By the Committee on Higher Education; and Senator Oelrich

589-03432-09 20092256c1

A bill to be entitled An act relating to state university student health insurance; creating s. 1006.72, F.S.; providing a short title and legislative intent; providing requirements for state universities that have health centers; authorizing a state university to require student proof of health insurance coverage if certain conditions are met or to require the purchase of university-sponsored or other insurance in certain circumstances; providing that a student is responsible for resolving outstanding balances owed to a university health center; providing requirements for acceptable alternative insurance; providing requirements for proof of coverage; providing requirements for university-sponsored insurance providers; requiring annual reporting by state universities; requiring that the Board of Governors of the State University System review and report to the Legislature on student access to health care services;

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

providing an effective date.

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Section 1. Section 1006.72, Florida Statutes, is created to read:

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1006.72 State university student health insurance.—
(1) TITLE.—This act may be cited as the "Student Health
Insurance Protection Act."

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(2) INTENT.—It is the intent of the Legislature that:

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(a) State universities assist university students, the majority of whom have private health insurance coverage, by billing the private insurer for services received at the university health center.

- (b) State universities requiring mandatory health insurance coverage recognize private health insurance as an alternative to the university health insurance coverage.
- (c) State universities maximize revenues by collecting funds from student private health insurers to subsidize the operations of the university health center and to reduce health fees or fees for health services to the greatest extent possible.
- (3) STUDENT HEALTH INSURANCE.—Beginning July 1, 2010, each state university that charges a health fee and fees for services provided in the university health center and that has a university health center that employs at least one full-time physician must:
- (a) Bill a student's private health insurer for services, prescriptions, or other items provided by the university health center for which the student is assessed a charge.
- (b) Ensure that the university health center is considered an in-network provider with respect to at least five of the 10 largest health insurance companies or managed care plans providing coverage in this state.

Notwithstanding the provisions of this subsection, a student is responsible for resolving any outstanding balances owed to the university health center, subject to the health insurer or managed care agreement between the university and the health

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insurance company or managed care plan.

- (4) MANDATORY HEALTH INSURANCE COVERAGE.
- (a) Beginning July 1, 2010, each state university requiring students to provide proof of health insurance coverage as a nonacademic condition of enrollment must comply with the provisions of this subsection. Such universities shall:
- 1. Competitively bid any university-sponsored health insurance.
- 2. Establish policies outlining acceptable alternative insurance policies as provided in subsection (5).
- 3. Bill a student's private or university-sponsored health insurer for services, prescriptions, or other items provided by the university health center for which the student is charged.
- 4. Ensure that the university health center is considered an in-network provider with respect to at least five of the 10 largest health insurance companies or managed care plans providing coverage in this state.
- 5. Ensure that the university-sponsored insurance and acceptable alternative insurance policies as provided in subsection (5) are considered to be creditable coverage as defined in s. 627.6561(5)(a).
- 6. In order to prevent double billing, accept the student health fee as a prepaid copayment, deductible, or payment for noncovered services, subject to provisions in any managed care agreement that expressly prohibits such prepayment.
- (b) Notwithstanding this subsection, a student is responsible for resolving any outstanding balances owed to the university health center, subject to the health insurer or managed care agreement between the university and the health

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insurance company or managed care plan.

- (5) ACCEPTABLE ALTERNATIVE INSURANCE.—A domestic student's health insurance policy is considered to be acceptable for purposes of this section if:
- (a) The policy meets the definition of creditable coverage as provided in s. 627.6561(5)(a).
- (b) The policy provides, at a minimum, coverage from the beginning of a semester, 24 hours a day, until the beginning of the next semester.
- (c) The university health center is included in the network of providers covered by the policy or there are network providers covered by the policy in reasonable geographic proximity to the state university campus at which the student is enrolled.
- (6) PROOF OF COVERAGE.—Proof of health insurance coverage must be provided in the manner and by the date prescribed by the state university, or the university may require the student to purchase the university—sponsored health insurance pursuant to subsection (4) or acceptable alternative insurance pursuant to subsection (5).
- (7) UNIVERSITY-SPONSORED INSURANCE PROVIDERS.—To be eligible to be considered a university-sponsored insurance provider for student health care services, the insurance company or managed care plan must:
- (a) Fulfill the requirements to serve as an insurance carrier, including serving as an entity that provides health benefit plans in this state, an authorized insurer, a health maintenance organization, or any other person providing a health benefit plan that is subject to insurance regulation in this

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117 <u>state.</u>

(b) Comply with a 75 percent loss ratio, so that at least 75 percent of the premiums paid by students for any insurance purchased through the university must be spent toward medical services.

- (8) REPORTING REQUIREMENTS.—Each university shall annually report all revenue generated through private, university—sponsored, and acceptable alternative student health insurance billing; expenses associated with insurance billing from the previous fiscal year; and information on health insurance and managed care plans offered by the university as university—sponsored student health insurance, including the loss ratios of each plan.
- (9) REVIEW AND REPORT.—The Board of Governors of the State
  University System shall review student access to health care
  services as implemented according to this section, including the
  scope and use of services of uninsured students, the means to
  improve access to health care for students, the use of revenues
  from billing health insurance carriers, the success of
  university health centers in becoming in-network providers with
  respect to major insurance carriers in the state, and proposals
  to improve the benefits and efficiency of student access to
  health care services. The board shall provide a report of the
  findings from such review to the President of the Senate and the
  Speaker of the House of Representatives on or before January 31,
  2013.
  - Section 2. This act shall take effect July 1, 2009.