



LEGISLATIVE ACTION

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| Senate     | . | House |
| Comm: RCS  | . |       |
| 03/09/2010 | . |       |
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The Committee on Children, Families, and Elder Affairs (Storms) recommended the following:

**Senate Amendment (with directory and title amendments)**

Between lines 85 and 86  
insert:

(1)

(b) Each order for support shall contain a provision for health insurance for the minor child when health insurance is reasonable in cost and accessible to the child. Health insurance is presumed to be reasonable in cost if the incremental cost of adding health insurance for the child or children does not exceed 5 percent of the gross income, as defined in s. 61.30, of the parent responsible for providing health insurance. Health



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13 insurance is accessible to the child if the health insurance is  
14 available to be used in the county of the child's primary  
15 residence or in another county if the parent who has the most  
16 time under the time-sharing plan agrees. If the time-sharing  
17 plan provides for equal time-sharing, health insurance is  
18 accessible to the child if the health insurance is available to  
19 be used in either county where the child resides or in another  
20 county if both parents agree. The court may require the obligor  
21 to provide health insurance or to reimburse the obligee for the  
22 cost of health insurance for the minor child when insurance is  
23 provided by the obligee. The presumption of reasonable cost may  
24 be rebutted by evidence of any of the factors in s.  
25 61.30(11)(a). The court may deviate from what is presumed  
26 reasonable in cost only upon a written finding explaining its  
27 determination why ordering or not ordering the provision of  
28 health insurance or the reimbursement of the obligee's cost for  
29 providing health insurance for the minor child would be unjust  
30 or inappropriate. In any event, the court shall apportion the  
31 cost of health insurance, and any noncovered medical, dental,  
32 and prescription medication expenses of the child, to both  
33 parties by adding the cost to the basic obligation determined  
34 pursuant to s. 61.30(6). The court may order that payment of  
35 noncovered medical, dental, and prescription medication expenses  
36 of the minor child be made directly to the obligee on a  
37 percentage basis. In a proceeding for medical support only, each  
38 parent's share of the child's ~~health insurance~~ and noncovered  
39 medical expenses shall equal the parent's percentage share of  
40 the combined net income of the parents. The percentage share  
41 shall be calculated by dividing each parent's net monthly income



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42 by the combined monthly net income of both parents. Net income  
43 is calculated as specified by s. 61.30(3) and (4).

44 1. In a non-Title IV-D case, a copy of the court order for  
45 health insurance shall be served on the obligor's union or  
46 employer by the obligee when the following conditions are met:

47 a. The obligor fails to provide written proof to the  
48 obligee within 30 days after receiving effective notice of the  
49 court order that the health insurance has been obtained or that  
50 application for health insurance has been made;

51 b. The obligee serves written notice of intent to enforce  
52 an order for health insurance on the obligor by mail at the  
53 obligor's last known address; and

54 c. The obligor fails within 15 days after the mailing of  
55 the notice to provide written proof to the obligee that the  
56 health insurance existed as of the date of mailing.

57 2.a. A support order enforced under Title IV-D of the  
58 Social Security Act which requires that the obligor provide  
59 health insurance is enforceable by the department through the  
60 use of the national medical support notice, and an amendment to  
61 the support order is not required. The department shall transfer  
62 the national medical support notice to the obligor's union or  
63 employer. The department shall notify the obligor in writing  
64 that the notice has been sent to the obligor's union or  
65 employer, and the written notification must include the  
66 obligor's rights and duties under the national medical support  
67 notice. The obligor may contest the withholding required by the  
68 national medical support notice based on a mistake of fact. To  
69 contest the withholding, the obligor must file a written notice  
70 of contest with the department within 15 business days after the



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71 date the obligor receives written notification of the national  
72 medical support notice from the department. Filing with the  
73 department is complete when the notice is received by the person  
74 designated by the department in the written notification. The  
75 notice of contest must be in the form prescribed by the  
76 department. Upon the timely filing of a notice of contest, the  
77 department shall, within 5 business days, schedule an informal  
78 conference with the obligor to discuss the obligor's factual  
79 dispute. If the informal conference resolves the dispute to the  
80 obligor's satisfaction or if the obligor fails to attend the  
81 informal conference, the notice of contest is deemed withdrawn.  
82 If the informal conference does not resolve the dispute, the  
83 obligor may request an administrative hearing under chapter 120  
84 within 5 business days after the termination of the informal  
85 conference, in a form and manner prescribed by the department.  
86 However, the filing of a notice of contest by the obligor does  
87 not delay the withholding of premium payments by the union,  
88 employer, or health plan administrator. The union, employer, or  
89 health plan administrator must implement the withholding as  
90 directed by the national medical support notice unless notified  
91 by the department that the national medical support notice is  
92 terminated.

93 b. In a Title IV-D case, the department shall notify an  
94 obligor's union or employer if the obligation to provide health  
95 insurance through that union or employer is terminated.

96 3. In a non-Title IV-D case, upon receipt of the order  
97 pursuant to subparagraph 1., or upon application of the obligor  
98 pursuant to the order, the union or employer shall enroll the  
99 minor child as a beneficiary in the group health plan regardless



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100 of any restrictions on the enrollment period and withhold any  
101 required premium from the obligor's income. If more than one  
102 plan is offered by the union or employer, the child shall be  
103 enrolled in the group health plan in which the obligor is  
104 enrolled.

105 4.a. Upon receipt of the national medical support notice  
106 under subparagraph 2. in a Title IV-D case, the union or  
107 employer shall transfer the notice to the appropriate group  
108 health plan administrator within 20 business days after the date  
109 on the notice. The plan administrator must enroll the child as a  
110 beneficiary in the group health plan regardless of any  
111 restrictions on the enrollment period, and the union or employer  
112 must withhold any required premium from the obligor's income  
113 upon notification by the plan administrator that the child is  
114 enrolled. The child shall be enrolled in the group health plan  
115 in which the obligor is enrolled. If the group health plan in  
116 which the obligor is enrolled is not available where the child  
117 resides or if the obligor is not enrolled in group coverage, the  
118 child shall be enrolled in the lowest cost group health plan  
119 that is accessible to the child.

120 b. If health insurance or the obligor's employment is  
121 terminated in a Title IV-D case, the union or employer that is  
122 withholding premiums for health insurance under a national  
123 medical support notice must notify the department within 20 days  
124 after the termination and provide the obligor's last known  
125 address and the name and address of the obligor's new employer,  
126 if known.

127 5.a. The amount withheld by a union or employer in  
128 compliance with a support order may not exceed the amount



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129 allowed under s. 303(b) of the Consumer Credit Protection Act,  
130 15 U.S.C. s. 1673(b), as amended. The union or employer shall  
131 withhold the maximum allowed by the Consumer Credit Protection  
132 Act in the following order:

133 (I) Current support, as ordered.

134 (II) Premium payments for health insurance, as ordered.

135 (III) Past due support, as ordered.

136 (IV) Other medical support or insurance, as ordered.

137 b. If the combined amount to be withheld for current  
138 support plus the premium payment for health insurance exceed the  
139 amount allowed under the Consumer Credit Protection Act, and the  
140 health insurance cannot be obtained unless the full amount of  
141 the premium is paid, the union or employer may not withhold the  
142 premium payment. However, the union or employer shall withhold  
143 the maximum allowed in the following order:

144 (I) Current support, as ordered.

145 (II) Past due support, as ordered.

146 (III) Other medical support or insurance, as ordered.

147 6. An employer, union, or plan administrator who does not  
148 comply with the requirements in sub-subparagraph 4.a. is subject  
149 to a civil penalty not to exceed \$250 for the first violation  
150 and \$500 for subsequent violations, plus attorney's fees and  
151 costs. The department may file a petition in circuit court to  
152 enforce the requirements of this subparagraph.

153 7. The department may adopt rules to administer the child  
154 support enforcement provisions of this section that affect Title  
155 IV-D cases.

156  
157 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====



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158 And the directory clause is amended as follows:

159 Delete line 81

160 and insert:

161 Section 1. Paragraphs (b) and (d) of subsection (1) of  
162 section

163

164 ===== T I T L E A M E N D M E N T =====

165 And the title is amended as follows:

166 Delete line 3

167 and insert:

168 F.S.; deleting a reference to health insurance in the  
169 process to determine share of a medical support only  
170 obligation; requiring that an obligor may make child  
171 support