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1 A bill to be entitled
2 An act relating to the Florida Health Choices Plus
3 Program; amending s. 408.910, F.S.; providing that all
4 employers who meet the requirements of the Florida
5 Health Choices Program are eligible to enroll in the
6 Florida Health Choices Plus Program; providing that
7 individuals and employees of enrolled employers are
8 eligible to participate in the program; providing that
9 vendors may not refuse to sell any offered product or
10 service to any participant in the program; providing
11 that product prices shall be based on criteria
12 established by the Florida Health Choices, Inc.;
13 providing that certain forms, website design, and
14 marketing communication developed by the Florida
15 Health Choices, Inc., are not subject to the Florida
16 Insurance Code; creating s. 408.9105, F.S.; creating
17 the Florida Health Choices Plus Program; providing
18 definitions; providing eligibility requirements;
19 providing exceptions to such requirements in specific
20 situations; requiring the Department of Children and
21 Families to determine eligibility; providing for
22 enrollment in the program; establishing open
23 enrollment periods; requiring cessation of enrollment
24 under certain circumstances; providing that
25 participation in the program is not an entitlement;
26 prohibiting a cause of action against certain entities
27 under certain circumstances; requiring an education
28 and outreach campaign; requiring certain joint

29 | activities by the Florida Health Choices, Inc., and
 30 | the Florida Healthy Kids Corporation; providing for a
 31 | state benefit allowance, subject to an appropriation;
 32 | requiring an individual contribution; providing for
 33 | disenrollment in specific situations; allowing
 34 | contributions from certain other entities; providing
 35 | requirements and procedures for use of funds;
 36 | providing for refunds; requiring the corporation to
 37 | submit to the Governor and Legislature information
 38 | about the program in its annual report and an
 39 | evaluation of the effectiveness of the program;
 40 | creating a task force and providing its mission;
 41 | establishing membership in the task force and
 42 | providing for its expiration; amending s. 641.402,
 43 | F.S.; authorizing prepaid health clinics to offer
 44 | specified hospital services under certain
 45 | circumstances; providing an effective date.

46 |

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

48 |

49 | Section 1. Subsection (3), paragraphs (a), (b), (e), and
 50 | (f) of subsection (4), paragraphs (a) and (b) of subsection (5),
 51 | and paragraph (b) of subsection (7) of section 408.910, Florida
 52 | Statutes, are amended, and paragraph (c) is added to subsection
 53 | (10) of that section, to read:

54 | 408.910 Florida Health Choices Program.—

55 | (3) PROGRAM PURPOSE AND COMPONENTS.—The Florida Health
 56 | Choices Program is created as a single, centralized market for

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57 | the sale and purchase of various products that enable
58 | individuals and employers to pay for health care. These products
59 | include, but are not limited to, health insurance plans, health
60 | maintenance organization plans, prepaid services, service
61 | contracts, and flexible spending accounts. The components of the
62 | program include:

63 | (a) Enrollment of employers and individuals.

64 | (b) Administrative services for participating employers,
65 | including:

66 | 1. Assistance in seeking federal approval of cafeteria
67 | plans.

68 | 2. Collection of premiums and other payments.

69 | 3. Management of individual benefit accounts.

70 | 4. Distribution of premiums to insurers and payments to
71 | other eligible vendors.

72 | 5. Assistance for participants in complying with reporting
73 | requirements.

74 | (c) Services to individual participants, including:

75 | 1. Information about available products and participating
76 | vendors.

77 | 2. Assistance with assessing the benefits and limits of
78 | each product and policy, including information necessary to
79 | distinguish between policies offering creditable coverage and
80 | other products available through the program.

81 | 3. Account information to assist individual participants
82 | with managing available resources.

83 | 4. Services that promote healthy behaviors.

84 | (d) Recruitment of vendors, including, but not limited to,

85 insurers, health maintenance organizations, prepaid clinic
 86 service providers, provider service networks, and any other
 87 health care provider ~~providers~~.

88 (e) Certification of vendors to ensure capability,
 89 reliability, and validity of offerings.

90 (f) Collection of data, monitoring, assessment, and
 91 reporting of vendor performance.

92 (g) Information services for individuals and employers.

93 (h) Program evaluation.

94 (4) ELIGIBILITY AND PARTICIPATION.—Participation in the
 95 program is voluntary and shall be available to employers,
 96 individuals, vendors, and health insurance agents as specified
 97 in this subsection.

98 (a) Employers that meet criteria established by the
 99 corporation and elect to make their employees eligible through
 100 the program are eligible to enroll in the program ~~include:~~

101 ~~1. Employers that meet criteria established by the~~
 102 ~~corporation and elect to make their employees eligible through~~
 103 ~~the program.~~

104 ~~2. Fiscally constrained counties described in s. 218.67.~~

105 ~~3. Municipalities having populations of fewer than 50,000~~
 106 ~~residents.~~

107 ~~4. School districts in fiscally constrained counties.~~

108 ~~5. Statutory rural hospitals.~~

109 (b) Individuals and employees of enrolled employers are
 110 eligible to participate in the program ~~include:~~

111 ~~1. Individual employees of enrolled employers.~~

112 ~~2. State employees not eligible for state employee health~~

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113 ~~benefits.~~

114 ~~3. State retirees.~~

115 ~~4. Medicaid participants who opt out.~~

116 (e) ~~Eligible individuals may voluntarily continue~~
117 ~~participation in the program regardless of subsequent changes in~~
118 ~~job status or Medicaid eligibility.~~ Individuals who join the
119 program may participate by complying with the procedures
120 established by the corporation. These procedures must include,
121 but are not limited to:

122 1. Submission of required information.

123 2. Authorization for payroll deduction if the individual
124 is employed and the employer agrees to the deduction.

125 3. Compliance with federal tax requirements.

126 4. Arrangements for payment ~~in the event of job changes.~~

127 5. Selection of products and services.

128 (f) Vendors who choose to participate in the program may
129 enroll by complying with the procedures established by the
130 corporation. These procedures ~~may~~ include, but are not limited
131 to:

132 1. Submission of required information, including a
133 complete description of the coverage, services, provider
134 network, payment restrictions, and other requirements of each
135 product offered through the program.

136 2. Execution of an agreement to comply with requirements
137 established by the corporation.

138 3. Execution of an agreement that prohibits refusal to
139 sell any offered ~~non-risk-bearing~~ product or service to a
140 participant who elects to buy it.

141 4. Communication of product and service prices,
 142 established by the vendor ~~Establishment of product prices based~~
 143 ~~on age, gender, and location of the individual participant,~~
 144 ~~which may include medical underwriting.~~

145 5. Arrangements for receiving payment for enrolled
 146 participants.

147 6. Participation in ongoing reporting processes
 148 established by the corporation.

149 7. Compliance with grievance procedures established by the
 150 corporation.

151 (5) PRODUCTS.—

152 (a) The products that may be made available for purchase
 153 through the program include, but are not limited to:

154 1. Health insurance policies.

155 2. Health maintenance contracts.

156 3. Limited benefit plans.

157 4. Prepaid clinic services.

158 5. Service contracts.

159 6. Arrangements for purchase of any specific amounts and
 160 types of health services and treatments.

161 7. Flexible spending accounts.

162 (b) Health insurance policies, health maintenance
 163 contracts, limited benefit plans, prepaid service contracts, and
 164 other contracts for services must ensure the availability of
 165 contracted ~~covered~~ services.

166 (7) THE MARKETPLACE PROCESS.—The program shall provide a
 167 single, centralized market for purchase of health insurance,
 168 health maintenance contracts, and other health products and

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169 services. Purchases may be made by participating individuals
170 over the Internet or through the services of a participating
171 health insurance agent. Information about each product and
172 service available through the program shall be made available
173 through printed material and an interactive Internet website. A
174 participant needing personal assistance to select products and
175 services shall be referred to a participating agent in his or
176 her area.

177 (b) Initial selection of products and services must be
178 made during the applicable open ~~by an individual participant~~
179 ~~within 60 days after the date the individual's employer~~
180 ~~qualified for participation. An individual who fails to enroll~~
181 ~~in products and services by the end of this period is limited to~~
182 ~~participation in flexible spending account services until the~~
183 ~~next annual enrollment period.~~

184 (10) EXEMPTIONS.—

185 (c) Any standard form, website design, or marketing
186 communication developed by the corporation and utilized by the
187 corporation or any vendor participating in the program is not
188 subject to the Florida Insurance Code, as defined in s. 624.01.

189 Section 2. Section 408.9105, Florida Statutes, is created
190 to read:

191 408.9105 Florida Health Choices Plus Program.—

192 (1) PROGRAM.—The Florida Health Choices Plus Program is
193 established within the Florida Health Choices Program
194 established under s. 408.910 to assist uninsured Floridians to
195 gain access to affordable health coverage, products, and
196 services.

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- 197 (2) DEFINITIONS.-As used in this section, the term:
198 (a) "CHIP" means the Children's Health Insurance Program
199 as authorized under Title XXI of the Social Security Act.
200 (b) "Corporation" means the Florida Health Choices, Inc.,
201 established under s. 408.910.
202 (c) "Department" means the Department of Children and
203 Families.
204 (d) "Enrollee" means an individual who participates in or
205 receives benefits under the Florida Health Choices Plus Program.
206 (e) "Household" means the group or the individual whose
207 income is considered in determining eligibility for the program.
208 The term "household" has the same meaning as provided in s.
209 36B(d) (2) of the Internal Revenue Code of 1986.
210 (f) "Marketplace" means the single, centralized market
211 established by the corporation which offers and facilitates the
212 purchase of health coverage, products, and services.
213 (g) "Parent" or "caretaker relative" means an individual
214 who has primary custody or legal guardianship of a dependent
215 child under the age of 19, provides the primary care and
216 supervision to that dependent child in the same household, and
217 is related to the dependent child by blood, marriage, or
218 adoption within the fifth degree of kinship.
219 (h) "Patient Protection and Affordable Care Act" means the
220 federal law enacted as Pub. L. No. 111-148, as amended by the
221 federal Health Care and Education Reconciliation Act of 2010,
222 Pub. L. No. 111-152, and regulations issued thereunder.
223 (i) "Program" means the Florida Health Choices Plus
224 Program established under this section.

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225 (j) "Qualified alien" means an alien as defined in s. 431
226 of the federal Personal Responsibility and Work Opportunity
227 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

228 (3) ELIGIBILITY.-

229 (a) A Florida resident who meets the following criteria is
230 eligible to participate in the program. An eligible resident
231 must be:

232 1. Nineteen to 64 years of age, inclusive;

233 2. A United States citizen or a qualified alien;

234 3. Uninsured and ineligible for Medicaid; and

235 4.a. A parent or caretaker relative, or the spouse of a
236 parent or caretaker relative living in the same household; or

237 b. A person who receives payments from, who is determined
238 eligible for, or who was eligible for but lost cash benefits
239 from the federal program known as the Supplemental Security
240 Income program whose household income does not exceed 100
241 percent of the federal poverty level based on the most recent
242 federal tax return, or, if a tax return was not filed, the most
243 recent monthly income.

244 (b) To maintain eligibility, enrollees eligible under
245 subparagraph (a)4. must provide proof to the department of
246 engagement in work activities consistent with the requirements
247 for temporary cash assistance, as defined in s. 414.0252,
248 pursuant to s. 414.045.

249 (c) The department shall establish and maintain a process
250 for determining eligibility of individuals for coverage under
251 the program. The department shall use the same simplified
252 application process and income determination methods used for

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253 Medicaid and CHIP pursuant to the Patient Protection and
254 Affordable Care Act. The department shall refer eligible
255 applicants to the program. The eligibility determination process
256 must include an initial determination of eligibility and a
257 redetermination or reverification of eligibility every 12
258 months. Enrollees are obligated to report changes in income
259 which could affect eligibility to the department within 30 days
260 after the change. The department, in consultation with the
261 corporation, shall develop procedures for redetermining or
262 reverifying eligibility which will enable a family to easily
263 update any change in circumstances which could affect
264 eligibility.

265 (4) ENROLLMENT.-

266 (a) Subject to available funding, the corporation shall
267 establish two 30-day open enrollment periods each fiscal year.
268 The first open enrollment period shall commence March 31, 2014.
269 Enrollment in the program may occur through the portal of the
270 Florida Health Choices Program or by referral from the
271 Department of Children and Families, the Florida Healthy Kids
272 Corporation, or the health insurance exchange established in
273 this state pursuant to the Patient Protection and Affordable
274 Care Act.

275 (b) Eligible individuals shall be enrolled on a first-
276 come, first-served basis using the date the application is
277 received. The corporation shall cease enrollment when projected
278 expenditures equal the available funding.

279 (c) Participation in the program is not an entitlement. No
280 cause of action shall arise against the corporation, the state,

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281 or any political subdivision of the state for determination of
282 ineligibility, failure to enroll, or failure to make a state
283 contribution for any person in the program.

284 (d) The corporation shall develop and maintain an
285 education and public outreach campaign for the program. The
286 corporation shall provide choice counseling for enrollees,
287 including information about available products and services and
288 participating vendors, and information necessary to enable
289 enrollees to compare those products and services. The
290 corporation's website must also provide information about the
291 availability of Medicaid, CHIP, and federally subsidized
292 coverage in the health insurance exchange established in this
293 state pursuant to the Patient Protection and Affordable Care
294 Act. The corporation and the Florida Healthy Kids Corporation
295 shall engage in joint marketing of and cross-promotion efforts
296 for their health coverage programs for children and parents.

297 (5) CARE ACCOUNTS.-

298 (a) Subject to annual appropriation, each enrollee shall
299 receive \$2,000 to fund a Contribution Amount for Responsible
300 Expenditures (CARE) account to purchase health coverage,
301 products, and services in the marketplace.

302 (b) As a condition of eligibility, each enrollee shall
303 make a monthly individual contribution of \$25, or another amount
304 as otherwise provided in the General Appropriations Act, to the
305 enrollee's CARE account. The corporation shall disenroll an
306 individual who fails to pay the individual contribution.
307 Disenrollment procedures shall include a 1-month grace period.
308 An individual who is disenrolled may reenroll at the next open

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309 enrollment period, if that individual is still eligible, subject
310 to availability of funding.

311 (c) An enrollee may make additional contributions to his
312 or her CARE account to increase the enrollees' purchasing power,
313 if desired.

314 (d) An enrollee's employer may make contributions to the
315 enrollee's CARE account on behalf of the enrollee.

316 (e) Governmental entities, political subdivisions, or
317 charitable organizations, as defined in s. 736.1201, may make
318 contributions to the program which shall be used to enhance
319 enrollees' CARE accounts.

320 (f) An enrollee may use contributions for any product
321 available in the marketplace. An enrollee who is eligible under
322 subparagraph (3) (a) 4. must purchase a product or service, or a
323 combination of products and services, that includes both
324 preventive and catastrophic coverage or hospital care. The
325 corporation shall provide a secure website to compare and
326 facilitate the selection of products and services and provide
327 public information about the program. Unused funds in the
328 enrollee's CARE account may be used to fund health savings
329 accounts for expenditure on qualified medical expenses as
330 defined in s. 213(d) of the Internal Revenue Code. An enrollee
331 who is eligible for Supplemental Security Income benefits under
332 subparagraph (3) (a) 5. may use funds contributed to the health
333 savings account for Medicare-related premiums and cost-sharing.
334 An enrollee may maintain unused funds in the CARE account for
335 additional purchases in the marketplace.

336 (g) The corporation shall receive the contributions and

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337 manage their use for individual enrollees. The corporation may
338 establish and manage an operating fund for the purposes of
339 addressing the corporation's unique cash-flow needs and
340 facilitating the fiscal management of the corporation. The
341 corporation may accumulate and maintain a cash balance reserve
342 in its operating fund equal to no more than 25 percent of its
343 annualized operating expenses. The corporation must ensure the
344 timely distribution and appropriate expenditure of
345 contributions. The corporation shall establish health savings
346 accounts for unused contributions. The corporation shall
347 establish a refund process for an enrollee who disenrolls from
348 the program to return any unused individual or employer
349 contributions. The enrollee may be refunded only those funds
350 that the enrollee has contributed. The employer may be refunded
351 only those funds that the employer has contributed. Remaining
352 state contribution amounts shall revert to the state. Upon
353 dissolution of the program, any remaining cash balances of state
354 funds shall revert to the General Revenue Fund or such other
355 state funds consistent with the appropriated funding, as
356 provided by law.

357 (6) PROGRAM EVALUATION; TASK FORCE.-

358 (a) The corporation shall include information about the
359 Florida Health Choices Plus Program in its annual report
360 submitted pursuant to s. 408.910. The corporation shall complete
361 and submit by January 1, 2016, a separate independent evaluation
362 of the effectiveness of the Florida Health Choices Plus Program
363 to the Governor, the President of the Senate, and the Speaker of
364 the House of Representatives.

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365 (b) The Florida Health Care Market Task Force is created
366 within the Legislature. The mission of the task force is to
367 study and make recommendations on:

368 1. Strategies for allowing state employees to participate
369 in the Florida Health Choices Program using a defined
370 contribution.

371 2. Methods for increasing the capacity of our current
372 health care workforce to serve more patients by allowing
373 advanced registered nurse practitioners and physician assistants
374 to practice more independently.

375 3. Options for reducing federal control of the Medicaid
376 program and for building a medical assistance program customized
377 for Florida's needs.

378 (c) The task force shall be composed of seven members.
379 Three members shall be appointed by the President of the Senate,
380 three members shall be appointed by the Speaker of the House of
381 Representatives, and a chair shall be appointed jointly by the
382 President of the Senate and the Speaker of the House of
383 Representatives. The task force shall submit a report to the
384 President of the Senate and the Speaker of the House of
385 Representatives by January 1, 2014.

386 (d) The task force expires February 1, 2014.

387 Section 3. Subsection (4) of section 641.402, Florida
388 Statutes, is amended to read:

389 641.402 Definitions.—As used in this part, the term:

390 (4) "Prepaid health clinic" means any organization
391 authorized under this part which provides, either directly or
392 through arrangements with other persons, basic services to

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393 persons enrolled with such organization, on a prepaid per capita
394 or prepaid aggregate fixed-sum basis, including those basic
395 services which subscribers might reasonably require to maintain
396 good health. A ~~However, No~~ clinic that provides or contracts
397 for, either directly or indirectly, inpatient hospital services,
398 hospital inpatient physician services, or indemnity against the
399 cost of such services may not shall be a prepaid health clinic,
400 unless the clinic meets the requirements of this part. Any
401 prepaid health clinic that applies for and obtains a health care
402 provider certificate pursuant to part III of this chapter, meets
403 the surplus requirements of s. 641.225, and meets all other
404 applicable requirements of this part may provide or contract
405 for, either directly or indirectly, inpatient hospital services
406 and hospital inpatient physician services.

407 Section 4. This act shall take effect July 1, 2013.