

By the Committees on Rules; and Banking and Insurance; and
Senator Simpson

595-04132-19

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1 A bill to be entitled
2 An act relating to essential health benefits under
3 health plans; defining the terms "EHB-benchmark plan"
4 and "office"; requiring the Office of Insurance
5 Regulation to conduct a study evaluating this state's
6 current benchmark plan for essential health benefits
7 under the federal Patient Protection and Affordable
8 Care Act (PPACA) and options for changing the
9 benchmark plan for future plan years; requiring the
10 office, in conducting the study, to consider plans and
11 certain benefits used by other states and to compare
12 costs with those of this state; requiring the office
13 to solicit and consider proposed health plans from
14 health insurers and health maintenance organizations
15 in developing recommendations; requiring the office,
16 by a certain date, to provide a report with certain
17 recommendations and a certain analysis to the Governor
18 and the Legislature; creating s. 627.443, F.S.;
19 defining the terms "EHB-benchmark plan" and "PPACA";
20 authorizing health insurers and health maintenance
21 organizations to create new health insurance policies
22 and health maintenance contracts meeting certain
23 criteria for essential health benefits under PPACA;
24 providing that such criteria may be met by certain
25 means; providing construction; providing that such
26 policies and contracts created by health insurers and
27 health maintenance organizations may be submitted to
28 the office for certain purposes; providing an
29 effective date.

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

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33 Section 1. Study of state essential health benefits
34 benchmark plan; report.-

35 (1) As used in this section, the term:

36 (a) "EHB-benchmark plan" has the same meaning as provided
37 in 45 C.F.R. s. 156.20.

38 (b) "Office" means the Office of Insurance Regulation.

39 (2) The office shall conduct a study to evaluate this
40 state's current EHB-benchmark plan for nongrandfathered
41 individual and group health plans and options for changing the
42 EHB-benchmark plan pursuant to 45 C.F.R. s. 156.111 for future
43 plan years. In conducting the study, the office shall:

44 (a) Consider EHB-benchmark plans and benefits under the 10
45 essential health benefits categories established under 45 C.F.R.
46 s. 156.110(a) which are used by the other 49 states;

47 (b) Compare the costs of benefits within such categories
48 and overall costs of EHB-benchmark plans used by other states
49 with the costs of benefits within the categories and overall
50 costs of the current EHB-benchmark plan of this state; and

51 (c) Solicit and consider proposed individual and group
52 health plans from health insurers and health maintenance
53 organizations in developing recommendations for changes to the
54 current EHB-benchmark plan.

55 (3) By October 30, 2019, the office shall submit a report
56 to the Governor, the President of the Senate, and the Speaker of
57 the House of Representatives which must include recommendations
58 for changing the current EHB-benchmark plan to provide

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59 comprehensive care at a lower cost than this state's current
60 EHB-benchmark plan. In its report, the office shall provide an
61 analysis as to whether proposed health plans it receives under
62 paragraph (2)(c) meet the requirements for an EHB-benchmark plan
63 under 45 C.F.R. s. 156.111(b).

64 Section 2. Section 627.443, Florida Statutes, is created to
65 read:

66 627.443 Essential health benefits.—

67 (1) As used in this section, the term:

68 (a) "EHB-benchmark plan" has the same meaning as provided
69 in 45 C.F.R. s. 156.20.

70 (b) "PPACA" has the same meaning as in s. 627.402.

71 (2) A health insurer or health maintenance organization
72 issuing or delivering an individual or a group health insurance
73 policy or health maintenance contract in this state may create a
74 new health insurance policy or health maintenance contract that:

75 (a) Must include at least one service or coverage under
76 each of the 10 essential health benefits categories under 42
77 U.S.C. s. 18022(b) which are required under PPACA;

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

82 (c) May comply with paragraphs (a) and (b) by selecting one
83 or more services or coverages from any one or more of the
84 required categories of essential health benefits from one state
85 or multiple states.

86 (3) This section specifically authorizes an insurer or
87 health maintenance organization to include any combination of

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88 services or coverages required by any one or a combination of
89 states to provide the 10 categories of essential health benefits
90 required under PPACA in a policy or contract issued in this
91 state.

92 (4) Health insurance policies and health maintenance
93 contracts created by health insurers and health maintenance
94 organizations under this section:

95 (a) May be submitted to the office for consideration as
96 part of the office's study of this state's essential health
97 benefits benchmark plan; and

98 (b) May also be submitted to the office for evaluation as
99 equivalent to the current state EHB-benchmark plan or to any
100 EHB-benchmark plan created in the future.

101 Section 3. This act shall take effect upon becoming a law.