Corporation shall purchase goods and services in
314 the most cost-effective manner consistent with the delivery of
315 quality medical care. The maximum administrative cost for a
316 Florida Healthy Kids Corporation contract shall be 15 percent.

830641

4/16/2008 1:52 PM

Amendment No.

317 For health care contracts, the minimum medical loss ratio for a
318 Florida Healthy Kids Corporation contract shall be 85 percent.
319 For dental contracts, the remaining compensation to be paid to
320 the authorized insurer or provider under a Florida Healthy Kids
321 Corporation contract shall be no less than an amount which is 85
322 percent of premium; to the extent any contract provision does
323 not provide for this minimum compensation, this section shall
324 prevail. The health plan selection criteria and scoring system,
325 and the scoring results, shall be available upon request for
326 inspection after the bids have been awarded.

327 11. Establish disenrollment criteria in the event local
328 matching funds are insufficient to cover enrollments.

329 12. Develop and implement a plan to publicize the Florida
330 Healthy Kids Corporation, the eligibility requirements of the
331 program, and the procedures for enrollment in the program and to
332 maintain public awareness of the corporation and the program.

333 13. Secure staff necessary to properly administer the
334 corporation. Staff costs shall be funded from state and local
335 matching funds and such other private or public funds as become
336 available. The board of directors shall determine the number of
337 staff members necessary to administer the corporation.

338 14. Provide a report annually to the Governor, Chief
339 Financial Officer, Commissioner of Education, Senate President,
340 Speaker of the House of Representatives, and Minority Leaders of
341 the Senate and the House of Representatives.

342 15. Provide information on a quarterly basis to the
343 Legislature and the Governor which compares the costs and
344 utilization of the full-pay enrolled population and the Title

830641

4/16/2008 1:52 PM

Amendment No.

345 XXI-subsidized enrolled population in the KidCare program. The
346 information, at a minimum, must include:

347 a. The monthly enrollment and expenditure for full-pay
348 enrollees in the Medikids and Florida Healthy Kids programs
349 compared to the Title XXI-subsidized enrolled population; and

350 b. The costs and utilization by service of the full-pay
351 enrollees in the Medikids and Florida Healthy Kids programs and
352 the Title XXI-subsidized enrolled population.

353
354 By February 1, 2009, the Florida Healthy Kids Corporation shall
355 provide a study to the Legislature and the Governor on premium
356 impacts to the subsidized portion of the program from the
357 inclusion of the full-pay program, which shall include
358 recommendations on how to eliminate or mitigate possible impacts
359 to the subsidized premiums.

360 16.15- Establish benefit packages which conform to the
361 provisions of the Florida Kidcare program, as created in ss.
362 409.810-409.820.

363 Section 5. Subsection (5) of section 409.814, Florida
364 Statutes, is amended to read:

365 409.814 Eligibility.--A child who has not reached 19 years
366 of age whose family income is equal to or below 200 percent of
367 the federal poverty level is eligible for the Florida Kidcare
368 program as provided in this section. For enrollment in the
369 Children's Medical Services Network, a complete application
370 includes the medical or behavioral health screening. If,
371 subsequently, an individual is determined to be ineligible for

830641
4/16/2008 1:52 PM

Amendment No.

372 coverage, he or she must immediately be disenrolled from the
373 respective Florida Kidcare program component.

374 (5) A child whose family income is above 200 percent of
375 the federal poverty level or a child who is excluded under the
376 provisions of subsection (4) may participate in the Medikids
377 program as provided in s. 409.8132 or, if the child is
378 ineligible for Medikids by reason of age, in the Florida Healthy
379 Kids program, subject to the following provisions:

380 (a) The family is not eligible for premium assistance
381 payments and must pay the full cost of the premium, including
382 any administrative costs.

383 ~~(b) The agency is authorized to place limits on enrollment~~
384 ~~in Medikids by these children in order to avoid adverse~~
385 ~~selection. The number of children participating in Medikids~~
386 ~~whose family income exceeds 200 percent of the federal poverty~~
387 ~~level must not exceed 10 percent of total enrollees in the~~
388 ~~Medikids program.~~

389 (b)(e) The board of directors of the Florida Healthy Kids
390 Corporation may ~~is authorized to place limits on enrollment of~~
391 ~~these children in order to avoid adverse selection. In addition,~~
392 ~~the board is authorized to offer a reduced benefit package to~~
393 ~~these children in order to limit program costs for such~~
394 ~~families. The number of children participating in the Florida~~
395 ~~Healthy Kids program whose family income exceeds 200 percent of~~
396 ~~the federal poverty level must not exceed 10 percent of total~~
397 ~~enrollees in the Florida Healthy Kids program.~~

830641

4/16/2008 1:52 PM

Amendment No.

398 Section 6. Effective upon this act becoming law and
399 applicable to policies issued or renewed on or after October 1,
400 2008, section 627.6562, Florida Statutes, is amended to read:

401 627.6562 Dependent coverage.--

402 (1) If an insurer offers coverage that insures dependent
403 children of the policyholder or certificateholder, the policy
404 must insure a dependent child of the policyholder or
405 certificateholder at least until the end of the calendar year in
406 which the child reaches the age of 25, if the child meets all of
407 the following:

408 (a) The child is dependent upon the policyholder or
409 certificateholder for support.

410 (b) The child is living in the household of the
411 policyholder or certificateholder, or the child is a full-time
412 or part-time student.

413 (2) A policy that is subject to the requirements of
414 subsection (1) must also offer the policyholder or
415 certificateholder the option to insure a child of the
416 policyholder or certificateholder at least until the end of the
417 calendar year in which the child reaches the age of 30, if the
418 child:

419 (a) Is unmarried and does not have a dependent of his or
420 her own;

421 (b) Is a resident of this state or a full-time or part-
422 time student; and

423 (c) Is not provided coverage as a named subscriber,
424 insured, enrollee, or covered person under any other group,
425 blanket, or franchise health insurance policy or individual

830641

4/16/2008 1:52 PM

Amendment No.

426 health benefits plan, or entitled to benefits under Title XVIII
427 of the Social Security Act.

428 (3) If, pursuant to subsection (2), a child is provided
429 coverage under the parent's policy after the end of the calendar
430 year in which the child reaches age 25, and coverage for the
431 child is subsequently terminated, the child is not eligible to
432 be covered under the parent's policy unless the child was
433 continuously covered by other creditable coverage without a gap
434 in coverage of more than 63 days. For the purposes of this
435 subsection, the term "creditable coverage" has the same meaning
436 as defined in s. 627.6561(5).

437 (4)(2) Nothing in This section does not affect or preempt
438 affects or preempts an insurer's right to medically underwrite
439 or charge the appropriate premium.

440 Section 7. Effective upon this act becoming a law and
441 applicable to policies issued or renewed on or after that date,
442 paragraph (v) of subsection (3) of section 627.6699, Florida
443 Statutes, is amended to read:

444 627.6699 Employee Health Care Access Act.--

445 (3) DEFINITIONS.--As used in this section, the term:

446 (v) "Small employer" means, in connection with a health
447 benefit plan with respect to a calendar year and a plan year,
448 any person, sole proprietor, self-employed individual,
449 independent contractor, firm, corporation, partnership, or
450 association that is actively engaged in business, has its
451 principal place of business in this state, employed an average
452 of at least 1 but not more than 50 eligible employees on
453 business days during the preceding calendar year, the majority

830641

4/16/2008 1:52 PM

Amendment No.

454 of whom were employed within this state, and employs at least 1
455 employee on the first day of the plan year, and is not formed
456 primarily for the purpose of purchasing health insurance. In
457 determining the number of eligible employees, companies that are
458 an affiliated group as defined in s. 1504(a) of the Internal
459 Revenue Code shall be considered one employer. For purposes of
460 this section, a sole proprietor, an independent contractor, or a
461 self-employed individual is considered a small employer only if
462 all of the conditions and criteria established in this section
463 are met.

464 Section 8. This act shall take effect upon becoming a law.

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469 -----
470 **T I T L E A M E N D M E N T**

471 Remove the entire title and insert:

472 A bill to be entitled

473 An act relating to health insurance; amending s. 112.363, F.S.;
474 specifying that coverage provided through the Cover Florida
475 Health Care Access Program is considered health insurance
476 coverage for the purposes of determining eligibility for the
477 state retiree health insurance subsidy; amending s. 408.909,
478 F.S.; revising eligibility for enrollment in a health flex plan;
479 revising the expiration date of the health flex plan program;
480 creating s. 408.9091, F.S.; creating the Cover Florida Health
481 Care Access Program; providing a short title; providing

830641

4/16/2008 1:52 PM

Amendment No.

482 legislative intent; providing definitions; requiring the Agency
483 for Health Care Administration and the Office of Insurance
484 Regulation of the Financial Services Commission within the
485 Department of Financial Services to jointly administer the
486 program; providing program requirements; requiring the
487 development of guidelines to meet minimum standards for quality
488 care and access to care; requiring the agency to ensure that the
489 Cover Florida plans follow standardized grievance procedures;
490 requiring the Executive Office of the Governor, the agency, and
491 the office to develop a public awareness program; authorizing
492 public and private entities to design or extend incentives for
493 participation in the Cover Florida Access Program; requiring the
494 agency and the office to announce an invitation to negotiate for
495 Cover Florida plan entities to design a coverage proposal;
496 requiring the agency and the office to approve one plan entity;
497 authorizing the agency and the office to approve one regional
498 network plan in each existing Medicaid area; requiring the
499 invitation to negotiate to include certain guidelines; providing
500 certain conditions in which plans are disapproved or withdrawn;
501 authorizing the agency and the office to announce an invitation
502 to negotiate for companies that offer supplemental insurance or
503 discount medical plans; providing that certain licensing
504 requirements or ch. 641, F.S., are not applicable to a Cover
505 Florida plan; providing that Cover Florida plans are considered
506 insurance under certain conditions; excluding Cover Florida
507 plans from the Florida Life and Health Insurance Guaranty
508 Association and the Health Maintenance Organization Consumer
509 Assistance Plan; providing requirements for eligibility in a

830641

4/16/2008 1:52 PM

Amendment No.

510 Cover Florida plan; requiring each Cover Florida plan to
511 maintain and provide certain records; providing that coverage
512 under a Cover Florida plan is not an entitlement and does not
513 give rise to a cause of action; requiring the agency and the
514 office to evaluate the Cover Florida program and submit an
515 annual report to the Governor and the Legislature; requiring the
516 agency and the Financial Services Commission to adopt rules;
517 amending s. 624.91, F.S.; revising the duties of the Florida
518 Healthy Kids Corporation; amending s. 409.814, F.S.; revising
519 the eligibility requirements for participation in the Medikids
520 program or the Florida Healthy Kids program; deleting certain
521 limitations; amending s. 627.6562, F.S.; requiring insurance
522 policies that provide dependent coverage to provide the
523 policyholder with the option of insuring a child until the age
524 of 30 under certain circumstances; amending s. 627.6699, F.S.;
525 redefining the term "small employer" for purposes of the
526 Employee Health Care Access Act; providing an effective date.

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