

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Banking and Insurance Committee

BILL: SB 1426

INTRODUCER: Senator Hays

SUBJECT: Repeal of Health Insurance Provisions

DATE: March 11, 2011 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Burgess	Burgess	BI	Pre-meeting
2.			CM	
3.			BC	
4.				
5.				
6.				

I. Summary:

The bill deletes s. 627.64872(6)(b), F.S., which requires the Board of Directors of the Florida Health Insurance Plan to include the actual number of individuals covered and the projected number of individuals who may seek coverage in its annual report to the Governor, the President of the Senate and the Speaker of the House of Representatives

The bill deletes s. 627.6699(15)(l), F.S., which requires the Office of Insurance Regulation to submit an annual report to the Governor, the President of the Senate and the Speaker of the House of Representatives which summarizes the activities of the Small Employer Access Program, including written and earned premiums, program enrollment, administrative expenses, and paid and incurred losses.

The bill provides an effective date of July 1, 2011.

This bill substantially amends the following sections of the Florida Statutes: 627.64872, 627.6699.

II. Present Situation:

Florida Health Insurance Plan (FHIP)

In 1983, the Florida Legislature created the Florida Comprehensive Health Association (FCHA), to cover individuals that were unable to purchase health insurance from the open market due to

pre-existing conditions. The program is financed through premiums from the participants and assessments on insurance companies, but has been closed to new enrollment since 1991.¹

In 2004, the Legislature created the Florida Health Insurance Plan (FHIP),² which was intended to replace the FCHA as the state's high risk insurance pool.³ The benefits provided by the FHIP are the same as the standard and basic plans for small employers.⁴ The FHIP must also provide an option for the purchase of alternative coverage, such as catastrophic coverage which includes a minimum level of primary care coverage, and a high deductible plan that meets all the requirements for a health savings account. Eligibility for the plan is limited to individuals who have received two notices of rejection for coverage from health insurers and individuals covered under the FCHA at the time the FHIP was created.⁵

The FHIP was created to be run by a nine person Board of Directors, chaired by the Director of the Office of Insurance Regulation (OIR). Five Board members would be appointed by the Governor and one member each would be appointed by the President of the Senate, the Speaker of the House of Representatives, and the Chief Financial Officer.⁶ The Board is required to submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives, an annual report which is to include an independent actuarial study that must contain five elements specifically enumerated in s. 627.64872(6)(a)-(e), F.S. One of the required elements is the actual number of individuals covered by FHIP, and the projected number of individuals that may seek coverage in the following year.⁷

According to the OIR, funds for the start-up of the FHIP have not been appropriated, and as a result, the FHIP is not in operation.⁸ Therefore, the requirement that a report be provided that details, among other data, the number of people covered and projected to be covered is moot.

Small Employers Access Program

In 1992, the Legislature enacted the Employee Health Care Access Act (EHCAA).⁹ The purpose of the act was to promote the availability of health insurance coverage to small employers, regardless of claims experience or their employees' health status.¹⁰ In 2004, the Small Employers Access Program (Program) was created within the EHCAA.¹¹ The purpose of the Program was to provide additional health insurance options for small businesses consisting of up to 25 employees, including any municipality, county, school district, hospital located in a rural

¹ See Department of Financial Services website: myfloridacfo.com/consumers/InsuranceLibrary/Insurance/Residual_Markets/Residual_Markets_-_Florida_Comprehensive_Health_Association.htm; last visited March 12, 2011.

² Section 627.64872, F.S.

³ See Department of Financial Services website: http://www.myfloridacfo.com/consumers/InsuranceLibrary/Insurance/Residual_Markets/Residual_Markets_-_The_Florida_Health_Insurance_Plan.htm; last visited March 12, 2011.

⁴ See s. 627.6699(12), F.S.

⁵ Section 627.64872(9), F.S.

⁶ Section 627.64872(3), F.S.

⁷ Section 627.64872(6)(b), F.S.

⁸ Florida Office of Insurance Regulation Bill Analysis for SB 1426 (March 9, 2011).

⁹ Ch. 92-33, s. 117, L.O.F.

¹⁰ Section 627.6699(2), F.S.

¹¹ Ch. 2004-297, s. 24, L.O.F.

community, and any nursing home employer.¹² The OIR is required to submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives summarizing the activities of the Program over the past year, including written and earned premiums, program enrollment, administrative expenses, and paid and incurred losses.¹³

According to OIR, the Small Employers Access Program is not operational. The enacting legislation required a competitive bid for an insurer to administer the program. The OIR issued the required request for proposals (RFP) in 2004, and no insurer submitted a bid. Therefore, the annual reporting requirement contained in the section is moot.¹⁴

III. Effect of Proposed Changes:

Section 1. The bill repeals s. 627.64872(6)(b), F.S., which requires that the FHIP include in its annual report the actual number of individuals covered by FHIP, and the projected number of individuals that may seek coverage in the following year.

Section 2. The bill repeals s. 627.6699(15)(l), F.S., thereby eliminating the annual reporting requirement for the Small Employers Access Program. The Program would no longer be required to submit the annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Section 3. The bill has an effective date of July 1, 2011.

Other Potential Implications:

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

¹² Section 627.6699(15)(b), F.S.

¹³ Section 627.6699(15)(l), F.S.

¹⁴ Florida Office of Insurance Regulation Bill Analysis for SB 1426 (March 9, 2011).

B. Private Sector Impact:

None

C. Government Sector Impact:

None

VI. Technical Deficiencies:

None.

VII. Related Issues:

Because no funds have been appropriated for it, the FHIP is not in operation. The Board of the FHIP is required by statute to submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives, an annual report which is to include an independent actuarial study that must contain five specifically enumerated elements. Section 2 of the bill repeals only one of the five required elements. Accordingly, the statute would continue to require the FHIP to submit an annual report containing the remaining four elements.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.