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LEGISLATIVE ACTION

Senate

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House

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Floor: 1/RE/2R

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04/30/2019 10:28 AM

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Senator Diaz moved the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Paragraph (d) of subsection (3) of section  
110.123, Florida Statutes, is amended to read:

110.123 State group insurance program.—

(3) STATE GROUP INSURANCE PROGRAM.—

(d)1. Notwithstanding chapter 287 and the authority of the  
department, for the purpose of protecting the health of, and  
providing medical services to, state employees participating in



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12 the state group insurance program, the department may contract  
13 to retain the services of professional administrators for the  
14 state group insurance program. The agency shall follow good  
15 purchasing practices of state procurement to the extent  
16 practicable under the circumstances.

17 2. Each vendor in a major procurement, and any other vendor  
18 if the department deems it necessary to protect the state's  
19 financial interests, shall, at the time of executing any  
20 contract with the department, post an appropriate bond with the  
21 department in an amount determined by the department to be  
22 adequate to protect the state's interests but not higher than  
23 the full amount estimated to be paid annually to the vendor  
24 under the contract.

25 3. Each major contract entered into by the department  
26 pursuant to this section shall contain a provision for payment  
27 of liquidated damages to the department for material  
28 noncompliance by a vendor with a contract provision. The  
29 department may require a liquidated damages provision in any  
30 contract if the department deems it necessary to protect the  
31 state's financial interests.

32 4. Section 120.57(3) applies to the department's  
33 contracting process, except:

34 a. A formal written protest of any decision, intended  
35 decision, or other action subject to protest shall be filed  
36 within 72 hours after receipt of notice of the decision,  
37 intended decision, or other action.

38 b. As an alternative to any provision of s. 120.57(3), the  
39 department may proceed with the bid selection or contract award  
40 process if the director of the department sets forth, in



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41 writing, particular facts and circumstances that demonstrate the  
42 necessity of continuing the procurement process or the contract  
43 award process in order to avoid a substantial disruption to the  
44 provision of any scheduled insurance services.

45 5. The department shall make arrangements as necessary to  
46 contribute claims data of the state group health insurance plan  
47 to the contracted vendor selected by the Agency for Health Care  
48 Administration pursuant to s. 408.05(3)(c).

49 6. Each contracted vendor for the state group health  
50 insurance plan shall contribute Florida claims data to the  
51 contracted vendor selected by the Agency for Health Care  
52 Administration pursuant to s. 408.05(3)(c).

53 7. Each contract for health care benefits or health care  
54 administrative services which is executed, renewed, or extended  
55 after July 1, 2021, must require the contractor to accommodate  
56 changes to the law which occur during the term of the contract.  
57 The parties may modify the contract to provide for an extension  
58 of time, term, or increase in compensation, based on changes in  
59 the law that materially cause an increase in the contracted  
60 services or the scope of work under the contract.

61 Section 2. Section 110.12303, Florida Statutes, is amended  
62 to read:

63 110.12303 State group insurance program; additional  
64 benefits; price transparency program; reporting. ~~Beginning with~~  
65 ~~the 2018 plan year:~~

66 (1) In addition to the comprehensive package of health  
67 insurance and other benefits required or authorized to be  
68 included in the state group insurance program, the package of  
69 benefits may also include products and services offered by:



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70 (a) Prepaid limited health service organizations authorized  
71 pursuant to part I of chapter 636.

72 (b) Discount medical plan organizations authorized pursuant  
73 to part II of chapter 636.

74 (c) Prepaid health clinics licensed under part II of  
75 chapter 641.

76 (d) Licensed health care providers, including hospitals and  
77 other health care facilities, health care clinics, and health  
78 professionals, who sell service contracts and arrangements for a  
79 specified amount and type of health services.

80 (e) Provider organizations, including service networks,  
81 group practices, professional associations, and other  
82 incorporated organizations of providers, who sell service  
83 contracts and arrangements for a specified amount and type of  
84 health services.

85 (f) Entities that provide specific health services in  
86 accordance with applicable state law and sell service contracts  
87 and arrangements for a specified amount and type of health  
88 services.

89 (g) Entities that provide health services or treatments  
90 through a bidding process.

91 (h) Entities that provide health services or treatments  
92 through the bundling or aggregating of health services or  
93 treatments.

94 (i) Entities that provide international prescription  
95 services.

96 (j) Entities that provide optional participation in a  
97 Medicare Advantage Prescription Drug Plan.

98 (k) Entities that provide other innovative and cost-



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99 effective health service delivery methods.

100 (2) (a) The department shall contract with at least one  
101 entity that provides comprehensive pricing and inclusive  
102 services for surgery and other medical procedures which may be  
103 accessed at the option of the enrollee. The contract shall  
104 require the entity to:

105 1. Have procedures and evidence-based standards to ensure  
106 the inclusion of only high-quality health care providers.

107 2. Provide assistance to the enrollee in accessing and  
108 coordinating care.

109 3. Provide cost savings to the state group insurance  
110 program to be shared with both the state and the enrollee. Cost  
111 savings payable to an enrollee may be:

112 a. Credited to the enrollee's flexible spending account;

113 b. Credited to the enrollee's health savings account;

114 c. Credited to the enrollee's health reimbursement account;

115 or

116 d. Paid as additional health plan reimbursements not  
117 exceeding the amount of the enrollee's out-of-pocket medical  
118 expenses.

119 4. Provide an educational campaign for enrollees to learn  
120 about the services offered by the entity.

121 (b) On or before January 15 of each year, the department  
122 shall report to the Governor, the President of the Senate, and  
123 the Speaker of the House of Representatives on the participation  
124 level and cost-savings to both the enrollee and the state  
125 resulting from the contract or contracts described in this  
126 subsection.

127 (3) The department shall contract with an entity that



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128 provides enrollees with online information on the cost and  
129 quality of health care services and providers, allows an  
130 enrollee to shop for health care services and providers, and  
131 rewards the enrollee by sharing savings generated by the  
132 enrollee's choice of services or providers. The contract shall  
133 require the entity to:

134 (a) Establish an Internet-based, consumer-friendly platform  
135 that educates and informs enrollees about the price and quality  
136 of health care services and providers, including the average  
137 amount paid in each county for health care services and  
138 providers. The average amounts paid for such services and  
139 providers may be expressed for service bundles, which include  
140 all products and services associated with a particular treatment  
141 or episode of care, or for separate and distinct products and  
142 services.

143 (b) Allow enrollees to shop for health care services and  
144 providers using the price and quality information provided on  
145 the Internet-based platform.

146 (c) Permit a certified bargaining agent of state employees  
147 to provide educational materials and counseling to enrollees  
148 regarding the Internet-based platform.

149 (d) Identify the savings realized to the enrollee and state  
150 if the enrollee chooses high-quality, lower-cost health care  
151 services or providers, and facilitate a shared savings payment  
152 to the enrollee. The amount of shared savings shall be  
153 determined by a methodology approved by the department and shall  
154 maximize value-based purchasing by enrollees. The amount payable  
155 to the enrollee may be:

156 1. Credited to the enrollee's flexible spending account;



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157           2. Credited to the enrollee's health savings account;  
158           3. Credited to the enrollee's health reimbursement account;  
159 or

160           4. Paid as additional health plan reimbursements not  
161 exceeding the amount of the enrollee's out-of-pocket medical  
162 expenses.

163           (e) On or before January 1 of 2019, 2020, and 2021, the  
164 department shall report to the Governor, the President of the  
165 Senate, and the Speaker of the House of Representatives on the  
166 participation level, amount paid to enrollees, and cost-savings  
167 to both the enrollees and the state resulting from the  
168 implementation of this subsection.

169           (4) The department shall offer, as a voluntary supplemental  
170 benefit option, international prescription services that offer  
171 safe maintenance medications at a reduced cost to enrollees and  
172 that meet the standards of the United States Food and Drug  
173 Administration personal importation policy.

174           Section 3. Subsection (9) is added to section 110.12315,  
175 Florida Statutes, to read:

176           110.12315 Prescription drug program.—The state employees'  
177 prescription drug program is established. This program shall be  
178 administered by the Department of Management Services, according  
179 to the terms and conditions of the plan as established by the  
180 relevant provisions of the annual General Appropriations Act and  
181 implementing legislation, subject to the following conditions:

182           (9) (a) Beginning with the 2020 plan year, the department  
183 must implement formulary management for prescription drugs and  
184 supplies. Such management practices must require prescription  
185 drugs to be subject to formulary inclusion or exclusion but may



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186 not restrict access to the most clinically appropriate,  
187 clinically effective, and lowest net-cost prescription drugs and  
188 supplies. Drugs excluded from the formulary must be available  
189 for inclusion if a physician, advanced registered nurse  
190 practitioner, or physician assistant prescribing a  
191 pharmaceutical clearly states on the prescription that the  
192 excluded drug is medically necessary. Prescription drugs and  
193 supplies first made available in the marketplace after January  
194 1, 2020, may not be covered by the prescription drug program  
195 until specifically included in the list of covered prescription  
196 drugs and supplies.

197 (b) Not later than October 1, 2019, and by each October 1  
198 thereafter, the department must submit to the Governor, the  
199 President of the Senate, and the Speaker of the House of  
200 Representatives the list of prescription drugs and supplies that  
201 will be excluded from program coverage for the next plan year.  
202 If the department proposes to exclude prescription drugs and  
203 supplies after the plan year has commenced, the department must  
204 provide notice to the Governor, the President of the Senate, and  
205 the Speaker of the House of Representatives of such exclusions  
206 at least 60 days before implementation of such exclusions.

207 Section 4. Effective December 31, 2019, section 8 of  
208 chapter 99-255, Laws of Florida, is repealed.

209 Section 5. Effective January 1, 2020, section 627.6387,  
210 Florida Statutes, is created to read:

211 627.6387 Shared savings incentive program.—

212 (1) This section and ss. 627.6648 and 641.31076 may be  
213 cited as the "Patient Savings Act."

214 (2) As used in this section, the term:





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215       (a) "Health care provider" means a hospital or facility  
216 licensed under chapter 395; an entity licensed under chapter  
217 400; a health care practitioner as defined in s. 456.001; a  
218 blood bank, plasma center, industrial clinic, or renal dialysis  
219 facility; or a professional association, partnership,  
220 corporation, joint venture, or other association for  
221 professional activity by health care providers. The term  
222 includes entities and professionals outside of this state with  
223 an active, unencumbered license for an equivalent facility or  
224 practitioner type issued by another state, the District of  
225 Columbia, or a possession or territory of the United States.

226       (b) "Health insurer" means an authorized insurer offering  
227 health insurance as defined in s. 624.603.

228       (c) "Shared savings incentive" means a voluntary and  
229 optional financial incentive that a health insurer may provide  
230 to an insured for choosing certain shoppable health care  
231 services under a shared savings incentive program and may  
232 include, but is not limited to, the incentives described in s.  
233 626.9541(4) (a).

234       (d) "Shared savings incentive program" means a voluntary  
235 and optional incentive program established by a health insurer  
236 pursuant to this section.

237       (e) "Shoppable health care service" means a lower-cost,  
238 high-quality nonemergency health care service for which a shared  
239 savings incentive is available for insureds under a health  
240 insurer's shared savings incentive program. Shoppable health  
241 care services may be provided within or outside of this state  
242 and include, but are not limited to:

243       1. Clinical laboratory services.



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244       2. Infusion therapy.  
245       3. Inpatient and outpatient surgical procedures.  
246       4. Obstetrical and gynecological services.  
247       5. Inpatient and outpatient nonsurgical diagnostic tests  
248 and procedures.  
249       6. Physical and occupational therapy services.  
250       7. Radiology and imaging services.  
251       8. Prescription drugs.  
252       9. Services provided through telehealth.  
253       (3) A health insurer may offer a shared savings incentive  
254 program to provide incentives to an insured when the insured  
255 obtains a shoppable health care service from the health  
256 insurer's shared savings list. An insured may not be required to  
257 participate in a shared savings incentive program. A health  
258 insurer that offers a shared savings incentive program must:  
259       (a) Establish the program as a component part of the policy  
260 or certificate of insurance provided by the health insurer and  
261 notify the insureds and the office at least 30 days before  
262 program termination.  
263       (b) File a description of the program on a form prescribed  
264 by commission rule. The office must review the filing and  
265 determine whether the shared savings incentive program complies  
266 with this section.  
267       (c) Notify an insured annually and at the time of renewal,  
268 and an applicant for insurance at the time of enrollment, of the  
269 availability of the shared savings incentive program and the  
270 procedure to participate in the program.  
271       (d) Publish on a webpage easily accessible to insureds and  
272 to applicants for insurance a list of shoppable health care



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273 services and health care providers and the shared savings  
274 incentive amount applicable for each service. A shared savings  
275 incentive may not be less than 25 percent of the savings  
276 generated by the insured's participation in any shared savings  
277 incentive offered by the health insurer. The baseline for the  
278 savings calculation is the average in-network amount paid for  
279 that service in the most recent 12-month period or some other  
280 methodology established by the health insurer and approved by  
281 the office.

282 (e) At least quarterly, credit or deposit the shared  
283 savings incentive amount to the insured's account as a return or  
284 reduction in premium, or credit the shared savings incentive  
285 amount to the insured's flexible spending account, health  
286 savings account, or health reimbursement account, such that the  
287 amount does not constitute income to the insured.

288 (f) Submit an annual report to the office within 90  
289 business days after the close of each plan year. At a minimum,  
290 the report must include the following information:

291 1. The number of insureds who participated in the program  
292 during the plan year and the number of instances of  
293 participation.

294 2. The total cost of services provided as a part of the  
295 program.

296 3. The total value of the shared savings incentive payments  
297 made to insureds participating in the program and the values  
298 distributed as premium reductions, credits to flexible spending  
299 accounts, credits to health savings accounts, or credits to  
300 health reimbursement accounts.

301 4. An inventory of the shoppable health care services



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302 offered by the health insurer.

303 (4) (a) A shared savings incentive offered by a health  
304 insurer in accordance with this section:

305 1. Is not an administrative expense for rate development or  
306 rate filing purposes.

307 2. Does not constitute an unfair method of competition or  
308 an unfair or deceptive act or practice under s. 626.9541 and is  
309 presumed to be appropriate unless credible data clearly  
310 demonstrates otherwise.

311 (b) A shared saving incentive amount provided as a return  
312 or reduction in premium reduces the health insurer's direct  
313 written premium by the shared saving incentive dollar amount for  
314 the purposes of the taxes in ss. 624.509 and 624.5091.

315 (5) The commission may adopt rules necessary to implement  
316 and enforce this section.

317 Section 6. Effective January 1, 2020, section 627.6648,  
318 Florida Statutes, is created to read:

319 627.6648 Shared savings incentive program.-

320 (1) This section and ss. 627.6387 and 641.31076 may be  
321 cited as the "Patient Savings Act."

322 (2) As used in this section, the term:

323 (a) "Health care provider" means a hospital or facility  
324 licensed under chapter 395; an entity licensed under chapter  
325 400; a health care practitioner as defined in s. 456.001; a  
326 blood bank, plasma center, industrial clinic, or renal dialysis  
327 facility; or a professional association, partnership,  
328 corporation, joint venture, or other association for  
329 professional activity by health care providers. The term  
330 includes entities and professionals outside of this state with



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331 an active, unencumbered license for an equivalent facility or  
332 practitioner type issued by another state, the District of  
333 Columbia, or a possession or territory of the United States.

334 (b) "Health insurer" means an authorized insurer offering  
335 health insurance as defined in s. 624.603. The term does not  
336 include the state group health insurance program provided under  
337 s. 110.123.

338 (c) "Shared savings incentive" means a voluntary and  
339 optional financial incentive that a health insurer may provide  
340 to an insured for choosing certain shoppable health care  
341 services under a shared savings incentive program and may  
342 include, but is not limited to, the incentives described in s.  
343 626.9541(4)(a).

344 (d) "Shared savings incentive program" means a voluntary  
345 and optional incentive program established by a health insurer  
346 pursuant to this section.

347 (e) "Shoppable health care service" means a lower-cost,  
348 high-quality nonemergency health care service for which a shared  
349 savings incentive is available for insureds under a health  
350 insurer's shared savings incentive program. Shoppable health  
351 care services may be provided within or outside of this state  
352 and include, but are not limited to:

- 353 1. Clinical laboratory services.
- 354 2. Infusion therapy.
- 355 3. Inpatient and outpatient surgical procedures.
- 356 4. Obstetrical and gynecological services.
- 357 5. Inpatient and outpatient nonsurgical diagnostic tests  
358 and procedures.
- 359 6. Physical and occupational therapy services.



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360 7. Radiology and imaging services.

361 8. Prescription drugs.

362 9. Services provided through telehealth.

363 (3) A health insurer may offer a shared savings incentive  
364 program to provide incentives to an insured when the insured  
365 obtains a shoppable health care service from the health  
366 insurer's shared savings list. An insured may not be required to  
367 participate in a shared savings incentive program. A health  
368 insurer that offers a shared savings incentive program must:

369 (a) Establish the program as a component part of the policy  
370 or certificate of insurance provided by the health insurer and  
371 notify the insureds and the office at least 30 days before  
372 program termination.

373 (b) File a description of the program on a form prescribed  
374 by commission rule. The office must review the filing and  
375 determine whether the shared savings incentive program complies  
376 with this section.

377 (c) Notify an insured annually and at the time of renewal,  
378 and an applicant for insurance at the time of enrollment, of the  
379 availability of the shared savings incentive program and the  
380 procedure to participate in the program.

381 (d) Publish on a webpage easily accessible to insureds and  
382 to applicants for insurance a list of shoppable health care  
383 services and health care providers and the shared savings  
384 incentive amount applicable for each service. A shared savings  
385 incentive may not be less than 25 percent of the savings  
386 generated by the insured's participation in any shared savings  
387 incentive offered by the health insurer. The baseline for the  
388 savings calculation is the average in-network amount paid for



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389 that service in the most recent 12-month period or some other  
390 methodology established by the health insurer and approved by  
391 the office.

392 (e) At least quarterly, credit or deposit the shared  
393 savings incentive amount to the insured's account as a return or  
394 reduction in premium, or credit the shared savings incentive  
395 amount to the insured's flexible spending account, health  
396 savings account, or health reimbursement account, such that the  
397 amount does not constitute income to the insured.

398 (f) Submit an annual report to the office within 90  
399 business days after the close of each plan year. At a minimum,  
400 the report must include the following information:

401 1. The number of insureds who participated in the program  
402 during the plan year and the number of instances of  
403 participation.

404 2. The total cost of services provided as a part of the  
405 program.

406 3. The total value of the shared savings incentive payments  
407 made to insureds participating in the program and the values  
408 distributed as premium reductions, credits to flexible spending  
409 accounts, credits to health savings accounts, or credits to  
410 health reimbursement accounts.

411 4. An inventory of the shoppable health care services  
412 offered by the health insurer.

413 (4) (a) A shared savings incentive offered by a health  
414 insurer in accordance with this section:

415 1. Is not an administrative expense for rate development or  
416 rate filing purposes.

417 2. Does not constitute an unfair method of competition or



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418 an unfair or deceptive act or practice under s. 626.9541 and is  
419 presumed to be appropriate unless credible data clearly  
420 demonstrates otherwise.

421 (b) A shared saving incentive amount provided as a return  
422 or reduction in premium reduces the health insurer's direct  
423 written premium by the shared saving incentive dollar amount for  
424 the purposes of the taxes in ss. 624.509 and 624.5091.

425 (5) The commission may adopt rules necessary to implement  
426 and enforce this section.

427 Section 7. Effective January 1, 2020, section 641.31076,  
428 Florida Statutes, is created to read:

429 641.31076 Shared savings incentive program.—

430 (1) This section and ss. 627.6387 and 627.6648 may be cited  
431 as the "Patient Savings Act."

432 (2) As used in this section, the term:

433 (a) "Health care provider" means a hospital or facility  
434 licensed under chapter 395; an entity licensed under chapter  
435 400; a health care practitioner as defined in s. 456.001; a  
436 blood bank, plasma center, industrial clinic, or renal dialysis  
437 facility; or a professional association, partnership,  
438 corporation, joint venture, or other association for  
439 professional activity by health care providers. The term  
440 includes entities and professionals outside of this state with  
441 an active, unencumbered license for an equivalent facility or  
442 practitioner type issued by another state, the District of  
443 Columbia, or a possession or territory of the United States.

444 (b) "Health maintenance organization" has the same meaning  
445 as provided in s. 641.19. The term does not include the state  
446 group health insurance program provided under s. 110.123.





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447 (c) "Shared savings incentive" means a voluntary and  
448 optional financial incentive that a health maintenance  
449 organization may provide to a subscriber for choosing certain  
450 shoppable health care services under a shared savings incentive  
451 program and may include, but is not limited to, the incentives  
452 described in s. 641.3903(15).

453 (d) "Shared savings incentive program" means a voluntary  
454 and optional incentive program established by a health  
455 maintenance organization pursuant to this section.

456 (e) "Shoppable health care service" means a lower-cost,  
457 high-quality nonemergency health care service for which a shared  
458 savings incentive is available for subscribers under a health  
459 maintenance organization's shared savings incentive program.  
460 Shoppable health care services may be provided within or outside  
461 of this state and include, but are not limited to:

- 462 1. Clinical laboratory services.
- 463 2. Infusion therapy.
- 464 3. Inpatient and outpatient surgical procedures.
- 465 4. Obstetrical and gynecological services.
- 466 5. Inpatient and outpatient nonsurgical diagnostic tests  
467 and procedures.
- 468 6. Physical and occupational therapy services.
- 469 7. Radiology and imaging services.
- 470 8. Prescription drugs.
- 471 9. Services provided through telehealth.

472 (3) A health maintenance organization may offer a shared  
473 savings incentive program to provide incentives to a subscriber  
474 when the subscriber obtains a shoppable health care service from  
475 the health maintenance organization's shared savings list. A



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476 subscriber may not be required to participate in a shared  
477 savings incentive program. A health maintenance organization  
478 that offers a shared savings incentive program must:

479 (a) Establish the program as a component part of the  
480 contract of coverage provided by the health maintenance  
481 organization and notify the subscribers and the office at least  
482 30 days before program termination.

483 (b) File a description of the program on a form prescribed  
484 by commission rule. The office must review the filing and  
485 determine whether the shared savings incentive program complies  
486 with this section.

487 (c) Notify a subscriber annually and at the time of  
488 renewal, and an applicant for coverage at the time of  
489 enrollment, of the availability of the shared savings incentive  
490 program and the procedure to participate in the program.

491 (d) Publish on a webpage easily accessible to subscribers  
492 and to applicants for coverage a list of shoppable health care  
493 services and health care providers and the shared savings  
494 incentive amount applicable for each service. A shared savings  
495 incentive may not be less than 25 percent of the savings  
496 generated by the subscriber's participation in any shared  
497 savings incentive offered by the health maintenance  
498 organization. The baseline for the savings calculation is the  
499 average in-network amount paid for that service in the most  
500 recent 12-month period or some other methodology established by  
501 the health maintenance organization and approved by the office.

502 (e) At least quarterly, credit or deposit the shared  
503 savings incentive amount to the subscriber's account as a return  
504 or reduction in premium, or credit the shared savings incentive



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505 amount to the subscriber's flexible spending account, health  
506 savings account, or health reimbursement account, such that the  
507 amount does not constitute income to the subscriber.

508 (f) Submit an annual report to the office within 90  
509 business days after the close of each plan year. At a minimum,  
510 the report must include the following information:

511 1. The number of subscribers who participated in the  
512 program during the plan year and the number of instances of  
513 participation.

514 2. The total cost of services provided as a part of the  
515 program.

516 3. The total value of the shared savings incentive payments  
517 made to subscribers participating in the program and the values  
518 distributed as premium reductions, credits to flexible spending  
519 accounts, credits to health savings accounts, or credits to  
520 health reimbursement accounts.

521 4. An inventory of the shoppable health care services  
522 offered by the health maintenance organization.

523 (4) A shared savings incentive offered by a health  
524 maintenance organization in accordance with this section:

525 (a) Is not an administrative expense for rate development  
526 or rate filing purposes.

527 (b) Does not constitute an unfair method of competition or  
528 an unfair or deceptive act or practice under s. 641.3903 and is  
529 presumed to be appropriate unless credible data clearly  
530 demonstrates otherwise.

531 (5) The commission may adopt rules necessary to implement  
532 and enforce this section.

533 Section 8. The Division of State Group Insurance within the



534 Department of Management Services is directed to analyze the  
535 efficiency and effectiveness of providing health coverage by  
536 health maintenance organizations to enrollees participating in  
537 the state group insurance program on a county basis, on a  
538 regional basis, and on a statewide basis. Not later than January  
539 1, 2020, the division shall recommend to the Governor, the  
540 President of the Senate, and the Speaker of the House of  
541 Representatives the service areas the division determines to be  
542 the most efficient and effective to provide health insurance  
543 coverage for the 2023 plan year.

544 Section 9. Except as otherwise expressly provided in this  
545 act, this act shall take effect July 1, 2019.

546  
547 ===== T I T L E A M E N D M E N T =====

548 And the title is amended as follows:

549 Delete everything before the enacting clause  
550 and insert:

551 A bill to be entitled  
552 An act relating to health insurance; amending s.  
553 110.123, F.S.; requiring that certain contracts under  
554 the state group insurance program which are executed,  
555 renewed, or extended after a certain date require the  
556 contractor to accommodate changes to the law that  
557 occur during the term of the contract; authorizing the  
558 parties to the contract to make certain modifications  
559 to the contract; amending s. 110.12303, F.S.; removing  
560 an obsolete date; adding products and services offered  
561 by certain entities to a list of products and services  
562 that may be included in the package of health



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563 insurance and other benefits under the state group  
564 insurance program; requiring the Department of  
565 Management Services to offer, as a voluntary  
566 supplemental benefit option, certain international  
567 prescription services; amending s. 110.12315, F.S.;  
568 requiring the department to implement formulary  
569 management cost-saving measures beginning with the  
570 2020 plan year; specifying requirements for such  
571 measures; providing that certain prescription drugs  
572 and supplies may not be covered until specifically  
573 included in the formulary; requiring the department to  
574 report to the Governor and the Legislature regarding  
575 formulary exclusions by a specified date and annually  
576 thereafter; repealing s. 8 of ch. 99-255, Laws of  
577 Florida, relating to a restriction prohibiting the  
578 department from implementing prior authorization or  
579 restricted formulary programs within the state  
580 employees' prescription drug program; creating ss.  
581 627.6387, 627.6648, and 641.31076, F.S.; providing a  
582 short title; defining terms; authorizing individual  
583 and group health insurers and health maintenance  
584 organizations, respectively, to offer shared savings  
585 incentive programs to insureds and subscribers;  
586 providing that insureds and subscribers are not  
587 required to participate in such programs; specifying  
588 requirements for health insurers and health  
589 maintenance organizations offering such programs;  
590 requiring the Office of Insurance Regulation to review  
591 filed descriptions of programs and make a certain



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592 determination; providing notification and account  
593 credit or deposit requirements for insurers and health  
594 maintenance organizations; specifying the minimum  
595 shared savings incentive and the basis for calculating  
596 savings; specifying requirements for annual reports  
597 submitted by health insurers and health maintenance  
598 organizations to the office; providing construction;  
599 providing that certain shared saving incentive amounts  
600 reduce a health insurer's direct written premium for  
601 purposes of the insurance premium tax and the  
602 retaliatory tax; authorizing the Financial Services  
603 Commission to adopt rules; requiring the Division of  
604 State Group Insurance within the department to analyze  
605 the efficiency and effectiveness of providing health  
606 coverage by health maintenance organizations by  
607 specified bases to state group insurance program  
608 enrollees; requiring the division to make a certain  
609 recommendation to the Governor and the Legislature by  
610 a certain date; providing effective dates.