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By the Committee on Banking and Insurance; and Senator Simpson

597-03478-19 2019418c1

A bill to be entitled An act relating to essential health benefits under health plans; defining the terms "EHB-benchmark plan" and "office"; requiring the Office of Insurance Regulation to conduct a study evaluating this state's current benchmark plan for essential health benefits under the federal Patient Protection and Affordable Care Act (PPACA) and options for changing the benchmark plan for future plan years; requiring the office, in conducting the study, to consider plans and certain benefits used by other states and compare costs with those of this state; requiring the office to solicit and consider proposed health plans from health insurers and health maintenance organizations in developing recommendations; requiring the office, by a certain date, to provide a report with certain recommendations and a certain analysis to the Governor and the Legislature; providing that health plans created by health insurers and health maintenance organizations may be submitted to the office for certain purposes; creating s. 627.443, F.S.; defining the terms "EHB-benchmark plan" and "PPACA"; authorizing health insurers and health maintenance organizations to create new health insurance policies and health maintenance contracts meeting certain criteria for essential health benefits under PPACA; providing that such criteria may be met by certain means; providing construction; providing that such policies and contracts created by health insurers and

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health maintenance organizations may be submitted to the office for certain purposes; providing an effective date.

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

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- Section 1. Study of state essential health benefits benchmark plan; report.—
  - (1) As used in this section, the term:
- (a) "EHB-benchmark plan" has the same meaning as provided in 45 C.F.R. s. 156.20.
  - (b) "Office" means the Office of Insurance Regulation.
- (2) The office shall conduct a study to evaluate this state's current EHB-benchmark plan for nongrandfathered individual and group health plans and options for changing the EHB-benchmark plan pursuant to 45 C.F.R. s. 156.111 for future plan years. In conducting the study, the office shall:
- (a) Consider EHB-benchmark plans and benefits under the 10 essential health benefits categories established under 45 C.F.R. s. 156.110(a) which are used by the other 49 states;
- (b) Compare the costs of benefits within such categories and overall costs of EHB-benchmark plans used by other states with the costs of benefits within the categories and overall costs of the current EHB-benchmark plan of this state; and
- (c) Solicit and consider proposed individual and group health plans from health insurers and health maintenance organizations in developing recommendations for changes to the current EHB-benchmark plan.
  - (3) By October 30, 2019, the office shall submit a report

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to the Governor, the President of the Senate, and the Speaker of the House of Representatives which must include recommendations for changing the current EHB-benchmark plan to provide comprehensive care at a lower cost than this state's current EHB-benchmark plan. In its report, the office shall provide an analysis as to whether proposed health plans it receives under paragraph (2)(c) meet the requirements for an EHB-benchmark plan under 45 C.F.R. s. 156.111(b).

- (4) Health plans created by health insurers and health maintenance organizations under this section:
- (a) May be submitted to the office for consideration as part of the study under this section; and
- (b) May also be submitted to the office for evaluation as equivalent to the current state EHB-benchmark plan or to any EHB-benchmark plan created in the future.
- Section 2. Section 627.443, Florida Statutes, is created to read:
  - 627.443 Essential health benefits.-
  - (1) As used in this section, the term:
- (a) "EHB-benchmark plan" has the same meaning as provided in 45 C.F.R. s. 156.20.
  - (b) "PPACA" has the same meaning as in s. 627.402.
- (2) A health insurer or health maintenance organization issuing or delivering an individual or a group health insurance policy or health maintenance contract in this state may create a new health insurance policy or health maintenance contract that:
- (a) Must include at least one service or coverage under each of the 10 essential health benefits categories under 42 U.S.C. s. 18022(b) which are required under PPACA;

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(b) May fulfill the requirement in paragraph (a) by selecting one or more services or coverages for each of the required categories from the list of essential health benefits required by any single state or multiple states; and

- (c) May comply with paragraphs (a) and (b) by selecting one or more services or coverages from any one or more of the required categories of essential health benefits from one state or multiple states.
- (3) This section specifically authorizes an insurer or health maintenance organization to include any combination of services or coverages required by any one or a combination of states to provide the 10 categories of essential health benefits required under PPACA in a policy or contract issued in this state.
- (4) Health insurance policies and health maintenance contracts created by health insurers and health maintenance organizations under this section:
- (a) May be submitted to the office for consideration as part of the office's study of this state's essential health benefits benchmark plan; and
- (b) May also be submitted to the office for evaluation as equivalent to the current state EHB-benchmark plan or to any EHB-benchmark plan created in the future.
  - Section 3. This act shall take effect upon becoming a law.