Agenda Order

Tab 1 SB 856 by Broxson; (Identical to H 00373) Education						
700896	Α	S	RCS	GO, Broxson	Delete L.19:	04/24 06:15 PM

Tab 2 SB 1640 by Broxson; (Compare to CS/H 01163) Administrative Procedures						
831350	–D	S	WD	GO, Broxson	Delete everything after	04/24 06:14 PM

	Tab 3	CS/	SB 1768	by BI , Lee	; (Compare to CS/CS/1S	Γ ENG/H 01063) Public Records/Medical Pa	yments Coverage
Iab 3	and	Liability M	1otor Vehicle	e Insurance Policies/Depa	artment of Highway Safety and Motor Vehic	:les	
	747482	Δ	S	RCS	GO. Lee	Delete L.20 - 73:	04/24 06:14 PM

Tab 4	HB 700	7 by I	HHS, Brod	eur ; (Similar to S 00900) Sta	te Group Insurance Program	
691160	Α	S	FAV	GO, Baxley	btw L.162 - 163:	04/24 05:28 PM
611870	Α	S	FAV	GO, Baxley	Delete L.178 - 179:	04/24 05:28 PM
612856	Α	S	FAV	GO, Baxley	Delete L.263:	04/24 05:28 PM
969732	Α	S	FAV	GO, Baxley	Delete L.403 - 407:	04/24 05:28 PM
919800	Α	S	FAV	GO, Baxley	Delete L.421:	04/24 05:28 PM
964332	Α	S	FAV	GO, Baxley	Delete L.458:	04/24 05:28 PM
538286	Α	S	FAV	GO, Baxley	Delete L.469 - 511:	04/24 05:28 PM
203288	Α	S	FAV	GO, Baxley	Delete L.566:	04/24 05:28 PM

Tab 5	SP					
276328	Α	S	UNFAV	GO, Rouson	Delete L.480 - 1079:	04/25 04:23 PM
435512	Δ	ς	UNFAV	GO. Rouson	Delete L.1298 - 1316:	04/25 04:23 PM

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

GOVERNMENTAL OVERSIGHT AND ACCOUNTABILITY Senator Baxley, Chair

Monday, April 24, 2017 3:00—4:30 p.m. **MEETING DATE:**

TIME:

PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Baxley, Chair; Senators Galvano, Grimsley, Rader, Rouson, Simpson, and Stewart

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 856 Broxson (Identical H 373)	Education; Prohibiting a district school board from awarding an annual contract for instructional personnel under certain circumstances; prohibiting a district school board from altering or limiting its authority to award or not award an annual contract, etc.	Fav/CS Yeas 3 Nays 2
		ED 04/03/2017 Favorable GO 04/17/2017 Temporarily Postponed GO 04/24/2017 Fav/CS RC	
2	SB 1640 Broxson (Compare CS/H 1163)	Administrative Procedures; Requiring an agency to prepare a statement of estimated regulatory costs before adoption, amendment, or repeal of any rule other than an emergency rule, etc. GO 04/24/2017 Favorable JU RC	Favorable Yeas 6 Nays 0
3	CS/SB 1768 Banking and Insurance / Lee (Compare CS/CS/H 1063, Linked S 1766)	Public Records/Medical Payments Coverage and Liability Motor Vehicle Insurance Policies/Department of Highway Safety and Motor Vehicles; Revising an exemption from public records requirements to exempt certain information held by the Department of Highway Safety and Motor Vehicles relating to medical payments coverage and liability motor vehicle insurance policies, rather than relating to personal injury protection and property damage liability insurance policies; providing for future legislative review and repeal of the exemption; providing a statement of public necessity, etc. BI 04/03/2017 Not Considered BI 04/13/2017 Fav/CS GO 04/24/2017 Fav/CS	Fav/CS Yeas 6 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Governmental Oversight and Accountability Monday, April 24, 2017, 3:00—4:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	HB 7007 Health and Human Services Committee / Brodeur (Similar S 900)	State Group Insurance Program; Authorizes state group insurance program to include additional benefits & for employees to use certain portion of state's contribution to purchase additional & supplemental benefits; requires DMS to develop plan for implementation of benefit levels, submit report, & contract with independent benefits consultant & entity that provides comprehensive pricing & certain inclusive services; directs DMS to provide premium alternatives to Governor & Legislature by specified date; provides criteria for calculating premium alternatives; provides appropriation & authorizes positions. GO 04/24/2017 Fav/8 Amendments AGG AP RC	Fav/8 Amendments (691160, 611870, 612856, 969732, 919800, 964332, 538286, 203288) Yeas 5 Nays 2
	Consideration of proposed bill:		
5	SPB 7030	Retirement; Establishing a presumption as to a firefighter's condition or impairment of health caused by certain types of cancer he or she contracts in the line of duty; authorizing renewed membership in the Florida Retirement System for retirees who are reemployed in a position eligible for the Elected Officers' Class under certain circumstances; revising criteria for eligibility of payment of death benefits to the surviving children of a Special Risk Class member killed in the line of duty under specified circumstances, etc.	Submitted and Reported Favorably as Committee Bill Yeas 4 Nays 3
	Other Related Meeting Documents		

S-036 (10/2008) Page 2 of 2

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.)

Prepar	ed By: The Pro	ofessional Staff	of the Comr	nittee on Governme	ental Oversight and Accountability	
BILL:	CS/SB 856	i				
INTRODUCER:	RODUCER: Governmental Oversight and Accountability Committee and Senator Broxson					
SUBJECT:	Education					
DATE:	April 25, 2	017 RI	EVISED:			
ANALYST		STAFF DIR	RECTOR	REFERENCE	ACTION	
. Benvenisty		Graf		ED	Favorable	
. Ferrin		Ferrin		GO	Fav/CS	
3.				RC		

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 856 clarifies that a district school board must issue contracts on an annual basis to instructional personnel hired on or after July 1, 2011, by specifying that, except under certain circumstances, the district school board may not:

- Award an annual contract based on a contingency or condition that is not expressed in s. 1012.335, F.S.; or
- Alter or limit its authority to award or not award an annual contract as provided in s. 1012.335, F.S.

The bill takes effect upon becoming law.

II. Present Situation:

Instructional personnel provide direct instructional services or direct instructional support to K-12 students. Instructional personnel include: 2

- Classroom teachers;³
- Staff who provide student personal services (e.g., guidance counselors, social workers, career specialists, and school psychologists);
- Librarians and media specialists;

³ Classroom teachers include substitute teachers. Section 1012.01(2)(a), F.S.

¹ Section 1012.01(2), F.S.

 $^{^{2}}$ *Id.* at (2)(a)-(e).

BILL: CS/SB 856 Page 2

- Other instructional staff (e.g., learning resource specialists);⁴ and
- Education paraprofessionals.⁵

Three types of contracts are used to employ instructional personnel in Florida: continuing contracts, professional service contracts, and annual contracts.

An annual contract is an employment contract for a period of no longer than one school year that a district school board may choose to award or not award without cause.⁹ As of July 1, 2011, instructional personnel under an annual contract and personnel hired thereafter may only be employed on an annual contract basis.¹⁰ The first annual contract for newly hired instructional personnel is a one-year probationary contract, which may be terminated without cause or from which the employee may resign without breach of contract.¹¹ "Newly hired instructional personnel" include employees new to the profession or employees with experience who are new to the school district.¹²

Upon successful completion of the one-year probationary contract, district school boards may award subsequent annual contracts if the employee:¹³

- Holds an active professional certificate or temporary certificate issued pursuant to Florida law and rules of the State Board of Education.
- Has been recommended by the superintendent based upon his or her performance evaluation, and approved by the district school board.
- Has not received two consecutive annual performance evaluation ratings of unsatisfactory, two annual performance evaluation ratings of unsatisfactory within a 3-year period, or three consecutive annual performance evaluation ratings of needs improvement or a combination of needs improvement and unsatisfactory pursuant to Florida law.

III. Effect of Proposed Changes:

The bill clarifies that a district school board must issue contracts on an annual basis to instructional personnel hired on or after July 1, 2011, by specifying that, except under certain circumstances, the district school board may not:

- Award an annual contract based on a contingency or condition that is not expressed in s. 1012.335, F.S.; or
- Alter or limit its authority to award or not award an annual contract as provided in s. 1012.335, F.S.

⁵ Educational paraprofessionals are individuals who are under the direct supervision of an instructional staff member, aiding in the instructional process. *Id.* at (2)(e). The term includes classroom paraprofessionals in regular instruction, exceptional education paraprofessionals, career education paraprofessionals, adult education paraprofessionals, library paraprofessionals, physical education and playground paraprofessionals, and other school-level paraprofessionals. *Id.*

⁴ Id at (2)(d)

⁶ Section 1012.33(3)(a)1.-3., F.S. (2010).

⁷ Section 231.36(1) and (3)(a)1.-4., F.S. (1981).

⁸ Section 1012.335(1)(a), F.S.

⁹ *Id*.

¹⁰ *Id.* at (2)(a)-(b), F.S.

¹¹ *Id.* at (1)(c).

¹² Section 1012.335(1)-(2), F.S. For the purpose of awarding annual contracts, the term "instructional personnel" does not include substitute teachers. Section 1012.335(1)(b), F.S.

 $^{^{13}}$ *Id.* at (2)(c).

BILL: CS/SB 856 Page 3

Additionally, the bill specifies that the provisions enumerated above only apply to collective bargaining agreements entered into or renewed by a district school board on or after this legislation is enacted. Accordingly, instructional personnel hired after the effective date of this bill may not be awarded an annual contract based on a contingency or condition that is not currently authorized in law.

The bill takes effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The mandate restrictions do not apply because the bill does not require counties or municipalities to spend funds, reduce the counties' or municipalities' ability to raise revenue or reduce the percentage of state tax shared with counties or municipalities.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

BILL: CS/SB 856 Page 4

VIII. Statutes Affected:

This bill substantially amends section 1012.335 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes: (Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Governmental Oversight and Accountability on April 24, 2017:

The amendment creates an exception for a county as defined in s. 125.011(1), F.S.¹⁴

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

¹⁴ Miami-Dade County is the only county that meets the criteria set forth in s. 125.011(1), F.S.



Senate	LEGISLATIVE ACTION	House
Comm: RCS	•	nouse
04/24/2017	•	
04/24/201/	•	
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The Committee on Go	vernmental Oversight and	l Accountability
(Broxson) recommende	-	
(220110011) 20001111101101101		
Senate Amendme	nt (with title amendment	·1
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Delete line 19		
and insert:		
	1 6' 1 '	105 011 (1)
(d) Except in a	a compty as detined in s	s. 125.011(1).a
·	a county as defined in s	s. 125.011(1), a
		s. 125.011(1), a
district school boa	rd may not:	
district school boa:	rd may not: ITLE AMENDME	
district school boas	rd may not: ITLE AMENDME	



11	and insert:	
12	authority to award or not award an annual contract	
13	under certain circumstances;	
		1

Florida Senate - 2017 SB 856

By Senator Broxson

1-01397-17 2017856__ A bill to be entitled

An a F.S.

An act relating to education; amending s. 1012.335, F.S.; prohibiting a district school board from awarding an annual contract for instructional personnel under certain circumstances; prohibiting a district school board from altering or limiting its authority to award or not award an annual contract; providing applicability; providing a directive to the Division of Law Revision and Information; providing an effective date.

10 11 12

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

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Section 1. Paragraph (d) is added to subsection (2) of section 1012.335, Florida Statutes, to read:

1012.335 Contracts with instructional personnel hired on or after July 1, 2011.—

- (2) EMPLOYMENT.-
- (d) A district school board may not:
- 1. Award an annual contract on the basis of any contingency or condition not expressly authorized in this section; or
- 2. Alter or limit its authority to award or not award an annual contract as provided in this section.

232425

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32

This paragraph applies only to a collective bargaining agreement entered into or renewed by a district school board on or after the effective date of this act.

27 the effective date of this act
28 Section 2. The Division of

Section 2. The Division of Law Revision and Information is directed to replace the phrase "the effective date of this act" as it occurs in section 1 of this act with the date this act takes effect.

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

Page 1 of 1

CODING: Words stricken are deletions; words underlined are additions.



Tallahassee, Florida 32399-1100

COMMITTEES:
Transportation, Vice Chair
Appropriations Subcommittee on General
Government Appropriations Subcommittee on Pre-K - 12 Education Criminal Justice

Governmental Oversight and Accountability

SELECT COMMITTEE:

Joint Select Committee on Collective Bargaining

SENATOR DARRYL ROUSON

19th District

April 25, 2017

Chair Dennis Baxley 320 Senate Office Building 404 South Monroe Street Tallahassee, FL 32399-1100

Chair Baxley,

I would like to record my vote for SB 856 in the negative.

Sincerely,

Senator Darryl Rouson

APPEARANCE RECORD

| Coliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) | S | Email | State | Information | Senator or Senate Professional Staff conducting the meeting) | S | Email | State | Information | Staff conducting the meeting) | S | Email | State | Information | Staff conducting the meeting) | S | Staff conducting the meeting) | S | Email | Email | S | Email | Emai

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

Appearing at request of Chair: Yes No

Representing

S-001 (10/14/14)

(The Chair will read this information into the record.)

Lobbyist registered with Legislature: Yes X No

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Bill Number (if applicable) Topic State Group Health Amendment Barcode (if applicable) Name LARRY Job Title N RIVER HIGH LAMPS PL Phone 813-494-7070

Phone 813-494-7070

State Zip Email Waive Speaking: | In Support | Against (The Chair will read this information into the record.) Representing Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes XNo While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. This form is part of the public record for this meeting. S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Amendment Barcode (if applicable) Job Title Phone 954.609.6154 **Email** Information Waive Speaking: | In Support (The Chair will read this information into the record.) Representing Appearing at request of Chair: Yes No Lobbyist registered with Legislature: [While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

S-001 (10/14/14)

This form is part of the public record for this meeting.

Meeting Date (Deliver BOTH copies of this form to the Senator or Senate Professional Sta	aff conducting the meeting) $\frac{SBS56}{Bill \ Number \ (if applicable)}$
Topic Education	Amendment Barcode (if applicable)
Name Harold Berry Sr.	
Job Title	
Address 4364 Cascada Circle	Phone 954-562-6011
$C(\alpha) = C$	Email
	eaking: In Support Against will read this information into the record.)
Representing	
Appearing at request of Chair: Yes No Lobbyist register	red with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may not permit all p meeting. Those who do speak may be asked to limit their remarks so that as many p	persons wishing to speak to be heard at this ersons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Bill Number (if applicable) Amendment Barcode (if applicable) Job Title Phone

For Against Waive Speaking: | In Support (The Chair will read this information into the record.)

Information

Representing

Appearing at request of Chair: Yes No

Speaking:

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

Lobbyist registered with Legislature:

This form is part of the public record for this meeting.

S-001 (10/14/14)

4/24/17 (Deliver BOTH co	pies of this form to the Senato	r or Senate Profession	al Staff conducting the meeting)	56 856
Meeting Date				Bill Number (if applicable)
Topic _ Edication			Amend	ment Barcode (if applicable)
Name William Bodack		P). U	<u> </u>	
Job Title A Houston worker			<u> </u>	7U2
Address TIY Avenda Sex	e Apt 202		_ Phone 727 - 7	9713
<u>Clernat</u> City		347 (4 Zip	_ Email bodan @	gredian
	Information	Waive	Speaking: In Sup	
Representing Self		v	- Printer - printer in .	
Appearing at request of Chair:	Yes 🚺 No	Lobbyist regi	stered with Legislatu	re: Yes 📝 No
While it is a Senate tradition to encourage meeting. Those who do speak may be as	e public testimony, time ked to limit their reman	e may not permit ks so that as mar	all persons wishing to sp ny persons as possible ca	eak to be heard at this an be heard.
This form is part of the public record f	or this meeting.			S-001 (10/14/14)

APPEARANCE RECORD

04/24/17	(Deliver BOTH copies of this form to the	ne Senator or Senate Professiona	Staff conducting the meet	ing) SB 856
Meeting Date	-			Bill Number (if applicable)
Topic Education		There are a second and a second a second and	Am	endment Barcode (if applicable
Name Joseph G	V695		_	
Job Title Custodia	al	1994-7	_	`
Address <u>603 Ave</u>	nida Tercera, Apt	.)) (Phone 207	-239-2044
<u>Clermont</u> City	FL State	34714 Zip	_ Email	
Speaking: For	Against Information		Speaking: [] In a sair will read this info	Support Against rmation into the record.)
Representing \underline{S}	elF			
Appearing at request	of Chair: 🔲 Yes 🔀 No	Lobbyist regis	stered with Legisl	ature: Yes No
While it is a Senate tradition meeting. Those who do sp	on to encourage public testimo beak may be asked to limit thei	ny, time may not permit a r remarks so that as man	ll persons wishing to y persons as possib	o speak to be heard at this le can be heard.

S-001 (10/14/14)

This form is part of the public record for this meeting.

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Amendment Barcode (if applicable) Address State Speaking: Information Waive Speaking: | In Support (The Chair will read this information into the record.) Representing Appearing at request of Chair: Lobbyist registered with Legislature: While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. This form is part of the public record for this meeting. S-001 (10/14/14)

Meeting Date	Bill Number (if applicable)
Topic EDUCATION	Amendment Barcode (if applicable)
Name CALOL NICOME_BRADY	
Job Title	
Address 5000 NW 59 Way	Phone 954-345-1964
Corol Spuny FL :	33067 Email Chicama hifmail, com
Speaking: For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing MSelf	
Appearing at request of Chair: Yes No Lo	bbyist registered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time ma meeting. Those who do speak may be asked to limit their remarks so	y not permit all persons wishing to speak to be heard at this that as many persons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Amendment Barcode (if applicable) Job Title Address **A** Phone <u>454-288-1436</u> Email State Zip Speaking: Information Waive Speaking: In Support Against (The Chair will read this information into the record.) Representing _ Appearing at request of Chair: Lobbyist registered with Legislature: While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. This form is part of the public record for this meeting.

S-001 (10/14/14)

APPEARANCE RECORD

4/24 /17 (Deliver BOTH copies of this form to the Senator	or or Senate Professional S		SB 856
Meeting Date			Bill Number (if applicable)
Topic Education		Amend	ment Barcode (if applicable)
Name Kenneth Redd			•
Job Title Amera Lt Armament Tech			
Address 100 Villa crest Dr.		Phone 850 9	102 1509
Cresturen FL	32536	Email Kredd	money D cox.ne
City State Speaking: Against Information	بر Waive S	peaking: In Sup air will read this informa	port Against
Representing			
Appearing at request of Chair: Yes No	Lobbyist regist	ered with Legislatu	re: Yes X No
While it is a Senate tradition to encourage public testimony, time meeting. Those who do speak may be asked to limit their remai	e may not permit ali rks so that as many	persons wishing to sp persons as possible c	eak to be heard at this an be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

(Deliver BOTH copies of this form to the Senator or Senate Professional S Meeting/Date	Staff conducting the meeting) Staff conducting the meeting) Bill Number (if applicable)
Topic RONGLO G. CCRAPY	Amendment Barcode (if applicable)
Job Title GRAND PATAER	
Address 29900 COCONNT AVR	Phone 352 978 1441
Street 32736 City State Zip	Email YON law (71@emburgmi)
	peaking: In Support Against ir will read this information into the record.)
Representing	
Appearing at request of Chair: Yes X No Lobbyist regist	ered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may not permit all neeting. Those who do speak may be asked to limit their remarks so that as many	persons wishing to speak to be heard at this persons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

(Deliver BOTH copies of this form to Meeting Date	ne Senator or Senate Professional Staff conducting the meeting) S Bill Number (if applicable)
Topic Education Name Mach Jallimon	Amendment Barcode (if applicable)
Job Title	
Address 2704 Milley Ione Street	Phone 954-288-/43G
Loudendele; Johns 32 City State	333 / / Email
Speaking: For Against Informat	Maive Speaking: In Support Against (The Chair will read this information into the record.)
Representing Myself	
Appearing at request of Chair: Yes X	Lobbyist registered with Legislature: Yes 🔀 No
While it is a Senate tradition to encourage public testin meeting. Those who do speak may be asked to limit the	ony, time may not permit all persons wishing to speak to be heard at this ir remarks so that as many persons as possible can be heard.
This form is part of the public record for this meet	g. S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Si	taff conducting the meeting) 53 856
Meeting Date	Bill Number (if applicable)
Topic Annual Contract	Amendment Barcode (if applicable)
Name Lynda Russell	
Job Title Lobby i 6t	•
Address 213 6. Adam 54	Phone 450 - 224 - 2078
Tallahassee FL 32361 City State Zip	Email
	peaking: In Support Against ir will read this information into the record.)
Representing Florida Education D	450 Ciation
Appearing at request of Chair: Yes No Lobbyist register	ered with Legislature: Ves No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

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S-001 (10/14/14)

(Deliver BOTH copies of this form to the Senato	or or Senate Professional S	856	
Meeting Date		Bill Number (if applicab	le)
TopicEducation		Amendment Barcode (if applical	— ble)
Name Rich Templin			
Job Title			
Address 135 S. Monree		Phone 850 - 224 - 6926	
Tallahassee FL City State	32301 Zin	Email	
Speaking: For Against Information		eaking: In Support Against will read this information into the record.)	
Representing Florida AFL - Clo			
Appearing at request of Chair: Yes X No	Lobbyist registe	ered with Legislature: 🗶 Yes 🔲 N	0
While it is a Senate tradition to encourage public testimony, tim meeting. Those who do speak may be asked to limit their rema	e may not permit all rks so that as many	persons wishing to speak to be heard at this persons as possible can be heard.	3
This form is part of the public record for this meeting.		S-001 (10/14	/14)

APPEARANCE RECORD

424/17 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 856

Meeting Date	Bill Number (if applicable)
Topic Annual Contracts	Amendment Barcode (if applicable)
Name Andy Madtes	
Job Title Executive Director	
Address 3064 Highland Oales To	MMa Phone 786 213 3702
Jalahassa FL	3230 Email amadto @ assure.o
City State	Zip
Speaking: For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing AFSOME FLOAD	
Appearing at request of Chair: Yes No	Lobbyist registered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time meeting. Those who do speak may be asked to limit their remark	e may not permit all persons wishing to speak to be heard at this ks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

APPEARANCE RECORD

4/24/207 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 856

Meeting Date			Bill Number (if applicable)
Topic Teacher Contract			Amendment Barcode (if applicable)
Name Jessica Janasiewicz (Jan	-ah-see-witz)		_
Job Title Governmental Consulta	ant	AMPAIR 401-11-	_
Address 119 South Monroe Stre	et, Suite 202		Phone 850-681-6788
Street Tallahassee	FL	32301	Email jessica@rutledge-ecenia.com
City	State	Zip	
Speaking: For Against	Information		Speaking: In Support Against air will read this information into the record.)
Representing Santa Rosa Co	ounty Schools		
Appearing at request of Chair:	Yes No	Lobbyist regis	tered with Legislature: Yes No
While it is a Senate tradition to encoura meeting. Those who do speak may be a	- · ·		ll persons wishing to speak to be heard at this persons as possible can be heard.
This form is part of the public record	for this meeting.	. V samo programa programa	S-001 (10/14/14)

(Deliver BOTH copies of this form to the Senator or Senate Professional S	Staff conducting the meeting)
Meeting Date	Bill Number (if applicable)
Topic Annual Contracts	Amendment Barcode (if applicable)
Name_ SOB HARRIS	
Job Title	
Address 2618 Contannial Place	Phone <u>200 - 07 20</u>
City State Zip	Email bharn's @laufla, com
•	peaking: In Support Against ir will read this information into the record.)
Representing Panhandle Area Educational Co	insortium (PAEC)
Appearing at request of Chair: Yes No Lobbyist registe	ered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may not permit all meeting. Those who do speak may be asked to limit their remarks so that as many	persons wishing to speak to be heard at this persons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

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		•						856
Méeti	ng Date							Bill Number (if applicable)
Topic	5B	856 -	Annua	1	onto	-de	Amendi	ment Barcode (if applicable)
Name	50e	MINO						,
Job Title	Labor	- P Legis	slative &	le/a/i	025			
Address _	2200	Biscayne	blvd			Phone_	305	-332-6663
- -	Street Miami		J. C.	3	3/27	Email	70e (OUTD.ORG
C	ity i	7)	State	Zip	.,-		•	
Speaking:	For	Against 🔲 I	nformation			eaking: [will read th		port Against tion into the record.)
Repres	senting	united	Teachers		Dac	de		,
Appearing	ı at request o	f Chair:	s No	Lobbyis	t registe	ed with l	.egislatu	re: Yes No
While it is a meeting. Th	Senate tradition	to encourage pub ak may be asked :	olic testimony, time to limit their remark	may not p	ermit all p	ersons wis	hing to sp	eak to be heard at this

meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) 856 Bill Number (if applicable) Amendment Barcode (if applicable) Address 115 N. Calhoun St., Suite 6 For 🔀 Against 🔲 Information Speaking: Waive Speaking: | In Support Against (The Chair will read this information into the record.) Representing Varted Frently & Florida Lobbyist registered with Legislature: X Yes No Appearing at request of Chair: Yes X No While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

S-001 (10/14/14)

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

Weeting Date (Deliver BOTH copies of this form to the Sena	itor or Senate Professional S	056
		Bill Number (if applicable)
Topic		Amendment Barcode (if applicable)
Name Spencer Pylant. Job Title Communications & Gov't Relation		
Job Title Communications & Gov't Relation	u Liaison	
Address 7227 Land O'Lakes Blud.		Phone 813-794-2259
Land O' Lakes FL City State	34638	Email Spylant Opesco. k12.fl.us
#	Zip	• /
Speaking: For Against Information		peaking: In Support Against ir will read this information into the record.)
Representing Pasco County Schools	.,,,,,	
Appearing at request of Chair: Yes No	Lobbyist regist	ered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, ting meeting. Those who do speak may be asked to limit their rema		

This form is part of the public record for this meeting.

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.)

Prepar	ed By: The Professior	nal Staff of the Comr	mittee on Governme	ental Oversight and Accountability		
BILL:	SB 1640					
INTRODUCER:	Governmental Oversight and Accountability Committee and Senator Broxson					
SUBJECT:	Administrative Procedures					
DATE:	April 21, 2017	REVISED:				
ANAL	YST ST	TAFF DIRECTOR	REFERENCE	ACTION		
. Kim	Fer	rin	GO	Favorable		
2.			JU			
3.			RC			

I. Summary:

SB 1640 requires an agency to prepare a statement of estimated regulatory cost each time an agency makes, amends or repeals a rule.

The bill has a July 1, 2017, effective date.

II. Present Situation:

Rulemaking Authority

A rule is an "agency statement of general applicability that implements, interprets, or prescribes law or policy." Rulemaking authority is delegated by the Legislature in law to an agency, and authorizes an agency to adopt, develop, establish, or otherwise create a rule. An agency may not engage in rulemaking unless it has a legislative grant of authority to do so. The statutory authority for rulemaking must be specific enough to guide an agency's rulemaking and an agency rule must not exceed the bounds of authority granted by the Legislature.

Prior to the adoption, amendment, or repeal of any rule, an agency must file a notice of the proposed rule in the Florida Administrative Register.⁵ The notice of the proposed rule must include:

- An explanation of the purpose and effect;
- The specific legal authority for the rule;

¹ Section 120.52(16), F.S.

² Section 120.52(17), F.S.

³ See ss. 120.52(8) and 120.536, F.S.

⁴ See Sloban v. Florida Board of Pharmacy, 982 So.2d 26 (Fla. 1st DCA 2008) and Southwest Florida Water Management District v. Save the Manatee Club, Inc., 773 So.2d 594 (Fla 1st DCA 2000).

⁵ See ss. 120.54(2)(a) and 120.55(1)(b), F.S.

BILL: SB 1640 Page 2

- The full text of the rule; and
- A summary of the agency's statement of estimated regulatory costs (SERC), if one is prepared.⁶

Within 21 days of the notice, a person who is substantially affected by the agency's proposed rule may provide an agency with supplementary information regarding the SERC or provide proposals for a lower cost regulatory alternative to the proposed rule. These lower cost regulatory alternatives must "substantially accomplish the objectives of the law" the agency is trying to implement through rulemaking. If someone submits a proposed lower cost alternative, the agency has the option of revising its SERC or creating a SERC (if one has not already been created).

When an Agency Must Prepare a SERC

Agencies are "encouraged" to prepare SERCs before a rule is adopted, amended or repealed, however, this is not a requirement. ¹⁰ Agencies are required to prepare SERCs in two circumstances: when the agency receives a lower cost alternative and if the agency believes that a proposed rule will have a fiscal impact under certain circumstances.

First, agencies must prepare a SERC when a person who is substantially affected by a proposed rule submits "a good faith written proposal for a lower cost regulatory alternative to the proposed rule." The lower cost regulatory alternative must accomplish objectives of the law the agency is trying to implement. The lower cost alternative may also argue that the agency does not need to adopt a rule in order to implement the law. 13

Second, agencies must prepare the SERC for a proposed rule if the agency believes that the proposed rule meets one of the following criteria:

- The proposed rule has an adverse impact on small businesses; or
- The proposed rule is likely to increase regulatory costs more than \$200,000 within one year after implementation. This \$200,000 threshold includes both direct and indirect regulatory costs.¹⁴

Agencies must revise their SERCs under certain circumstances if a rule is modified or revised. 15

SERC Requirements

A SERC must include estimates of:

• The number of people and entities affected by the proposed rule;

⁶ Section 120.54(3)(a)1., F.S.

⁷ See ss. 120.54(3)(a)1., and 120.541(1)(a), F.S.

⁸ Section 120.541(1)(a), F.S.

⁹ Section 120.541(1)(a), F.S.

¹⁰ Section 120.54(3)(b), F.S.

¹¹ Section 120.541(1)(a), F.S.

¹² Section 120.541(1)(a), F.S.

¹³ Section 120.541(1)(a), F.S.

¹⁴ Sections 120.54(3)(b), and 120.541(1)(b), F.S.

¹⁵ Section 120.541(1)(c), F.S.

BILL: SB 1640 Page 3

- The cost to the agency and other governmental entities to implement the proposed rule;
- Transactional costs likely to be incurred by people, entities, and governmental agencies for compliance; and
- An analysis of the proposed rule's impact on small businesses, counties, and cities. ¹⁶

The SERC must also include an economic analysis on the likelihood that the proposed rule will have an adverse impact in excess of \$1 million within the first five years of implementation on:

- Economic growth, private-sector job creation or employment, or private-sector investment;
- Business competitiveness, ¹⁷ productivity, or innovation; or
- Regulatory costs, including any transactional costs. 18

If the economic analysis results in an adverse impact or regulatory costs in excess of \$1 million within five years after implementation of the rule, then the Legislature must ratify the rule in order for it to take effect. ¹⁹

SERCs Prepared by Agencies

The following chart shows the number of rules which agencies proposed, as well as the number of SERCs that are prepared and reviewed by the Joint Administrative Procedures Committee.²⁰

Year	Number of Proposed	Number of SERCs	Percentage of
	Rules		Proposed Rules which
			Required SERCs
2016	1,918	44	2%
2015	2,851	57	2%
2014	1,771	153	8.6%
2013	2,795	391	14%
2012	2,382	334	14%

III. Effect of Proposed Changes:

The bill requires an agency to prepare SERCs before adopting, amending or repealing any rule, other than emergency rules. The bill requires agencies to revise their SERCs if someone submits a lower cost regulatory alternative to the agency.

¹⁶ Section 120.541(2)(b)-(e), F.S. A small city has an unincarcerated population of 10,000 or less. A small county has an unincarcerated population of 75,000 or less. A small business employs less than 200 people, and has a net worth of \$5 million or less.

¹⁷ Business competitiveness includes the ability of those doing business in Florida to compete with those doing business in other states or domestic markets.

¹⁸ Section 120.541(2)(a), F.S.

¹⁹ Section 120.541(3), F.S. Legislative ratification is not required for adoption of federal standards, amendments to the Florida Building Code, or amendments to the Florida Fire Prevention Code. *See* s. 120.541(4), F.S.

²⁰ Email from Ken Plante, JAPC Coordinator, dated April 20, 2017, on file with the Senate Committee on Governmental Oversight and Accountability.

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The bill has a July 1, 2017, effective date.

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.

B. Private Sector Impact:

Indeterminate.

C. Government Sector Impact:

Indeterminate. Some agencies stated that this bill would have a negative impact on their ability to carry out their statutory duties because of the staff time it would take to prepare SERCs for every proposed rule. The majority of agencies stated that they would not be adversely impacted.²¹

VI. Technical Deficiencies:

The bill requires an agency to prepare a SERC even when it is unclear that a revision or repeal of a rule will have a fiscal or regulatory impact. For example, a rule may revise a form, and would be unlikely to have a fiscal or regulatory impact. In addition, this bill may have the effect of requiring an agency to prepare SERCs when the agency rule itself does not have any effect on

²¹Several agencies have provided bill analyses for a similar bill, HB 1163. The following agencies reported that they were neutral on the bill or would not be adversely impacted: Office of Program Policy Analysis and Government Accountability, Justice Administrative Commission, Statewide Guardian Ad Litem Office, Division of Administrative Hearings, Office of Legislative Services, Office of Financial Regulation, Auditor General, Department of Economic Opportunity, Agency for Persons with Disabilities, Department of Financial Services, and Agency for State Technology. The following agencies reported that HB 1163 would impact rulemaking because the agency would have to spend more staff time preparing SERCs, or slow down the rulemaking process: Office of Insurance Regulation, Department of Citrus, Commission on Ethics, and Department of Agriculture and Consumer Services. The Department of Agriculture and Consumer Services also noted that this bill has the potential of increasing rule challenges and litigation.

BILL: SB 1640 Page 5

the public. For example, an agency must repeal a rule when the Legislature repeals the implementing statute.²² In such a case, the purpose of having an agency estimate the regulatory cost of the Legislature's repeal of a law is not clear.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 120.54, 120.541, and 120.56.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

²² See s. 120.536(2) and (3), F.S.

	LEGISLATIVE ACTION	
Senate		House
Comm: WD		
04/24/2017		
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The Committee on Governmental Oversight and Accountability (Broxson) recommended the following:

Senate Amendment (with title amendment)

3 Delete everything after the enacting clause 4 and insert:

Section 1. Paragraphs (a) and (b) of subsection (3) of section 120.54, Florida Statutes, are amended to read:

120.54 Rulemaking.-

- (3) ADOPTION PROCEDURES. -
- (a) Notices.-

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1. Prior to the adoption, amendment, or repeal of any rule

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other than an emergency rule, an agency, upon approval of the agency head, shall give notice of its intended action, setting forth a short, plain explanation of the purpose and effect of the proposed action; the full text of the proposed rule or amendment and a summary thereof; a reference to the grant of rulemaking authority pursuant to which the rule is adopted; and a reference to the section or subsection of the Florida Statutes or the Laws of Florida being implemented or interpreted. The notice must include a summary of the agency's statement of the estimated regulatory costs, if one has been prepared, based on the factors set forth in s. 120.541(2); an agency website address where the statement of estimated regulatory costs can be viewed in its entirety; a statement that any person who wishes to provide the agency with information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative as provided by s. 120.541(1), must do so in writing within 21 days after publication of the notice; and a statement as to whether, based on the statement of the estimated regulatory costs or other information expressly relied upon and described by the agency if no statement of regulatory costs is required, the proposed rule is expected to require legislative ratification pursuant to s. 120.541(3). The notice must state the procedure for requesting a public hearing on the proposed rule. Except when the intended action is the repeal of a rule, the notice must include a reference both to the date on which and to the place where the notice of rule development that is required by subsection (2) appeared.

2. The notice shall be published in the Florida Administrative Register not less than 28 days prior to the

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intended action. The proposed rule shall be available for inspection and copying by the public at the time of the publication of notice.

- 3. The notice shall be mailed to all persons named in the proposed rule and to all persons who, at least 14 days prior to such mailing, have made requests of the agency for advance notice of its proceedings. The agency shall also give such notice as is prescribed by rule to those particular classes of persons to whom the intended action is directed.
- 4. The adopting agency shall file with the committee, at least 21 days prior to the proposed adoption date, a copy of each rule it proposes to adopt; a copy of any material incorporated by reference in the rule; a detailed written statement of the facts and circumstances justifying the proposed rule; a copy of any statement of estimated regulatory costs that has been prepared pursuant to s. 120.541; a statement of the extent to which the proposed rule relates to federal standards or rules on the same subject; and the notice required by subparagraph 1.
 - (b) Special matters to be considered in rule adoption.-
- 1. Statement of estimated regulatory costs.—Before the adoption or, amendment, or repeal of any rule other than an emergency rule, an agency must is encouraged to prepare a statement of estimated regulatory costs of the proposed rule, as provided by s. 120.541. However, an agency is not required to prepare a statement of estimated regulatory costs for a rule repeal unless such repeal would impose a regulatory cost. In any challenge to a rule repeal, such rule repeal must be considered presumptively correct by the committee in any proceeding before

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the division or in any proceeding before a court of competent jurisdiction However, an agency must prepare a statement of estimated regulatory costs of the proposed rule, as provided by s. 120.541, if:

- a. The proposed rule will have an adverse impact on small business; or
- b. The proposed rule is likely to directly or indirectly increase regulatory costs in excess of \$200,000 in the aggregate in this state within 1 year after the implementation of the rule.
 - 2. Small businesses, small counties, and small cities.-
- a. Each agency, before the adoption, amendment, or repeal of a rule, shall consider the impact of the rule on small businesses as defined by s. 288.703 and the impact of the rule on small counties or small cities as defined by s. 120.52. Whenever practicable, an agency shall tier its rules to reduce disproportionate impacts on small businesses, small counties, or small cities to avoid regulating small businesses, small counties, or small cities that do not contribute significantly to the problem the rule is designed to address. An agency may define "small business" to include businesses employing more than 200 persons, may define "small county" to include those with populations of more than 75,000, and may define "small city" to include those with populations of more than 10,000, if it finds that such a definition is necessary to adapt a rule to the needs and problems of small businesses, small counties, or small cities. The agency shall consider each of the following methods for reducing the impact of the proposed rule on small businesses, small counties, and small cities, or any combination



of these entities:

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- (I) Establishing less stringent compliance or reporting requirements in the rule.
- (II) Establishing less stringent schedules or deadlines in the rule for compliance or reporting requirements.
- (III) Consolidating or simplifying the rule's compliance or reporting requirements.
- (IV) Establishing performance standards or best management practices to replace design or operational standards in the rule.
- (V) Exempting small businesses, small counties, or small cities from any or all requirements of the rule.
- b.(I) If the agency determines that the proposed action will affect small businesses as defined by the agency as provided in sub-subparagraph a., the agency shall send written notice of the rule to the rules ombudsman in the Executive Office of the Governor at least 28 days before the intended action.
- (II) Each agency shall adopt those regulatory alternatives offered by the rules ombudsman in the Executive Office of the Governor and provided to the agency no later than 21 days after the rules ombudsman's receipt of the written notice of the rule which it finds are feasible and consistent with the stated objectives of the proposed rule and which would reduce the impact on small businesses. When regulatory alternatives are offered by the rules ombudsman in the Executive Office of the Governor, the 90-day period for filing the rule in subparagraph (e) 2. is extended for a period of 21 days.
 - (III) If an agency does not adopt all alternatives offered



pursuant to this sub-subparagraph, it shall, before rule adoption or amendment and pursuant to subparagraph (d)1., file a detailed written statement with the committee explaining the reasons for failure to adopt such alternatives. Within 3 working days after the filing of such notice, the agency shall send a copy of such notice to the rules ombudsman in the Executive Office of the Governor.

Section 2. Paragraph (b) of subsection (1) of section 120.541, Florida Statutes, is amended, and subsection (6) is added to that section, to read:

120.541 Statement of estimated regulatory costs.-

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- (b) If a proposed rule will have an adverse impact on small business or if the proposed rule is likely to directly or indirectly increase regulatory costs in excess of \$200,000 in the aggregate within 1 year after the implementation of the rule, the agency shall prepare a statement of estimated regulatory costs as required by s. 120.54(3)(b).
- (6) The Department of State shall include on the Florida Administrative Register website the agency website addresses where statements of estimated regulatory costs can be viewed in their entirety.
- (a) An agency that prepares a statement of estimated regulatory costs must provide, as part of the notice required under s. 120.54(3)(a), the agency website address where the statement of estimated regulatory costs can be read in its entirety to the department for publication in the Florida Administrative Register.
 - (b) An agency that revises a statement of estimated



regulatory costs must provide a notice that a revision has been made and an agency website address where the revision can be viewed for publication in the Florida Administrative Register. Section 3. This act shall take effect July 1, 2017.

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======= T I T L E A M E N D M E N T ========= And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to agency rulemaking; amending s. 120.54, F.S.; removing the requirement that an agency head approve certain notices of intended agency action before publication; requiring certain notices of intended agency action to include an agency website address for a specified purpose; requiring an agency to prepare a statement of estimated regulatory costs before adopting or amending any rule other than an emergency rule; requiring an agency to prepare a statement of estimated regulatory costs before repealing a rule in certain circumstances; amending s. 120.541, F.S.; requiring the Department of State to include on the Florida Administrative Register website the agency website addresses where statements of estimated regulatory costs can be viewed in their entirety; requiring an agency to include in its notice of intended agency action the agency website address where the statement of estimated regulatory cost can be read in its entirety; requiring an agency to



185	provide a notice of revision when an agency revises a
186	statement of estimated regulatory costs; providing an
187	effective date.

Florida Senate - 2017 SB 1640

By Senator Broxson

1-01435-17 20171640_ A bill to be entitled

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An act relating to administrative procedures; amending ss. 120.54, 120.541, and 120.56, F.S.; requiring an agency to prepare a statement of estimated regulatory costs before adoption, amendment, or repeal of any rule other than an emergency rule; conforming provisions and a cross-reference to changes made by the act; providing an effective date.

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

Section 1. Paragraphs (a) and (b) of subsection (3) of section 120.54, Florida Statutes, are amended to read:

- 120.54 Rulemaking .-
- (3) ADOPTION PROCEDURES.-
- (a) Notices .-
- 1. Prior to the adoption, amendment, or repeal of any rule other than an emergency rule, an agency, upon approval of the agency head, shall give notice of its intended action, setting forth a short, plain explanation of the purpose and effect of the proposed action; the full text of the proposed rule or amendment and a summary thereof; a reference to the grant of rulemaking authority pursuant to which the rule is adopted; and a reference to the section or subsection of the Florida Statutes or the Laws of Florida being implemented or interpreted. The notice must include a summary of the agency's statement of the estimated regulatory costs, if one has been prepared, based on the factors set forth in s. 120.541(2); a statement that any person who wishes to provide the agency with information

Page 1 of 7

CODING: Words $\underline{\textbf{stricken}}$ are deletions; words $\underline{\textbf{underlined}}$ are additions.

Florida Senate - 2017 SB 1640

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regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative as 32 provided by s. 120.541(1), must do so in writing within 21 days after publication of the notice; and a statement as to whether, based on the statement of the estimated regulatory costs or other information expressly relied upon and described by the 35 agency if no statement of regulatory costs is required, the 36 37 proposed rule is expected to require legislative ratification 38 pursuant to s. 120.541(3). The notice must state the procedure 39 for requesting a public hearing on the proposed rule. Except 40 when the intended action is the repeal of a rule, the notice must include a reference both to the date on which and to the place where the notice of rule development that is required by 42 4.3 subsection (2) appeared.

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- 2. The notice shall be published in the Florida Administrative Register not less than 28 days prior to the intended action. The proposed rule shall be available for inspection and copying by the public at the time of the publication of notice.
- 3. The notice shall be mailed to all persons named in the proposed rule and to all persons who, at least 14 days prior to such mailing, have made requests of the agency for advance notice of its proceedings. The agency shall also give such notice as is prescribed by rule to those particular classes of persons to whom the intended action is directed.
- 4. The adopting agency shall file with the committee, at least 21 days prior to the proposed adoption date, a copy of each rule it proposes to adopt; a copy of any material incorporated by reference in the rule; a detailed written

Page 2 of 7

Florida Senate - 2017 SB 1640

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statement of the facts and circumstances justifying the proposed rule; a copy of any statement of estimated regulatory costs that has been prepared pursuant to s. 120.541; a statement of the extent to which the proposed rule relates to federal standards or rules on the same subject; and the notice required by subparagraph 1.

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- (b) Special matters to be considered in rule adoption.-
- 1. Statement of estimated regulatory costs.—Before the adoption, amendment, or repeal of any rule other than an emergency rule, an agency is required encouraged to prepare a statement of estimated regulatory costs of the proposed rule, as provided by s. 120.541. However, an agency must prepare a statement of estimated regulatory costs of the proposed rule, as provided by s. 120.541, if:
- a. The proposed rule will have an adverse impact on small business; or

b. The proposed rule is likely to directly or indirectly increase regulatory costs in excess of \$200,000 in the aggregate in this state within 1 year after the implementation of the rule.

- 2. Small businesses, small counties, and small cities .-
- a. Each agency, before the adoption, amendment, or repeal of a rule, shall consider the impact of the rule on small businesses as defined by s. 288.703 and the impact of the rule on small counties or small cities as defined by s. 120.52. Whenever practicable, an agency shall tier its rules to reduce disproportionate impacts on small businesses, small counties, or small cities to avoid regulating small businesses, small counties, or small cities that do not contribute significantly

Page 3 of 7

 ${\bf CODING:}$ Words ${\bf stricken}$ are deletions; words ${\bf \underline{underlined}}$ are additions.

Florida Senate - 2017 SB 1640

1-01435-17 20171640 to the problem the rule is designed to address. An agency may define "small business" to include businesses employing more 90 than 200 persons, may define "small county" to include those with populations of more than 75,000, and may define "small city" to include those with populations of more than 10,000, if it finds that such a definition is necessary to adapt a rule to 93 the needs and problems of small businesses, small counties, or small cities. The agency shall consider each of the following methods for reducing the impact of the proposed rule on small 96 97 businesses, small counties, and small cities, or any combination of these entities: 99 (I) Establishing less stringent compliance or reporting requirements in the rule. 100 101 (II) Establishing less stringent schedules or deadlines in 102 the rule for compliance or reporting requirements. 103 (III) Consolidating or simplifying the rule's compliance or reporting requirements. 104

(V) Exempting small businesses, small counties, or small cities from any or all requirements of the rule.

practices to replace design or operational standards in the

(IV) Establishing performance standards or best management

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rule.

- b.(I) If the agency determines that the proposed action will affect small businesses as defined by the agency as provided in sub-subparagraph a., the agency shall send written notice of the rule to the rules ombudsman in the Executive Office of the Governor at least 28 days before the intended action.
 - (II) Each agency shall adopt those regulatory alternatives

Page 4 of 7

Florida Senate - 2017 SB 1640

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offered by the rules ombudsman in the Executive Office of the Governor and provided to the agency no later than 21 days after the rules ombudsman's receipt of the written notice of the rule which it finds are feasible and consistent with the stated objectives of the proposed rule and which would reduce the impact on small businesses. When regulatory alternatives are offered by the rules ombudsman in the Executive Office of the Governor, the 90-day period for filing the rule in subparagraph (e) 2. is extended for a period of 21 days.

(III) If an agency does not adopt all alternatives offered pursuant to this sub-subparagraph, it shall, before rule adoption or amendment and pursuant to subparagraph (d)1., file a detailed written statement with the committee explaining the reasons for failure to adopt such alternatives. Within 3 working days after the filing of such notice, the agency shall send a copy of such notice to the rules ombudsman in the Executive Office of the Governor.

Section 2. Paragraphs (a) and (b) of subsection (1) of section 120.541, Florida Statutes, are amended, and present paragraphs (c) through (g) of that subsection are redesignated as paragraphs (b) through (f), respectively, to read:

120.541 Statement of estimated regulatory costs.-

(1) (a) Within 21 days after publication of the notice required under s. 120.54(3)(a), a substantially affected person may submit to an agency a good faith written proposal for a lower cost regulatory alternative to a proposed rule which substantially accomplishes the objectives of the law being implemented. The proposal may include the alternative of not adopting any rule if the proposal explains how the lower costs

Page 5 of 7

 ${\bf CODING:}$ Words ${\bf stricken}$ are deletions; words ${\bf \underline{underlined}}$ are additions.

Florida Senate - 2017 SB 1640

1-01435-17 and objectives of the law will be achieved by not adopting any rule. If such a proposal is submitted, the 90-day period for filing the rule is extended 21 days. Upon the submission of the lower cost regulatory alternative, the agency shall prepare a statement of estimated regulatory costs as provided in subsection (2), or shall revise its prior statement of estimated regulatory $costs_{\mathcal{T}}$ and either adopt the alternative or provide a statement of the reasons for rejecting the alternative in favor of the proposed rule. (b) If a proposed rule will have an adverse impact on small business or if the proposed rule is likely to directly or indirectly increase regulatory costs in excess of \$200,000 in the aggregate within 1 year after the implementation of the

regulatory costs as required by s. 120.54(3)(b).

Section 3. Paragraph (a) of subsection (2) of section 120.56, Florida Statutes, is amended to read:

rule, the agency shall prepare a statement of estimated

120.56 Challenges to rules.-

- (2) CHALLENGING PROPOSED RULES; SPECIAL PROVISIONS.-
- (a) A petition alleging the invalidity of a proposed rule shall be filed within 21 days after the date of publication of the notice required by s. 120.54(3) (a); within 10 days after the final public hearing is held on the proposed rule as provided by s. 120.54(3) (e) 2.; within 20 days after the statement of estimated regulatory costs or revised statement of estimated regulatory costs, if applicable, has been prepared and made available as provided in s. 120.541(1) (c) s. 120.541(1) (d); or within 20 days after the date of publication of the notice required by s. 120.54(3) (d). The petitioner has the burden to

Page 6 of 7

Florida Senate - 2017 SB 1640

1-01435-17 20171640 175 prove by a preponderance of the evidence that the petitioner 176 would be substantially affected by the proposed rule. The agency 177 then has the burden to prove by a preponderance of the evidence 178 that the proposed rule is not an invalid exercise of delegated legislative authority as to the objections raised. A person who 179 180 is not substantially affected by the proposed rule as initially 181 noticed, but who is substantially affected by the rule as a result of a change, may challenge any provision of the resulting 182 183 proposed rule. 184

Section 4. This act shall take effect July 1, 2017.

Page 7 of 7

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.)

Prepar	ed By: The Pro	ofessional	Staff of the Comi	mittee on Governm	ental Oversight	and Accountability	
BILL:	CS/CS/SB 1768						
INTRODUCER:	Governmental Oversight and Accountability Committee; Banking and Insurance Committee and Senator Lee						
SUBJECT:	Public Records/Medical Payments Coverage and Liability Motor Vehicle Insurance Policies/Department of Highway Safety and Motor Vehicles						
DATE:	April 25, 20	017	REVISED:				
ANAL	YST	STAF	F DIRECTOR	REFERENCE		ACTION	
. Knudson Knudson		son	BI	Fav/CS			
. Kim		Ferrin		GO	Fav/CS		
•			_	AP			

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1768 amends s. 324.242, F.S., to revise the public records exemption for information in personal injury protection and property damage liability insurance policies held by the Department of Highway Safety and Motor Vehicles (DHSMV). Specifically, the bill makes personal identifying information and insurance policy numbers of insureds confidential and exempt from public disclosure. The bill applies the public records exemption to medical payments coverage, bodily injury coverage, property damage coverage, and personal injury protection (PIP) policies entered into before January 1, 2018. The change is necessary because SB 1766, the linked substantive bill, repeals the Florida Motor Vehicle No-Fault Law, which requires PIP coverage, and will create bodily injury liability financial responsibility requirements.

The bill will only take effect if SB 1766, or similar legislation, is adopted during this legislative session or an extension thereof and becomes law.

The public records exemption will be subject to the Open Government Sunset Review Act in accordance with s. 119.15, F.S., and shall stand repealed on October 2, 2022, unless reviewed and saved from repeal through reenactment by the Legislature.

Because this bill creates a public records exemption, a two-thirds vote from each chamber is required for passage.

II. Present Situation:

Public Records Law

The Florida Constitution provides that the public has the right to inspect or copy records made or received in connection with official governmental business. This applies to the official business of any public body, officer or employee of the state, including all three branches of state government, local governmental entities, and any person acting on behalf of the government.

In addition to the Florida Constitution, the Florida Statutes provide that the public may access legislative and executive branch records.³ Chapter 119, F.S., constitutes the main body of public records laws, and is known as the Public Records Act.⁴ The Public Records Act states that

it is the policy of this state that all state, county and municipal records are open for personal inspection and copying by any person. Providing access to public records is a duty of each agency.⁵

According to the Public Records Act, a public record includes virtually any document or recording, regardless of its physical form or how it may be transmitted. The Florida Supreme Court has interpreted public records as being "any material prepared in connection with official agency business which is intended to perpetuate, communicate or formalize knowledge of some type." A violation of the Public Records Act may result in civil or criminal liability.

The Legislature may create an exemption to public records requirements. An exemption must pass by a two-thirds vote of the House and the Senate. In addition, an exemption must explicitly lay out the public necessity justifying the exemption, and the exemption must be no

¹ FLA. CONST., art. I, s. 24(a).

 $^{^2}$ Id

³ The Public Records Act does not apply to legislative or judicial records. *Locke v. Hawkes*, 595 So. 2d 32 (Fla. 1992). Also see *Times Pub. Co. v. Ake*, 660 So. 2d 255 (Fla. 1995). The Legislature's records are public pursuant to s. 11.0431, F.S. Public records exemptions for the Legislatures are primarily located in s. 11.0431(2)-(3), F.S.

⁴ Public records laws are found throughout the Florida Statutes.

⁵ Section 119.01(1), F.S.

⁶ Section 119.011(12), F.S., defines "public record" to mean "all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency." Section 119.011(2), F.S., defines "agency" to mean as "any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on behalf of any public agency."

⁷ Shevin v. Byron, Harless, Schaffer, Reid and Assoc. Inc., 379 So. 2d 633, 640 (Fla. 1980).

⁸ Section 119.10, F.S. Public records laws are found throughout the Florida Statutes, as are the penalties for violating those laws

⁹ FLA. CONST., art. I, s. 24(c).

¹⁰ *Id*.

broader than necessary to accomplish the stated purpose of the exemption. A statutory exemption which does not meet these criteria may be unconstitutional and may not be judicially saved. 2

When creating a public record exemption, the Legislature may provide that a record is "confidential and exempt" or "exempt." Records designated as "confidential and exempt" may be released by the records custodian only under the circumstances defined by the Legislature. Records designated as "exempt" are not required to be made available for public inspection, but may be released at the discretion of the records custodian under certain circumstances. ¹⁴

Open Government Sunset Review Act

The Open Government Sunset Review Act (referred to hereafter as the "OGSR") prescribes a legislative review process for newly created or substantially amended public records or open meetings exemptions. ¹⁵ The OGSR provides that an exemption automatically repeals on October 2nd of the fifth year after creation or substantial amendment; in order to save an exemption from repeal, the Legislature must reenact the exemption. ¹⁶

The OGSR provides that a public records or open meetings exemption may be created or maintained only if it serves an identifiable public purpose and is no broader than is necessary. An exemption serves an identifiable purpose if it meets one of the following purposes *and* the Legislature finds that the purpose of the exemption outweighs open government policy and cannot be accomplished without the exemption:

- It allows the state or its political subdivision to effectively and efficiently administer a program, and administration would be significantly impaired without the exemption; 18
- Releasing sensitive personal information would be defamatory or would jeopardize an
 individual's safety. If this public purpose is cited as the basis of an exemption, however, only
 personal identifying information is exempt;¹⁹ or
- It protects trade or business secrets.²⁰

¹¹ *Id*.

¹² Halifax Hosp. Medical Center v. New-Journal Corp., 724 So. 2d 567 (Fla. 1999). See also Baker County Press, Inc. v. Baker County Medical Services, Inc., 870 So. 2d 189 (Fla. 1st DCA 2004).

¹³ If the Legislature designates a record as confidential, such record may not be released to anyone other than the persons or entities specifically designated in the statutory exemption. *WFTV*, *Inc. v. The School Board of Seminole*, 874 So. 2d 48 (Fla. 5th DCA 2004).

¹⁴ Williams v. City of Minneola, 575 So. 2d 687 (Fla. 5th DCA 1991).

¹⁵ Section 119.15, F.S. Section 119.15(4)(b), F.S., provides that an exemption is considered to be substantially amended if it is expanded to include more information or to include meetings. The OGSR does not apply to an exemption that is required by federal law or that applies solely to the Legislature or the State Court System pursuant to section 119.15(2), F.S.

¹⁶ Section 119.15(3), F.S.

¹⁷ Section 119.15(6)(b), F.S.

¹⁸ Section 119.15(6)(b)1., F.S.

¹⁹ Section 119.15(6)(b)2., F.S.

²⁰ Section 119.15(6)(b)3., F.S.

The OGSR also requires specified questions to be considered during the review process.²¹ In examining an exemption, the OGSR asks the Legislature to carefully question the purpose and necessity of reenacting the exemption.

If, in reenacting an exemption, the exemption is expanded, then a public necessity statement and a two-thirds vote for passage are required.²² If the exemption is reenacted without substantive changes or if the exemption is narrowed, then a public necessity statement and a two-thirds vote for passage are *not* required. If the Legislature allows an exemption to sunset, the previously exempt records will remain exempt unless provided for by law.²³

Section 324.242, F.S., Public Records Exemption for Motor Vehicle Insurance Policies

Every Florida registrant of a motor vehicle must obtain and provide proof of holding a motor vehicle insurance policy that includes \$10,000 in personal injury protection (PIP).²⁴ Additionally, s. 324.022, F.S., requires owners and operators of Florida-registered motor vehicles to maintain the ability to pay at least \$10,000 in property damage, which may be met by maintaining \$10,000 in property damage liability coverage.²⁵ A higher financial requirement is placed on commercial motor vehicles, taxicab owners and operators, for-hire passenger transportation vehicles, and registered vehicle owners or operators found guilty or that have plead nolo contendere to driving under the influence.²⁶

The DHSMV is notified by insurers that supply policies with personal injury protection or property damage liability coverage of renewals, cancellations, and non-renewals of these policies within 45 days of their effective dates, as required by s. 324.0221, F.S. The insurer must also notify the named insured in writing of the cancellation or non-renewal of a policy and give notice of the consequences from the failure of maintaining PIP and property damage coverage, including the loss of registration, loss of driving privileges, and imposition of reinstatement fees. The records held by the DHSMV contain the insurance company code, the policy number, driver's license number, personal identifying information (name and address), and information identifying the vehicle, including the vehicle identification number and the make, model, and year of the vehicle.

Section 324.242, F.S., exempts from public records requirements personal identifying information, including the name, address, driver's license number of insureds and former insureds, and the insurance policy number contained in PIP and property damage liability motor

²¹ Section 119.15(6)(a), F.S. The specified questions are:

^{1.} What specific records or meetings are affected by the exemption?

^{2.} Whom does the exemption uniquely affect, as opposed to the general public?

^{3.} What is the identifiable public purpose or goal of the exemption?

^{4.} Can the information contained in the records or discussed in the meeting be readily obtained by alternative means? If so, how?

^{5.} Is the record or meeting protected by another exemption?

^{6.} Are there multiple exemptions for the same type of record or meeting that it would be appropriate to merge?

²² FLA. CONST. art. I, s. 24(c).

²³ Section 119.15(7), F.S.

²⁴ Section 627.733, F.S.

²⁵ Section 324.022, F.S.

²⁶ See ss. 324.023, F.S., and 324.032, F.S.

vehicle insurance policies.²⁷ The exemption serves to protect sensitive personal information concerning individuals whose reputation or safety from identity theft would be jeopardized if the information were released. The exemption also protects confidential information used for business advantage against competitors. The disclosure of this information could injure insurance companies in the market since competitors would be able to solicit the business of their policyholders. The information exempted by s. 324.242, F.S., is neither obtainable by alternate means nor protected under other exemptions. However, under s. 324.242, F.S., the DHSMV must release the policy number for a vehicle involved in an accident to any person involved in the accident, the attorney of any person involved in the accident, or a representative of the insurer of any person involved in the accident upon receipt of a written request and copy of the crash report.

SB 1766 (2017)

SB 1768 is linked to SB 1766. SB 1766 repeals the Florida Motor Vehicle No-Fault Law (No-Fault Law), which requires every owner and registrant of a motor vehicle in this state to maintain \$10,000 in PIP coverage. SB 1766 replaces the PIP coverage mandate with a medical payments (MedPay) coverage mandate of \$5,000. MedPay coverage under SB 1766 provides substantially similar coverage to current PIP medical benefits, except that it provides reimbursement for 100 percent of covered medical losses, whereas PIP reimburses only 80 percent of covered medical losses. SB 1766, provides that drivers and owners will be required to purchase Medpay coverage after January 1, 2018; however, the bill also provides that if insureds had PIP coverage before January 1, 2018, they could keep their PIP coverage until they renew their insurance policies or bought a new insurance policy.

SB 1766 enacts financial responsibility requirements for damages for liability because of accidents arising out of the ownership, maintenance, or use of a motor vehicle. SB 1766 retains the \$10,000 financial responsibility requirement for property damage that is in current law.

The effective date of SB 1766 is January 1, 2018.

III. Effect of Proposed Changes:

Section 1 amends s. 324.242, F.S., to revise the public records exemption in the current law for motor vehicle insurance information held by the DHSMV. The bill provides that the DHSMV must hold as confidential and exempt from public disclosure personal identifying information and insurance policy numbers of current and former insurance policy holders.

The public records exemption applies to policies that provide any of the following types of insurance coverage:

- Medpay coverage;
- Bodily injury liability;
- Property damage liability; and
- PIP coverage, if the insured bought the PIP insurance policy before January 1, 2018.

²⁷ The statutory predecessor to s. 324.242, F.S, was s. 627.736(9)(a), F.S., which was repealed as part of the Florida Motor Vehicle No-Fault Law on October 1, 2007.

The bill continues to allow DHSMV to release confidential and exempt policy numbers to the same entities in current law.

The public records exemption will be subject to the Open Government Sunset Review Act in accordance with s. 119.15, F.S., and shall stand repealed on October 2, 2022, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 2 justifies the exemption through legislative findings that it is a public necessity to make personal identifying information and policy numbers held by the DHSMV confidential and exempt. The section states that it is imperative that automobile drivers be properly insured to ensure public safety on the roads and highways. Consequently, insurers must report to the DHSMV and verify the issuance, renewal, nonrenewal, or cancellation of motor vehicle insurance policies. The information includes the personal identifying information of insureds and former insureds as well as insurance policy numbers. This information, if compiled, could create customer lists for each insurer in the state, which are traditionally considered proprietary business information. Further, public access to such information could be used to perpetuate fraud against an insured, put him or her at risk, or make the insured the target of uninvited solicitations from other insurers and others seeking to profit from motor vehicle accidents.

Section 3 makes the act effective on the same date that SB 1766 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Article I, s. 24(c), of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a newly created or expanded public records exemption.

The bill contains the public necessity statement required by Article I, s. 24(c) of the Florida Constitution for a newly-created or expanded public records or public meetings exemption. The public record exemption appears to be no broader than necessary to accomplish the purpose outlined the public necessity statement. The public necessity statement appears to state with sufficient specificity the necessity for the public records exemption.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 324.242 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

CS/CS by Governmental Oversight and Accountability on April 24, 2017:

- Adds PIP coverage entered into before January 1, 2018, to be confidential and exempt from public disclosure;
- Replaces the term motor vehicle liability with the terms bodily injury liability coverage and property damage liability coverage;
- Conforms the public necessity statement; and
- Makes technical changes.

CS by Banking and Insurance on April 13, 2017:

Provides that the bill is effective on the date SB 1766, or similar legislation, takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes law.

B. Amendments:

None.



	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/24/2017		
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The Committee on Governmental Oversight and Accountability (Lee) recommended the following:

Senate Amendment (with title amendment)

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Delete lines 20 - 73

4 and insert:

> 324.242 Personal injury protection, medical payments, bodily injury liability, and property damage liability insurance policies; public records exemption.-

(1) The personal identifying information and an insurance policy number of an insured or former insured which are the following information regarding personal injury protection and

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property damage liability insurance policies held by the department regarding insurance policies providing any of the following coverages are is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution:

- (a) Medical payments coverage Personal identifying information of an insured or former insured; and
- (b) Bodily injury liability coverage; An insurance policy number.
 - (c) Property damage liability coverage; or
- (d) For policies entered into before January 1, 2018, personal injury protection coverage.
- (2) Upon receipt of a request and proof of a crash report as required under s. 316.065, s. 316.066, or s. 316.068, or a crash report created pursuant to the laws of another state, the department shall release the policy number for a policy covering a vehicle involved in a motor vehicle accident to:
 - (a) Any person involved in such accident;
- (b) The attorney of any person involved in such accident; or
- (c) A representative of the insurer of any person involved in such accident.
- (3) The department shall provide personal injury protection and property damage liability insurance policy numbers to department-approved third parties that provide data collection services to an insurer of any person involved in such accident.
- (4) Before the department's release of a policy number in accordance with subsection (2) or subsection (3), an insurer's representative, a contracted third party, or an attorney for a person involved in an accident must provide the department with

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documentation confirming proof of representation.

- (5) Information made confidential and exempt by this section may be disclosed to another governmental entity without a written request or copy of the crash report if disclosure is necessary for the receiving governmental entity to perform its duties and responsibilities. For purposes of this subsection, the term "governmental entity" means any federal, state, county, district, authority, or municipal officer, department, division, board, bureau, or commission created or established by law.
- (6) This exemption applies to personal identifying information of an insured or former insured and insurance policy numbers held by the department before, on, or after October 11, 2007.
- (7) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2022, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 2. The Legislature finds that it is a public necessity to make confidential and exempt from the requirements of s. 119.07(1), Florida Statutes, and s. 24(a), Article I of the State Constitution the personal identifying information and insurance policy numbers of an insured or former insured which are held by the Department of Highway Safety and Motor Vehicles regarding insurance policies providing medical payments coverage; bodily injury liability coverage; property damage liability coverage; or, for policies entered into before January 1, 2018, personal injury protection coverage. In order to ensure public safety on the



69 ======== T I T L E A M E N D M E N T ========= 70 And the title is amended as follows: Delete lines 4 - 11 71 72 and insert: 73 records requirements to exempt certain information of 74 insureds and former insureds held by the Department of 75 Highway Safety and Motor Vehicles regarding insurance 76 policies providing any of specified coverages; 77 conforming a provision to changes made by the act; 78 providing for future

Florida Senate - 2017 CS for SB 1768

By the Committee on Banking and Insurance; and Senator Lee

597-03764-17 20171768c1

A bill to be entitled
An act relating to public records; amending s.
324.242, F.S.; revising an exemption from public
records requirements to exempt certain information
held by the Department of Highway Safety and Motor
Vehicles relating to medical payments coverage and
liability motor vehicle insurance policies, rather
than relating to personal injury protection and
property damage liability insurance policies;
requiring the department to provide certain policy
numbers to specified parties; providing for future
legislative review and repeal of the exemption;
providing a statement of public necessity; providing a
contingent effective date.

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

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Section 1. Section 324.242, Florida Statutes, is amended to read:

324.242 Medical payments coverage and motor vehicle Personal injury protection and property damage liability insurance policies; public records exemption.—

- (1) The following information regarding medical payments
 coverage and motor vehicle
 property damage
 liability
 injury protection and
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- (a) Personal identifying information of an insured or former insured; and

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CODING: Words $\underline{\textbf{stricken}}$ are deletions; words $\underline{\textbf{underlined}}$ are additions.

Florida Senate - 2017 CS for SB 1768

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(b) An insurance policy number.

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- (2) Upon receipt of a request and proof of a crash report as required under s. 316.065, s. 316.066, or s. 316.068, or a crash report created pursuant to the laws of another state, the department shall release the policy number for a policy covering a vehicle involved in a motor vehicle accident to:
 - (a) Any person involved in such accident;
- (b) The attorney of any person involved in such accident; or
- (c) A representative of the insurer of any person involved in such accident.
- (3) The department shall provide <u>motor vehicle</u> <u>personal</u> injury protection and property damage liability insurance <u>and</u> <u>medical payments coverage</u> policy numbers to department-approved third parties that provide data collection services to an insurer of any person involved in such accident.
- (4) Before the department's release of a policy number in accordance with subsection (2) or subsection (3), an insurer's representative, a contracted third party, or an attorney for a person involved in an accident must provide the department with documentation confirming proof of representation.
- (5) Information made confidential and exempt by this section may be disclosed to another governmental entity without a written request or copy of the crash report if disclosure is necessary for the receiving governmental entity to perform its duties and responsibilities. For purposes of this subsection, the term "governmental entity" means any federal, state, county, district, authority, or municipal officer, department, division, board, bureau, or commission created or established by law.

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 ${\tt CODING:}$ Words ${\tt stricken}$ are deletions; words ${\tt \underline{underlined}}$ are additions.

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(6) This exemption applies to personal identifying information of an insured or former insured and insurance policy numbers held by the department before, on, or after October 11, 2007.

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(7) This section is subject to the Open Government Sunset
Review Act in accordance with s. 119.15 and shall stand repealed
on October 2, 2022, unless reviewed and saved from repeal
through reenactment by the Legislature.

Section 2. The Legislature finds and declares that it is a public necessity to make certain information regarding bodily injury liability insurance and medical payments coverage policies held by the Department of Highway Safety and Motor Vehicles confidential and exempt from the requirements of s. 119.07(1), Florida Statutes, and s. 24(a), Article I of the State Constitution. In order to ensure public safety on the roads and highways of this state, it is imperative that automobile drivers be properly insured for liability for bodily injury and damage to real property and be properly insured for personal medical expenses. As such, insurers are required to report to the department and verify the issuance to a driver of a new policy as well as the renewal, nonrenewal, or cancellation of that policy. Such information includes the personal identifying information of an insured or former insured as well as the insurance policy number of the insured. If this information is compiled, it could result in a customer list of every insurer in the state. Customer lists contain detailed client and policy information that is traditionally considered proprietary business information because such lists could be used by competitors to solicit customers. Consequently, the

Page 3 of 4

 ${\tt CODING:}$ Words ${\tt stricken}$ are deletions; words ${\tt \underline{underlined}}$ are additions.

Florida Senate - 2017 CS for SB 1768

20171768c1

88	release of that information could injure the insurer in the
89	marketplace by diminishing the advantage that the insurer
90	maintains over those who do not possess such information.
91	Further, public access to such information could be used to
92	perpetuate fraud against an insured and put him or her at risk
93	or to make the insured the target of uninvited solicitations
94	from other insurers or from others seeking to profit from motor
95	vehicle accidents.

597-03764-17

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Section 3. This act shall take effect on the same date that SB 1766 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes a law.

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The Florida Senate

Committee Agenda Request

To:	Senator Baxley, Chair Committee on Governmental Oversight and Accountability			
Subject:	Committee Agenda Request			
Date: April 13, 2017				
Coverage and	request that Senate Bill #1768 , relating to Public Records/Medical Payments Liability Motor Vehicle Insurance Policies/Department of Highway Safety and es, be placed on the: committee agenda at your earliest possible convenience. next committee agenda.			

Florida Senate, District 20

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.)

тера	red By: The Profe	ssional Staff of the Comr	mittee on Governme	ental Oversight and Accountability			
BILL:	HB 7007						
INTRODUCER:		Governmental Oversight and Accountability Committee; Health and Human Services Committee and Representative Brodeur					
SUBJECT:	State Group I	nsurance Program					
DATE:	April 25, 201	7 REVISED:					
ANAL	_YST	STAFF DIRECTOR	REFERENCE	ACTION			
ANAL . Peacock	_YST	STAFF DIRECTOR Ferrin	REFERENCE GO	ACTION Fav/8 amendments			
. Peacock	_YST 		_				
	_YST		GO				

Please see Section IX. for Additional Information:

AMENDMENTS - Significant amendments were recommended

I. Summary:

Sections I through VIII of the analysis discuss HB 7007, as passed by the House of Representatives. Section IX describes the amendments adopted by the Senate Committee on Governmental Oversight and Accountability.

HB 7007 amends provisions of the State Group Health Insurance Program (Program). The bill, for plan year 2020 and thereafter, requires the Department of Management Services (DMS) to offer four health insurance coverage levels of at least a certain actuarial value under the Program as follows: Platinum – 90 percent, Gold – 80 percent, Silver – 70 percent, and Bronze – 60 percent. The state will make a defined contribution for each employee toward the cost of purchasing a health plan. If the state's contribution is more than the premium cost of the health plan selected by the employee, the bill specifies that the employee will be permitted to allocate unused state health insurance contributions to other benefits or as salary. The bill requires the DMS to recommend contribution policies and employee education strategies regarding the coverage levels and other benefit alternatives.

Beginning with plan year 2018, the bill permits the DMS to procure new types of health care products and services. For plan year 2018, the bill also requires the DMS to contract with an entity to provide enrollees with an online cost comparison for health care services and providers and at least one entity that provides comprehensive pricing and inclusive services for surgery and

other medical procedures. Enrollees may access these services, and the bill provides for the sharing of any savings. The DMS must report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on certain criteria, including cost-savings to both enrollees and the state resulting from implementation of the Internet-based platform and the comprehensive services.

The bill requires the DMS to competitively procure an independent benefits consultant to assist the agency in developing a plan for implementation of the new benefit levels in the Program. This plan must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2019.

By July 1, 2017, the DMS must submit proposed enrollee premium rates that reflect the differences in costs to the Program for each of the health maintenance organizations and the preferred provider organization plan options for the 2018 plan year to the Legislative Budget Commission for review and approval.

The bill appropriates \$151,216 in recurring funds and \$507,546 in nonrecurring funds from the State Employees Health Insurance Trust Fund to DMS and authorizes 2 full-time equivalent positions and \$120,000 of associated salary rate for the 2017-2018 fiscal year to implement the act.

The bill provides an effective date of July 1, 2017.

II. Present Situation:

State Employee Health Insurance Program

The State Group Insurance Program (Program) is created by s. 110.123, F.S., and the DMS, through the Division of State Group Insurance (DSGI), administers the Program. The Program is an optional benefit offered as part of the total compensation package for all state employees including all state agencies, state universities, the court system, and the Legislature. The Program is governed by the Internal Revenue Code, federal laws, such as the Patient Protection and Affordable Care Act, Health Insurance Portability and Accountability Act, Consolidated Omnibus Budget Reconciliation Act, Medicare, and other provisions of law.

The DMS's projected health care and administrative spend for state fiscal year 2016-2017 is approximately \$2.3 billion.³ This amount is broken down into the following cost categories: medical (72%), prescription drugs (8.8%), and administration of the Program (3%).

¹ Chapter 60P, Florida Administrative Code, also governs the Program. The DMS has limited rule-making authority.

² See Section 110.123(2)(b), F.S. Surviving spouses of deceased state officers and employees, retired state officers and employees, individuals with continuation coverage, e.g. COBRA, and eligible dependents are eligible to participate in the Program.

³ Department of Management Services, *Overview of the State Group Health Insurance Program*, presentation to the Senate Appropriations Subcommittee on General Government on February 15, 2017 (Copy on file with the Senate Governmental Oversight and Accountability Committee).

The Program qualifies as a "cafeteria plan," which offers flexible benefits under Section 125 of the Internal Revenue Code and allows employees to choose from a "menu" of benefits offered by the employer, including medical, accident, disability, vision, dental and group term life insurance. A cafeteria plan reduces both the employer's and employee's tax burden. Contributions by the employer are not subject to the employer social security contribution, and contributions made by the employee are not subject to federal income or social security taxes. In Florida, the Program includes health, life, dental, vision, disability, and other supplemental insurance benefits.

Health Plan Options

The Program offers four types of health plans from which an eligible employee may choose: a standard statewide Preferred Provider Organization (PPO) Plan, a Health Investor PPO Plan, a standard Health Maintenance Organization (HMO) Plan, or a Health Investor HMO Plan.

The PPO plan is the statewide, self-insured health plan administered by Florida Blue. The administrator is responsible for processing health claims, providing access to a Preferred Provider Care Network, and managing customer service, utilization review, and case management functions.

The standard HMO plan is an insurance arrangement in which the state has contracted with multiple statewide and regional HMOs. Two of the HMOs (Capital Health Plan and Florida Health Plans) operate on a traditional fully insured model in which the HMOs assume all financial risk for the covered benefits. The other three (Aetna, AvMed, and United Health Care) operate on a self-insured model under which the state bears the risk of the medical claims.

Additionally, the Program offers two high-deductible health plans (HDHP)⁵ with health savings accounts (HSAs).⁶ The Health Investor PPO Plan is the statewide HDHP with an integrated HSA. It is also administered by Florida Blue. The Health Investor HMO Plan is an HDHP with an integrated HSA in which the state has contracted with multiple state and regional HMOs. Both have an individual deductible of \$1,300 for individual and \$2,600 for family for network providers.⁷ The state makes a \$500 per year contribution to the HSA for single coverage and a \$1,000 per year contribution for family coverage. The employee may make additional annual contributions⁸ to a limit of \$3,400 for single coverage and \$6,750 for family coverage. Both the employee and employee contributions are not subject to federal income tax on the employee's

⁴ 26 USC sec. 125 requires that a cafeteria plan allow its members to choose between two or more benefits "consisting of cash and qualified benefits." The proposed regulations define "cash" to include a "salary reduction arrangement" whereby salary is deducted pre-tax to pay the employee's share of the insurance premium. Since the state program allows a "salary reduction arrangement", the program qualifies as a cafeteria plan. 26 C.F.R. ss. 1.125-1, et seq.

⁵ High-deductible health plans with linked HSAs are also call consumer-directed health plans (CDHP) because costs of health care are more visible to the enrollee.

⁶ 26 USC sec. 223; To qualify as a high-deductible plan, the annual deductible must be at least \$1,300 for single plans and \$2,600 for family coverage, but annual out-of-pocket expenses cannot exceed \$6,550 for individual and \$13,100 for family coverage. These amounts are adjusted annually by the IRS.

⁷ Internal Revenue Service, Revenue Procedure 2016-28, April 29, 2016 (setting contribution limits for 2017 calendar year) available at https://www.irs.gov/pub/irs-drop/rp-16-28.pdf (last viewed on April 21, 2017).

⁸ *Id.* The IRS annually sets the contribution limit as adjusted by inflation.

income. Unused funds roll over automatically every year. An HSA is owned by the employee and is portable.

Currently, the Program offers flexible spending accounts (FSAs)⁹ as an optional benefit for employees. The FSA is funded though pre-tax payroll deductions from the employee's salary.¹⁰ The funds can be used to pay for medical expenses that are not covered by the employees' health plan. Prior to 2013, there was no limit on the contribution to a FSA; however, it is now limited to \$2,600¹¹ and subsequently adjusted for inflation. Unlike the HSA, the FSA is a "use it or lose it" arrangement.¹² If the employee does not annually use the contributions to the FSA, the contributions are forfeited.

Health reimbursement arrangements (HRAs) are defined contribution benefits established by an employer for their employees. Each year, an employer determines a specified amount, or a defined contribution benefit, of pre-tax dollars to assist employees with medical expenses. The employer can determine minimum and maximum contribution amounts; there are no federal limits. Typically associated with an HDHP, an HRA is entirely funded by the employer and provides tax-free reimbursements to employees for medical expenses. Unlike a FSA, an HRA is not a "use it or lose it" arrangement, but the employer may cap the rollover amount. The state program does not currently offer HRAs.

The following charts illustrate the benefit design of each of the plan choices and the distinctions between FSAs, HSAs, and HRAs:

⁹ Section 125 I.R.C.; see *IRS Publication 969* (2016) available at https://www.irs.gov/pub/irs-pdf/p969.pdf (last viewed on April 21, 2017).

¹⁰ Employers are also allowed to contribute to FSAs.

¹¹ Internal Revenue Service, *Revenue Procedure 2016-55*, October 25, 2016 (setting contribution limit for 2017 calendar year), available at https://www.irs.gov/pub/irs-drop/rp-16-55.pdf (last viewed on April 21, 2017).

¹² Beginning in 2013, an employee may carryover up to \$500 into the next calendar year.

¹³ An HRA can only be used for qualified medical expenses defined under s. 213(d), I.R.C., including health insurance and long-term care insurance.

	HMO Standard	PPO Standard			
	Network Only	Network	Out-of-Network		
Deductible	None	\$250 \$500 Single Family	\$750 \$1,500 Single Family		
Primary Care	\$20 copayment	\$15 copayment			
Specialist	\$40 copayment	\$25 copayment	40% of out-of-network allowance plus the amount		
Urgent Care	\$25 copayment	\$25 copayment	between the charge and the allowance		
Emergency Room	\$100 copayment	\$100 copayment	anowance		
Hospital Stay	\$250 copayment	20% after \$250 copayment	40% after \$500 copayment plus the amount between the charge and the allowance		
Generic Preferred	\$7 \$30 \$50 Retail	\$7 \$30 \$50 Retail	Pay in full, file claim		
Non-Preferred Prescriptions	\$14 \$60 \$100 Mail Order	\$14 \$60 \$100 Mail Order	i ay in iun, me ciaim		
Out-of-Pocket Maximum	\$1,500 \$3,000 Single Family	\$2,500 \$5,000 (coinsurance only) Single Family			

	PPO and HMO Health Investor				
	Network	Out-of-Network (PPO Only)			
Deductible	\$1,300 \$2,600 Single Family	\$2,500 \$5,000 Single Family			
Primary Care		After meeting deductible, 40% of out-of-network allowance plus the			
Specialist		amount between the charge and the allowance			
Urgent Care Emergency	After meeting deductible, 20% of network allowed amount	After meeting deductible, 20% of out-of-network allowance			
Room		46 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
Hospital Stay		After meeting deductible, 40% after \$1,000 copayment plus the amount between the charge and the allowance			
Generic Preferred Non-Preferred Prescriptions	After meeting deductible , 30% 30% 50% Retail and Mail Order	Pay in full, file claim			
Out-of-Pocket Maximum	\$3,000 \$6,000 (coinsurance only) Single Family	\$7,500 \$15,000 (coinsurance only) Single Family			

	FSA	HSA	HRA	
Who funds the account?	Employee and employer (optional)	Employee, employer, and other individuals	Employer	
How is it funded?	Employee payroll deduction; employer direct contribution - money is held by employer in "fund"	Cash contributions to bank account owned by employee	Employer pays up to promised amount	
Account Owner	Employer	Employee	Employer	
\$2,600 annually Contribution Limits		Single - \$3,400 Family - \$6,750 Over 55 - additional \$1,000 for single coverage	Set by employer	
Rollover of Funds? Up to \$500 (federal law)		Yes	Yes, as determined by employer	
Medical Expenses Allowed	IRC 213(d) expenses; ¹⁴	IRC 213(d) expenses	Post-tax health insurance premiums and IRC 213(d) expenses	
High Deductible Health Plan Required?	No	Yes Minimum deductible: Single - \$1,300 Family - \$2,600 Max out-of-pocket: Single - \$6,550 Family - \$13,100	No	

The PPO and HMO plans provide similar coverage, including prescription drug benefits, with the main difference being member cost share. The current standard PPO plan has higher member cost share (deductibles, copayments and coinsurance); while the current standard HMO plans have a lower member cost share with copayments only.

The high deductible plans have the highest member cost share (high deductible and coinsurance only) and meet the federal requirement of a minimum value plan that is affordable, as well as the Internal Revenue Code requirements that allow enrollment in a HSA. The annual contribution from the State Employee Health Insurance Trust Fund to an employee's HSA is \$500 for single coverage and \$1,000 for family coverage. These contributions are funded as part of the employer paid premium for health insurance coverage and are made in equal monthly installments throughout the plan year. The participant may draw upon these funds to meet qualified medical expenses. The participant may draw upon these funds to meet qualified medical expenses.

DMS-contracted service providers and fully insured HMOs have established networks of contracted physicians, hospitals, clinics, surgical centers and other appropriately licensed health

¹⁴ Section 213(d), I.R.C., permits the deduction of expenses paid for medical care of the taxpayer, his or her spouse, or a dependent. Medical care includes amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease; transportation necessary for medical care; qualified long-term care services; and health insurance or long-term care insurance.
¹⁵ Section 110.123(12), F.S., provides that for the 2014-2015 fiscal year and thereafter, the state's contribution from the State Employee Health Insurance Trust Fund into the member's health savings account shall be set in the annual General Appropriations Act.

¹⁶ 26 U.S.C. s. 213(d).

care providers. The DMS relies upon the clinical expertise provided through its contracts with the service providers to determine medical necessity, process claims and appeals, develop medical coverage guidelines, and provide other clinical review and support as needed.

The DMS is not a party to the private business contracts between the service providers and their network providers. Negotiated network provider contracts, including fee schedules, network discounts and similar financial terms, are considered proprietary and trade secret by the DMS's service providers and are specifically protected as such under s. 110.123(5)(a), F.S., and ch. 119, F.S., as well as in contracts between the service providers and their network health care providers.

Health plan documents that describe the summary of benefits and coverages are approved annually in the General Appropriations Act. Annual revisions to such documents only include clarifications or changes consistent with new legislation. The DMS is not authorized to change covered benefits.

Enrollees are allowed to elect only one health insurance plan under the Program.

Plan Enrollment

The Program has 367,953 covered lives and 175,944 policyholders.¹⁷ Of the participants in the program, 54.6 percent are from agencies, 24.1 are from universities, 21 percent are retirees and other former employees, and .3 percent are from statutorily defined agencies.¹⁸ Currently, 52.9 percent of enrollees who chose the standard plan selected an HMO while 47.1 percent chose the PPO.¹⁹ Only 2 percent of enrollees chose either HDHP.²⁰ During the open enrollment period for 2015, PPO enrollment increased slightly, by 0.46 percent, and HMO enrollment decreased by 3.14 percent.²¹

Contribution Tiers and Amounts

The Program is considered employer-sponsored since the state contracts with providers and contributes a substantial amount on behalf of the employee toward the cost of the insurance premium. The state's employer contribution is part of a state employee's overall compensation. The state program is a defined-benefit program. In a defined-contribution program, the employer pays a set amount toward the monthly premium and the employee pays the remainder. The following chart²² shows the monthly contributions of the state and the employee to employee health insurance premium.

¹⁷ Department of Management Services, Email dated April 21, 2017 (Copy on file with the Senate Governmental Oversight and Accountability Committee).

¹⁸ See supra note 3.

¹⁹ See supra note 17.

²⁰ *Id*.

²¹ Id.

²² Department of Management Services, Premium Rate Table, Effective Jan. 2017 for Feb. 2017 coverage, available at http://mybenefits.myflorida.com/content/download/130052/808071/DSGI Premium Table Effective January 2017 for February 2017 Coverage.pdf (last visited on April 20, 2017).

Subscriber	Tier or	Standard Plans			Health Investor Plans			
Type	Coverage	(PPO and HMO)			(PPO and HMO)			
	Type	Employer	Employee	Total	Employer*	Employee	Total	
Career	Single	\$624.84	\$50.00	\$692.84	\$624.84	\$15.00	\$657.84	
Service/	Family	\$1,379.60	\$180.00	\$1,559.60	\$1,379.60	\$64.30	\$1,443.90	
OPS	Spouse ²³	\$1,529.60	\$30.00	\$1,559.60	\$1,413.92	\$30.00	\$1,443.92	
SES/	Single	\$684.50	\$8.34	\$692.84	\$649.50	\$8.34	\$657.84	
SMS/	Family	\$1,529.60	\$30.00	\$1,559.60	\$1,413.90	\$30.00	\$1,443.90	
Others								

*Includes employer tax-free Health Savings Account (HSA) contribution - \$41.66 and \$83.33 per month (\$500 and \$1,000 annually) for single and family coverage, respectively.

Cadillac Tax

Section 9001 of the Affordable Care Act specifies an excise tax ("Cadillac Tax") on high cost employer-sponsored health coverage. Beginning with taxable year 2020, the tax will be equal to 40 percent of the amount considered to be an "excess benefit," which is defined as the difference between the cost of health benefits and an applicable annual limitation threshold set by the federal legislation, with allowable health cost adjustments to the threshold. If the total cost of health benefits (not premium, but actual cost) for any plans exceed the federal thresholds, the state will be required to pay this tax for each employee enrolled in those plans.

III. Effect of Proposed Changes:

Section 1 amends s. 110.123, F.S., regarding the state group insurance program.

The term "plan year" is defined as a calendar year.

This section expands the scope of the state group insurance program to include other benefits authorized by law.

For plan year 2020 and thereafter, the state will make a defined contribution for each employee toward the cost of purchasing a health plan. If the state's contribution is more than the premium cost of the health plan selected by the employee, subject to any federal limitation, the bill provides that the employee may elect to have the balance:

- Credited to the employee's FSA;
- Credited to the employee's HSA;
- Used to purchase additional benefits offered through the state group insurance program; or
- Used to increase the employee's salary.

²³ The Spouse Program provides discounted rates for family coverage when both spouses work for the state.

For the 2020 plan year and each plan year thereafter, health plans must be offered in the following benefit levels:

- Platinum level, which shall have an actuarial value of at least 90 percent.
- Gold level, which shall have an actuarial value of at least 80 percent.
- Silver level, which shall have an actuarial value of at least 70 percent.
- Bronze level, which shall have an actuarial value of at least 60 percent.

In consultation with the independent benefits consultant described in s. 110.12304, F.S., the DMS must develop a plan for implementation of the benefit levels described above. The plan must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2019, and include recommendations for:

- Employer and employee contribution policies;
- Steps necessary for maintaining or improving total employee compensation levels when the transition is initiated; and
- An education strategy to inform employees of the additional choices available in the state group insurance program.

Section 2 creates s. 110.12303, F.S.

Beginning with the 2018 plan year, this section allows the DMS to offer the following products and services, in addition to the comprehensive package of health insurance and other benefits required or authorized to be included in the state group insurance program:

- Prepaid limited health service organizations authorized pursuant to part I of chapter 636, F.S.:
- Discount medical plan organizations authorized pursuant to part II of chapter 636, F.S.;
- Prepaid health clinics licensed under part II of chapter 641, F.S.;
- Licensed health care providers, including hospitals and other health facilities, health care clinics, and health professionals, who sell service contracts and arrangements for a specified amount and type of health services;
- Provider organizations, including service networks, group practices, professional associations, and other incorporated organizations of providers, who sell service contracts and arrangements for a specified amount and type of health services;
- Entities that provide specific health services in accordance with applicable state law and sell service contracts and arrangements for a specified amount and type of health services;
- Entities that provide health services or treatments through a bidding process;
- Entities that provide health services or treatments through the bundling or aggregating of health services or treatments; and
- Entities that provide other innovative and cost-effective health service delivery methods.

Next, the DMS is required to contract with at least one entity that provides comprehensive pricing and inclusive services for surgery and other medical procedures, which may be accessed at the option of the enrollee. The contract must require the entity to:

- Have procedures and evidence-based standards to ensure the inclusion of only high-quality health care providers;
- Provide assistance to enrollees in accessing and coordinating care;

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

- o Credited to the enrollee's flexible spending account;
- o Credited to the enrollee's health savings account;
- o Credited to the enrollee's health reimbursement account; or
- Paid as additional health plan reimbursements not exceeding the amount of the employee's out-of-pocket medical expenses; and
- Provide an educational campaign for enrollees to learn about the services offered by the entity.

The DMS is required to report on or before January 15 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the participation level and cost-savings to both the enrollee and the state resulting from the any contracts described in this subsection.

Additionally, the DMS must contract with an entity that provides enrollees with online information on the cost and quality of health care services and providers, allows an enrollee to shop for health care services and providers, and rewards the enrollee by sharing any savings generated by the enrollee's choice of services or providers. The contract requires the entity to:

- Establish an Internet-based, consumer-friendly platform that educates and informs enrollees
 about the price and quality of health care services and providers, including the average
 amount paid in each county for health care services and providers. The average amounts paid
 for such services and providers may be expressed for service bundles, which include all
 products and services associated with a particular treatment or episode of care, or for separate
 and distinct products and services;
- Allow enrollees to shop for health care services and providers using the price and quality information provided on the Internet-based platform;
- Permit a certified bargaining agent of state employees to provide educational materials and counseling to enrollees regarding the Internet-based platform;
- Identify the savings realized to the enrollee and state if the enrollee chooses high-quality, lower-cost health care services or providers, and facilitate a shared savings payment to the enrollee. The amount of shared savings shall be determined by a methodology approved by the DMS and shall maximize value-based purchasing by enrollees. The amount payable to the enrollee may be:
 - o Credited to the enrollee's FSA;
 - o Credited to the enrollee's HSA;
 - o Credited to the enrollee's health reimbursement account; or
 - Paid as additional health plan reimbursements not exceeding the amount of the enrollee's out-of-pocket medical expenses.

Furthermore, the DMS is required to report on or before January 1 of 2019, 2020, and 2021, to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the participation level, amount paid to enrollees, and cost-savings to both the enrollees and the state resulting from implementation of this subsection.

Section 3 creates s. 110.12304, F.S., requiring the DMS to competitively procure an independent benefits consultant.

The independent benefits consultant may not:

- Be owned or controlled by an HMO or insurer;
- Have an ownership interest in an HMO or insurer; or
- Have a direct or indirect financial interest in an HMO or insurer.

The independent benefits consultant must have substantial experience in consultation and design of employee benefit programs for large and public employers, including plans that qualify as cafeteria plans pursuant to s. 125 of the Internal Revenue Code of 1986.

The independent benefits consultant must:

- Provide an ongoing assessment of trends in benefits and employer-sponsored insurance that affect the state group insurance program;
- Conduct a comprehensive analysis of the state group insurance program, including available benefits, coverage options, and claims experience;
- Identify and establish appropriate adjustment procedures necessary to respond to any risk segmentation that may occur when increased choices are offered to employees;
- Assist the DMS with the submission of any necessary plan revisions for federal review;
- Assist the DMS in ensuring compliance with applicable federal and state regulations;
- Assist the DMS in monitoring the adequacy of funding and reserves for the state self-insured plan; and
- Assist the DMS in preparing recommendations for any modifications to the state group insurance program which shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1 of each year.

Section 4 creates an unnumbered section of law authorizing the DMS to determine and recommend premiums for enrollees that reflect the actual differences in costs to the state group insurance program for each HMO and the PPO plan options offered in the state group insurance program for both self-insured and fully insured plans. The premium alternatives for the plan options must reflect the costs to the state group insurance program for both medical and prescription drug benefits.

By July 1, 2017, the DMS must submit the proposed enrollee premium rates for the 2018 plan year to the Legislative Budget Commission (LBC) for review and approval. If the LBC does not approve the proposed rates, the rates established in the 2017-2018 General Appropriations Act will apply. The premium rates for employers shall be the same as those established for the state group insurance program in the General Appropriations Act for the 2017-2018 fiscal year.

Section 5 appropriates \$151,216 in recurring funds and \$507,546 in nonrecurring funds from the State Employees Health Insurance Trust Fund to DMS and authorizes 2 full-time equivalent positions and \$120,000 of associated salary rate for the 2016-2017 fiscal year to implement the act.

The recurring funds appropriated shall be allocated to specified appropriation categories within the Insurance Benefits Administration Program, as follows:

• \$150,528 in Salaries and Benefits; and

• \$688 in Special Categories Transfer to DMS-Human Resources Purchased per Statewide Contract.

The recurring funds appropriated shall be allocated to specified appropriation categories, as follows:

- \$500,000 in Special Categories Contracted Services; and
- \$7,546 in Expenses.

Section 6 provides an effective date of July 1, 2017.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The mandate restrictions do not apply because the bill does not require counties or municipalities to spend funds, reduce the counties' or municipalities' ability to raise revenue or reduce the percentage of state tax shared with counties or municipalities.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Indeterminate.

C. Government Sector Impact:

This bill provides funding as follows for Fiscal Year 2016-2017:

- \$151,216 in recurring funds from the State Employees' Health Insurance Trust Fund;
- \$507,546 in non-recurring funds from the State Employees' Health Insurance Trust Fund; and
- Two FTEs with \$120,000 in associated salary rate.

The state's personnel system, People First, would have to be customized to accommodate the changes as described in the bill. These changes would require an overhaul of the front-end election process to support the various breakouts described in the bill and to ensure subscribers elect sufficient coverage to meet the federal minimum coverage

requirements; would require a redesign of the electronic benefits and confirmation statements; and would require all insurance and payroll related interface files, payment detail files and reports to be updated and thoroughly tested with the insurance providers, state agencies and the employers' payroll systems. These subsidiary systems would also have to be updated to accept these changes. The fiscal impact associated with making these changes has not been determined.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Section 112.0801(1), F.S., requires public employers to offer to retirees the same health and hospitalization coverage as is offered to employees at a premium cost of no more than the premium cost applicable to active employees. However, s. 110.123(4)(e), F.S., states that no state contribution for the cost of any part of the premium shall be made for retirees or surviving spouses for any type of coverage under the state group insurance program. Accordingly, it appears that retirees would have access to the various coverages and plans offered as part of the state group insurance program, but would not be able to receive contributions to FSAs, HSAs, or other reimbursements for health care costs.

VIII. Statutes Affected:

This bill substantially amends section 110.123 of the Florida Statutes.

This bill creates sections 110.12303 and 110.12304 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

Barcode 691160 by Governmental Oversight and Accountability on April 24, 2017:

• Defines the term "actuarial value", and requires it to be calculated in accordance with the federal guidelines used in healthcare exchanges.

Barcode 611870 by Governmental Oversight and Accountability on April 24, 2017:

 Requires that plans or coverages offered by the Division of State Group Insurance to be consistent with the provisions of s. 125 of the Internal Revenue Code regarding cafeteria plans.

Barcode 919800 by Governmental Oversight and Accountability on April 24, 2017:

• Same as above, but made in different section of the bill.

Barcode 612856 by Governmental Oversight and Accountability on April 24, 2017:

Makes technical edit changing "coverage level" to "benefit level".

Barcode 969732 by Governmental Oversight and Accountability on April 24, 2017:

- Includes an actuarial study of the trends, savings, and costs over the next 15 years associated with the implantation of the benefit levels for employers and enrollees with the implementation plan (for the metals) due January 1, 2019;
- Requires that recommendations for implementation include steps necessary for maintaining or improving total employee compensation levels; and
- Changes the term "employee" to "enrollee" regarding recommended contributions since the plans are required to be offered to retirees.

Barcode 964332 by Governmental Oversight and Accountability on April 24, 2017:

• Requires costs savings realized by using bundled services be shared equally between the state and the enrollee.

Barcode 538286 by Governmental Oversight and Accountability on April 24, 2017:

- Changes due date for report on the participation level and cost-savings of new programs from January 1 to April 1; and
- Changes due date for report on the online portal from January 1 to April 1 of every year.

Barcode 203288 by Governmental Oversight and Accountability on April 24, 2017:

• Requires the Legislative Budget Commission to approve premium rates no later than August 1, 2017.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

	LEGISLATIVE ACTION	
Senate		House
Comm: FAV		
04/24/2017		
	•	
	•	

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment (with title amendment)

3 Between lines 162 and 163

insert:

1 2

4

5

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7

8 9

10

(q) "Actuarial value" means the percentage paid by a health plan of the percentage of the total allowed costs of benefits which is calculated in accordance with 45 C.F.R. s. 156.135.

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

And the title is amended as follows:



	/ ********************************
11	Delete line 4
12	and insert:
13	certain definitions; defining the terms "plan year"
14	and "actuarial value";

	LEGISLATIVE ACTION	
Senate		House
Comm: FAV	•	
04/24/2017	•	
	•	
	•	
	•	

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete lines 178 - 179

and insert:

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other benefits authorized by law that are consistent with the provisions of s. 125 of the Internal Revenue Code this section.



	LEGISLATIVE ACTION	
Senate		House
Comm: FAV		
04/24/2017		
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	•	
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The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 263

and insert:

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benefit level, and coverage tier selected by the enrollee and

	LEGISLATIVE ACTION	
Senate		House
Comm: FAV		
04/24/2017		

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

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Delete lines 403 - 407

4 and insert:

> House of Representatives by January 1, 2019, and must include an actuarial study of the trends, costs, and savings over the next 15 years which are associated with the implementation of the benefit levels for employers and enrollees. The plan must also include recommendations for:

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1. Employer and enrollee contribution policies.



11	2.	Steps	necessary	g for	maintaining	or	improving	total
12	employe	e compe	ensation 1	Level	S.			

	LEGISLATIVE ACTION	
Senate	•	House
Comm: FAV	•	
04/24/2017	•	
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The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 421

and insert:

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6 7 benefits may also include products and services consistent with the provisions of s. 125 of the Internal Revenue Code which are offered by:

Page 1 of 1

	LEGISLATIVE ACTION	
Senate	•	House
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04/24/2017	•	
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The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 458

and insert:

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program to be shared equally with both the state and the

enrollee. Cost

LEGISLATIVE ACTION Senate House Comm: FAV 04/24/2017

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

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Delete lines 469 - 511

4 and insert:

> (b) On or before April 1 of each year, the department shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the participation level and cost-savings to both the enrollee and the state resulting from the contract or contracts described in this subsection.

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- (3) The department shall contract with an entity that provides enrollees with online information on the cost and quality of health care services and providers, allows an enrollee to shop for health care services and providers, and rewards the enrollee by sharing savings generated by the enrollee's choice of services or providers. The contract shall require the entity to:
- (a) Establish an Internet-based, consumer-friendly platform that educates and informs enrollees about the price and quality of health care services and providers, including the average amount paid in each county for health care services and providers. The average amounts paid for such services and providers may be expressed for service bundles, which include all products and services associated with a particular treatment or episode of care, or for separate and distinct products and services.
- (b) Allow enrollees to shop for health care services and providers using the price and quality information provided on the Internet-based platform.
- (c) Permit a certified bargaining agent of state employees to provide educational materials and counseling to enrollees regarding the Internet-based platform.
- (d) Identify the savings realized to the enrollee and state if the enrollee chooses high-quality, lower-cost health care services or providers, and facilitate a shared savings payment to the enrollee. The amount of shared savings shall be determined by a methodology approved by the department and shall maximize value-based purchasing by enrollees. The amount payable to the enrollee may be:



40	1. Credited to the enrollee's flexible spending account;
41	2. Credited to the enrollee's health savings account;
42	3. Credited to the enrollee's health reimbursement account;
43	<u>or</u>
44	4. Paid as additional health plan reimbursements not
45	exceeding the amount of the enrollee's out-of-pocket medical
46	expenses.
47	(e) On or before April 1 of each year, the

	LEGISLATIVE ACTION	
Senate	•	House
Comm: FAV	•	
04/24/2017	•	
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The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 566

and insert:

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approval. The Legislative Budget Commission shall consider the proposed rates for review and approval by no later than August 1, 2017. If the Legislative Budget Commission does not approve HB 7007 2017

A bill to be entitled An act relating to state group insurance program; amending s. 110.123, F.S.; revising applicability of certain definitions; defining the term "plan year"; authorizing the state insurance program to include additional benefits; authorizing an employee to use a specified portion of the state's contribution to purchase additional program benefits and supplemental benefits under certain circumstances; providing for the program to offer health plans in specified benefit levels; requiring the Department of Management Services to develop a plan for implementation of the benefit levels; providing reporting requirements; providing for expiration of the implementation plan; creating s. 110.12303, F.S.; authorizing additional benefits to be included in the program; requiring the department to contract with at least one entity that provides comprehensive pricing and inclusive services for surgery and other medical procedures; providing contract and reporting requirements; requiring the department to contract with an entity to provide enrollees with online information on health care services and providers; providing contract and reporting requirements; creating s. 110.12304, F.S.; directing the department to contract with an

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26 independent benefits consultant; providing 27 qualifications and duties of the independent benefits 28 consultant; providing reporting requirements; providing that the department shall determine and 29 30 recommend premiums for enrollees for the 2018 plan 31 year; providing requirements for the determination of 32 premiums; requiring the department to submit premium 33 rates to the Legislative Budget Commission by a 34 specified date for review and approval; requiring 35 premium rates to be consistent with the total budgeted 36 amount for the program in the General Appropriations 37 Act for the 2017-2018 fiscal year; providing an 38 appropriation and authorizing positions; providing an 39 effective date. 40 Be It Enacted by the Legislature of the State of Florida: 41 42 43 Section 1. Subsection (2) and paragraphs (b), (f), (h), and (j) of subsection (3) of section 110.123, Florida Statutes, are amended, and paragraph (k) is added to subsection (3) of 45 that section, to read: 46 110.123 State group insurance program.-47 48 (2) DEFINITIONS.—As used in ss. 110.123-110.1239 this section, the term: 49

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(a) "Department" means the Department of Management

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Services.

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- (b) "Enrollee" means all state officers and employees, retired state officers and employees, surviving spouses of deceased state officers and employees, and terminated employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the state group insurance program. "Enrollee" includes all state university officers and employees, retired state university officers and employees, surviving spouses of deceased state university officers and employees, and terminated state university employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the state group insurance program.
- (c) "Full-time state employees" means employees of all branches or agencies of state government holding salaried positions who are paid by state warrant or from agency funds and who work or are expected to work an average of at least 30 or more hours per week; employees paid from regular salary appropriations for 8 months' employment, including university personnel on academic contracts; and employees paid from otherpersonal-services (OPS) funds as described in subparagraphs 1. and 2. The term includes all full-time employees of the state universities. The term does not include seasonal workers who are paid from OPS funds.
- 1. For persons hired before April 1, 2013, the term includes any person paid from OPS funds who:

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	a.	Has	work	ed a	n	average	of	at	least	30	hours	or	mc	re	pe
week	dur	ing t	the i	niti	al	measure	emer	nt p	period	fro	om Apr	il	1,	201	3,
throu	ıgh S	Septe	ember	30,	2	013; or									

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- b. Has worked an average of at least 30 hours or more per week during a subsequent measurement period.
- 2. For persons hired after April 1, 2013, the term includes any person paid from OPS funds who:
- a. Is reasonably expected to work an average of at least 30 hours or more per week; or
- b. Has worked an average of at least 30 hours or more per week during the person's measurement period.
- (d) "Health maintenance organization" or "HMO" means an entity certified under part I of chapter 641.
- (e) "Health plan member" means any person participating in a state group health insurance plan, a TRICARE supplemental insurance plan, or a health maintenance organization plan under the state group insurance program, including enrollees and covered dependents thereof.
- (f) "Part-time state employee" means an employee of any branch or agency of state government paid by state warrant from salary appropriations or from agency funds, and who is employed for less than an average of 30 hours per week or, if on academic contract or seasonal or other type of employment which is less than year-round, is employed for less than 8 months during any 12-month period, but does not include a person paid from other-

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personal-services (OPS) funds. The term includes all part-time employees of the state universities.

(g) "Plan year" means a calendar year.

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(h) (g) "Retired state officer or employee" or "retiree" means any state or state university officer or employee who retires under a state retirement system or a state optional annuity or retirement program or is placed on disability retirement, and who was insured under the state group insurance program at the time of retirement, and who begins receiving retirement benefits immediately after retirement from state or state university office or employment. The term also includes any state officer or state employee who retires under the Florida Retirement System Investment Plan established under part II of chapter 121 if he or she:

- 1. Meets the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29); or
- 2. Has attained the age specified by s. 72(t)(2)(A)(i) of the Internal Revenue Code and has 6 years of creditable service.

(i) (h) "State agency" or "agency" means any branch, department, or agency of state government. "State agency" or "agency" includes any state university for purposes of this section only.

(i) (i) "Seasonal workers" has the same meaning as provided under 29 C.F.R. s. 500.20(s)(1).

(k) (i) "State group health insurance plan or plans" or

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"state plan or plans" mean the state self-insured health 127 insurance plan or plans offered to state officers and employees, 128 retired state officers and employees, and surviving spouses of deceased state officers and employees pursuant to this section. 129 130 (1) (k) "State-contracted HMO" means any health maintenance organization under contract with the department to participate 131 in the state group insurance program. 133 (m) (1) "State group insurance program" or "programs" means 134 the package of insurance plans offered to state officers and 135 employees, retired state officers and employees, and surviving 136 spouses of deceased state officers and employees pursuant to 137 this section, including the state group health insurance plan or 138 plans, health maintenance organization plans, TRICARE supplemental insurance plans, and other plans required or authorized by law. 140 (n) (m) "State officer" means any constitutional state 141 142 officer, any elected state officer paid by state warrant, or any 143

appointed state officer who is commissioned by the Governor and who is paid by state warrant.

(o) (n) "Surviving spouse" means the widow or widower of a deceased state officer, full-time state employee, part-time state employee, or retiree if such widow or widower was covered as a dependent under the state group health insurance plan, a TRICARE supplemental insurance plan, or a health maintenance organization plan established pursuant to this section at the

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time of the death of the deceased officer, employee, or retiree. "Surviving spouse" also means any widow or widower who is receiving or eligible to receive a monthly state warrant from a state retirement system as the beneficiary of a state officer, full-time state employee, or retiree who died prior to July 1, 1979. For the purposes of this section, any such widow or widower shall cease to be a surviving spouse upon his or her remarriage.

 $\underline{\text{(p)}}$ "TRICARE supplemental insurance plan" means the Department of Defense Health Insurance Program for eligible members of the uniformed services authorized by 10 U.S.C. s. 1097.

(3) STATE GROUP INSURANCE PROGRAM.-

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(b) It is the intent of the Legislature to offer a comprehensive package of health insurance and retirement benefits and a personnel system for state employees which are provided in a cost-efficient and prudent manner, and to allow state employees the option to choose benefit plans which best suit their individual needs. Therefore, The state group insurance program is established which may include the state group health insurance plan or plans, health maintenance organization plans, group life insurance plans, TRICARE supplemental insurance plans, group accidental death and dismemberment plans, and group disability insurance plans, Furthermore, the department is additionally authorized to

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establish and provide as part of the state group insurance 177 program any other group insurance plans or coverage choices, and 178 other benefits authorized by law that are consistent with the provisions of this section. 179 180 (f) Except as provided for in subparagraph (h)2., the state contribution toward the cost of any plan in the state 181 group insurance program shall be uniform with respect to all 183 state employees in a state collective bargaining unit 184 participating in the same coverage tier in the same plan. This 185 section does not prohibit the development of separate benefit 186 plans for officers and employees exempt from the career service 187 or the development of separate benefit plans for each collective bargaining unit. For the 2020 plan year and each plan year 188 thereafter, if the state's contribution is more than the premium 190 cost of the health plan selected by the employee, subject to 191 federal limitation, the employee may elect to have the balance: 192 1. Credited to the employee's flexible spending account; 193 2. Credited to the employee's health savings account; 194 3. Used to purchase additional benefits offered through the state group insurance program; or 195 196 4. Used to increase the employee's salary. 197 (h)1. A person eligible to participate in the state group 198 insurance program may be authorized by rules adopted by the

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department, in lieu of participating in the state group health

insurance plan, to exercise an option to elect membership in a

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health maintenance organization plan which is under contract with the state in accordance with criteria established by this section and by said rules. The offer of optional membership in a health maintenance organization plan permitted by this paragraph may be limited or conditioned by rule as may be necessary to meet the requirements of state and federal laws.

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- 2. The department shall contract with health maintenance organizations seeking to participate in the state group insurance program through a request for proposal or other procurement process, as developed by the Department of Management Services and determined to be appropriate.
- a. The department shall establish a schedule of minimum benefits for health maintenance organization coverage, and that schedule shall include: physician services; inpatient and outpatient hospital services; emergency medical services, including out-of-area emergency coverage; diagnostic laboratory and diagnostic and therapeutic radiologic services; mental health, alcohol, and chemical dependency treatment services meeting the minimum requirements of state and federal law; skilled nursing facilities and services; prescription drugs; age-based and gender-based wellness benefits; and other benefits as may be required by the department. Additional services may be provided subject to the contract between the department and the HMO. As used in this paragraph, the term "age-based and gender-based wellness benefits" includes aerobic exercise, education in

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alcohol and substance abuse prevention, blood cholesterol screening, health risk appraisals, blood pressure screening and education, nutrition education, program planning, safety belt education, smoking cessation, stress management, weight management, and women's health education.

- b. The department may establish uniform deductibles, copayments, coverage tiers, or coinsurance schedules for all participating HMO plans.
- c. The department may require detailed information from each health maintenance organization participating in the procurement process, including information pertaining to organizational status, experience in providing prepaid health benefits, accessibility of services, financial stability of the plan, quality of management services, accreditation status, quality of medical services, network access and adequacy, performance measurement, ability to meet the department's reporting requirements, and the actuarial basis of the proposed rates and other data determined by the director to be necessary for the evaluation and selection of health maintenance organization plans and negotiation of appropriate rates for these plans. Upon receipt of proposals by health maintenance organization plans and the evaluation of those proposals, the department may enter into negotiations with all of the plans or a subset of the plans, as the department determines appropriate. Nothing shall preclude the department from negotiating regional

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or statewide contracts with health maintenance organization plans when this is cost-effective and when the department determines that the plan offers high value to enrollees.

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- d. The department may limit the number of HMOs that it contracts with in each service area based on the nature of the bids the department receives, the number of state employees in the service area, or any unique geographical characteristics of the service area. The department shall establish by rule service areas throughout the state.
- e. All persons participating in the state group insurance program may be required to contribute towards a total state group health premium that may vary depending upon the plan. coverage level, and coverage tier selected by the enrollee and the level of state contribution authorized by the Legislature.
- 3. The department is authorized to negotiate and to contract with specialty psychiatric hospitals for mental health benefits, on a regional basis, for alcohol, drug abuse, and mental and nervous disorders. The department may establish, subject to the approval of the Legislature pursuant to subsection (5), any such regional plan upon completion of an actuarial study to determine any impact on plan benefits and premiums.
- 4. In addition to contracting pursuant to subparagraph 2., the department may enter into contract with any HMO to participate in the state group insurance program which:

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276	a. Serves greater than 5,000 recipients on a prepaid basis
277	under the Medicaid program;
278	b. Does not currently meet the 25-percent non-
279	Medicare/non-Medicaid enrollment composition requirement
280	established by the Department of Health excluding participants
281	enrolled in the state group insurance program;
282	c. Meets the minimum benefit package and copayments and
283	deductibles contained in sub-subparagraphs 2.a. and b.;
284	d. Is willing to participate in the state group insurance
285	program at a cost of premiums that is not greater than 95
286	percent of the cost of HMO premiums accepted by the department
287	in each service area; and
288	e. Meets the minimum surplus requirements of s. 641.225.
289	
290	The department is authorized to contract with HMOs that meet the
291	requirements of sub-subparagraphs ad. prior to the open
292	enrollment period for state employees. The department is not
293	required to renew the contract with the HMOs as set forth in
294	this paragraph more than twice. Thereafter, the HMOs shall be

5. All enrollees in a state group health insurance plan, a TRICARE supplemental insurance plan, or any health maintenance organization plan have the option of changing to any other

eligible to participate in the state group insurance program

only through the request for proposal or invitation to negotiate

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process described in subparagraph 2.

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health plan that is offered by the state within any open enrollment period designated by the department. Open enrollment shall be held at least once each calendar year.

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- 6. When a contract between a treating provider and the state-contracted health maintenance organization is terminated for any reason other than for cause, each party shall allow any enrollee for whom treatment was active to continue coverage and care when medically necessary, through completion of treatment of a condition for which the enrollee was receiving care at the time of the termination, until the enrollee selects another treating provider, or until the next open enrollment period offered, whichever is longer, but no longer than 6 months after termination of the contract. Each party to the terminated contract shall allow an enrollee who has initiated a course of prenatal care, regardless of the trimester in which care was initiated, to continue care and coverage until completion of postpartum care. This does not prevent a provider from refusing to continue to provide care to an enrollee who is abusive, noncompliant, or in arrears in payments for services provided. For care continued under this subparagraph, the program and the provider shall continue to be bound by the terms of the terminated contract. Changes made within 30 days before termination of a contract are effective only if agreed to by both parties.
 - 7. Any HMO participating in the state group insurance

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program shall submit health care utilization and cost data to the department, in such form and in such manner as the department shall require, as a condition of participating in the program. The department shall enter into negotiations with its contracting HMOs to determine the nature and scope of the data submission and the final requirements, format, penalties associated with noncompliance, and timetables for submission. These determinations shall be adopted by rule.

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- 8. The department may establish and direct, with respect to collective bargaining issues, a comprehensive package of insurance benefits that may include supplemental health and life coverage, dental care, long-term care, vision care, and other benefits it determines necessary to enable state employees to select from among benefit options that best suit their individual and family needs. Beginning with the 2018 plan year, the package of benefits may also include products and services described in s. 110.12303.
- a. Based upon a desired benefit package, the department shall issue a request for proposal or invitation to negotiate for health insurance providers interested in participating in the state group insurance program, and the department shall issue a request for proposal or invitation to negotiate for insurance providers interested in participating in the non-health-related components of the state group insurance program. Upon receipt of all proposals, the department may enter into

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contract negotiations with insurance providers submitting bids or negotiate a specially designed benefit package. Insurance Providers offering or providing supplemental coverage as of May 30, 1991, which qualify for pretax benefit treatment pursuant to s. 125 of the Internal Revenue Code of 1986, with 5,500 or more state employees currently enrolled may be included by the department in the supplemental insurance benefit plan established by the department without participating in a request for proposal, submitting bids, negotiating contracts, or negotiating a specially designed benefit package. These contracts shall provide state employees with the most costeffective and comprehensive coverage available; however, except as provided in subparagraph (f)3., no state or agency funds shall be contributed toward the cost of any part of the premium of such supplemental benefit plans. With respect to dental coverage, the division shall include in any solicitation or contract for any state group dental program made after July 1, 2001, a comprehensive indemnity dental plan option which offers enrollees a completely unrestricted choice of dentists. If a dental plan is endorsed, or in some manner recognized as the preferred product, such plan shall include a comprehensive indemnity dental plan option which provides enrollees with a completely unrestricted choice of dentists.

b. Pursuant to the applicable provisions of s. 110.161, and s. 125 of the Internal Revenue Code of 1986, the department

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376	shall enroll in the pretax benefit program those state employees
377	who voluntarily elect coverage in any of the supplemental
378	insurance benefit plans as provided by sub-subparagraph a.
379	c. Nothing herein contained shall be construed to prohibit
380	insurance providers from continuing to provide or offer
381	supplemental benefit coverage to state employees as provided
382	under existing agency plans.
383	(j) For the 2020 plan year and each plan year thereafter,
384	health plans shall be offered in the following benefit levels:
385	1. Platinum level, which shall have an actuarial value of
386	at least 90 percent.
387	2. Gold level, which shall have an actuarial value of at
388	least 80 percent.
389	3. Silver level, which shall have an actuarial value of at
390	least 70 percent.
391	4. Bronze level, which shall have an actuarial value of at
392	<u>least 60 percent</u> Notwithstanding paragraph (f) requiring uniform
393	contributions, and for the 2011-2012 fiscal year only, the state
394	contribution toward the cost of any plan in the state group
395	insurance plan is the difference between the overall premium and
396	the employee contribution. This subsection expires June 30,
397	2012 .
398	(k) In consultation with the independent benefits
399	consultant described in s. 110.12304, the department shall
400	develop a plan for implementation of the benefit levels

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401	described in paragraph (j). The plan shall be submitted to the
402	Governor, the President of the Senate, and the Speaker of the
403	House of Representatives by January 1, 2019, and include
404	recommendations for:
405	1. Employer and employee contribution policies.
406	2. Steps necessary for maintaining or improving total
407	employee compensation levels when the transition is initiated.
408	3. An education strategy to inform employees of the
409	additional choices available in the state group insurance
410	program.
411	
412	This paragraph expires July 1, 2019.
413	Section 2. Section 110.12303, Florida Statutes, is created
414	to read:
415	110.12303 State group insurance program; additional
416	benefits; price transparency program; reporting.—Beginning with
417	the 2018 plan year:
418	(1) In addition to the comprehensive package of health
419	insurance and other benefits required or authorized to be
420	included in the state group insurance program, the package of
421	benefits may also include products and services offered by:
422	(a) Prepaid limited health service organizations
423	authorized pursuant to part I of chapter 636.
424	(b) Discount medical plan organizations authorized
425	pursuant to part II of chapter 636.

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426	(c) Prepaid health clinics licensed under part II of		
427	chapter 641.		
428	(d) Licensed health care providers, including hospitals		
429	and other health care facilities, health care clinics, and		
430	health professionals, who sell service contracts and		
431	arrangements for a specified amount and type of health services		
432	(e) Provider organizations, including service networks,		
433	group practices, professional associations, and other		
434	incorporated organizations of providers, who sell service		
435	contracts and arrangements for a specified amount and type of		
436	health services.		
437	(f) Entities that provide specific health services in		
438	accordance with applicable state law and sell service contracts		
439	and arrangements for a specified amount and type of health		
440	services.		
441	(g) Entities that provide health services or treatments		
442	through a bidding process.		
443	(h) Entities that provide health services or treatments		
444	through the bundling or aggregating of health services or		
445	treatments.		
446	(i) Entities that provide other innovative and cost-		
447	effective health service delivery methods.		
448	(2)(a) The department shall contract with at least one		
449	entity that provides comprehensive pricing and inclusive		
450	services for surgery and other medical procedures which may be		

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451	accessed at the option of the enrollee. The contract shall		
452	require the entity to:		
453	1. Have procedures and evidence-based standards to ensure		
454	the inclusion of only high-quality health care providers.		
455	2. Provide assistance to the enrollee in accessing and		
456	coordinating care.		
457	3. Provide cost savings to the state group insurance		
458	program to be shared with both the state and the enrollee. Cost		
459	savings payable to an enrollee may be:		
460	a. Credited to the enrollee's flexible spending account;		
461	b. Credited to the enrollee's health savings account;		
462	c. Credited to the enrollee's health reimbursement		
463	account; or		
464	d. Paid as additional health plan reimbursements not		
465	exceeding the amount of the enrollee's out-of-pocket medical		
466	expenses.		
467	4. Provide an educational campaign for enrollees to learn		
468	about the services offered by the entity.		
469	(b) On or before January 15 of each year, the department		
470	shall report to the Governor, the President of the Senate, and		
471	the Speaker of the House of Representatives on the participatio		

(3) The department shall contract with an entity that

level and cost-savings to both the enrollee and the state

resulting from the contract or contracts described in this

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subsection.

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176	provides enrollees with online information on the cost and		
177	quality of health care services and providers, allows an		
178	enrollee to shop for health care services and providers, and		
179	rewards the enrollee by sharing savings generated by the		
180	enrollee's choice of services or providers. The contract shall		
181	require the entity to:		
182	(a) Establish an Internet-based, consumer-friendly		
183	platform that educates and informs enrollees about the price and		
184	quality of health care services and providers, including the		
185	average amount paid in each county for health care services and		
186	providers. The average amounts paid for such services and		
187	providers may be expressed for service bundles, which include		
188	all products and services associated with a particular treatment		
189	or episode of care, or for separate and distinct products and		
190	services.		
191	(b) Allow enrollees to shop for health care services and		
192	providers using the price and quality information provided on		
193	the Internet-based platform.		
194	(c) Permit a certified bargaining agent of state employees		
195	to provide educational materials and counseling to enrollees		
196	regarding the Internet-based platform.		
197	(d) Identify the savings realized to the enrollee and		
198	state if the enrollee chooses high-quality, lower-cost health		
199	care services or providers, and facilitate a shared savings		
500	payment to the enrollee. The amount of shared savings shall be		

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501	determined by a methodology approved by the department and shall		
502	maximize value-based purchasing by enrollees. The amount payable		
503	to the enrollee may be:		
504	 Credited to the enrollee's flexible spending account; 		
505	2. Credited to the enrollee's health savings account;		
506	3. Credited to the enrollee's health reimbursement		
507	account; or		
508	4. Paid as additional health plan reimbursements not		
509	exceeding the amount of the enrollee's out-of-pocket medical		
510	expenses.		
511	(e) On or before January 1 of 2019, 2020, and 2021, the		
512	department shall report to the Governor, the President of the		
513	Senate, and the Speaker of the House of Representatives on the		
514	participation level, amount paid to enrollees, and cost-savings		
515	to both the enrollees and the state resulting from the		
516	implementation of this subsection.		
517	Section 3. Section 110.12304, Florida Statutes, is created		
518	to read:		
519	110.12304 Independent benefits consultant.		
520	(1) The department shall competitively procure an		
521	independent benefits consultant.		
522	(2) The independent benefits consultant may not:		
523	(a) Be owned or controlled by a health maintenance		
524	organization or insurer.		
525	(b) Have an ownership interest in a health maintenance		

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526	organization or insurer.
527	(c) Have a direct or indirect financial interest in a
528	health maintenance organization or insurer.
529	(3) The independent benefits consultant must have
530	substantial experience in consultation and design of employee
531	benefit programs for large employers and public employers,
532	including experience with plans that qualify as cafeteria plans
533	under s. 125 of the Internal Revenue Code of 1986.
534	(4) The independent benefits consultant shall:
535	(a) Provide an ongoing assessment of trends in benefits
536	and employer-sponsored insurance that affect the state group
537	insurance program.
538	(b) Conduct a comprehensive analysis of the state group
539	insurance program, including available benefits, coverage
540	options, and claims experience.
541	(c) Identify and establish appropriate adjustment
542	procedures necessary to respond to any risk segmentation that
543	may occur when increased choices are offered to employees.
544	(d) Assist the department with the submission of any
545	necessary plan revisions for federal review.
546	(e) Assist the department in ensuring compliance with
547	applicable federal and state regulations.
548	(f) Assist the department in monitoring the adequacy of
549	funding and reserves for the state self-insured plan.
550	(g) Assist the department in preparing recommendations for

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any modifications to the state group insurance program which shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1 of each year.

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Section 4. For the 2018 plan year, the Department of Management Services shall determine and recommend premiums for enrollees that reflect the actual differences in costs to the program for each of the health maintenance organization and the preferred provider organization plan options offered in the state group insurance program for both self-insured and fully insured plans. The premium alternatives for the plan options shall reflect the costs to the program for both medical and prescription drug benefits. By July 1, 2017, the department shall submit the proposed enrollee premium rates for the 2018 plan year to the Legislative Budget Commission for review and approval. If the Legislative Budget Commission does not approve the proposed rates, the rates provided in the 2017-2018 General Appropriations Act shall apply. The premium rates for employers shall be the same as those established for the state group insurance program in the General Appropriations Act for the 2017-2018 fiscal year.

Section 5. (1) For the 2017-2018 fiscal year, the sums of \$151,216 in recurring funds and \$507,546 in nonrecurring funds are appropriated from the State Employees Health Insurance Trust Fund to the Department of Management Services, and two full-time

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oggivalant positions and associated salary rate of 120 000 are

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and \$7,546 in Expenses.

equivalent positions and associated salary face of 120,000 are
authorized, for the purpose of implementing this act.
(2)(a) The recurring funds appropriated in this section
shall be allocated to the following specific appropriation
categories within the Insurance Benefits Administration Programs
\$150,528 in Salaries and Benefits and \$688 in Special Categories
Transfer to Department of Management Services-Human Resources
Purchased per Statewide Contract.
(b) The nonrecurring funds appropriated in this section
shall be allocated to the following specific appropriation

Section 6. This act shall take effect July 1, 2017.

categories: \$500,000 in Special Categories Contracted Services

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	LEGISLATIVE ACTION	
Senate	•	House
Comm: FAV	•	
04/24/2017	•	
	•	
	•	
	•	

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment (with title amendment)

Between lines 162 and 163

insert:

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(q) "Actuarial value" means the percentage paid by a health plan of the percentage of the total allowed costs of benefits which is calculated in accordance with 45 C.F.R. s. 156.135.

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

And the title is amended as follows:



	/ ********************************
11	Delete line 4
12	and insert:
13	certain definitions; defining the terms "plan year"
14	and "actuarial value";



	LEGISLATIVE ACTION	
Senate		House
Comm: FAV		
04/24/2017		
	•	
	•	
	•	

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 263

and insert:

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benefit level, and coverage tier selected by the enrollee and

	LEGISLATIVE ACTION	
Senate	•	House
Comm: FAV	•	
04/24/2017	•	
	•	
	•	
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The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 458

and insert:

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program to be shared equally with both the state and the

enrollee. Cost

LEGISLATIVE ACTION Senate House Comm: FAV 04/24/2017

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

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Delete lines 469 - 511

4 and insert:

> (b) On or before April 1 of each year, the department shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the participation level and cost-savings to both the enrollee and the state resulting from the contract or contracts described in this subsection.

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- (3) The department shall contract with an entity that provides enrollees with online information on the cost and quality of health care services and providers, allows an enrollee to shop for health care services and providers, and rewards the enrollee by sharing savings generated by the enrollee's choice of services or providers. The contract shall require the entity to:
- (a) Establish an Internet-based, consumer-friendly platform that educates and informs enrollees about the price and quality of health care services and providers, including the average amount paid in each county for health care services and providers. The average amounts paid for such services and providers may be expressed for service bundles, which include all products and services associated with a particular treatment or episode of care, or for separate and distinct products and services.
- (b) Allow enrollees to shop for health care services and providers using the price and quality information provided on the Internet-based platform.
- (c) Permit a certified bargaining agent of state employees to provide educational materials and counseling to enrollees regarding the Internet-based platform.
- (d) Identify the savings realized to the enrollee and state if the enrollee chooses high-quality, lower-cost health care services or providers, and facilitate a shared savings payment to the enrollee. The amount of shared savings shall be determined by a methodology approved by the department and shall maximize value-based purchasing by enrollees. The amount payable to the enrollee may be:



40	1. Credited to the enrollee's flexible spending account;
41	2. Credited to the enrollee's health savings account;
42	3. Credited to the enrollee's health reimbursement account;
43	<u>or</u>
44	4. Paid as additional health plan reimbursements not
45	exceeding the amount of the enrollee's out-of-pocket medical
46	expenses.
47	(e) On or before April 1 of each year, the

Page 3 of 3

	LEGISLATIVE ACTION	
Senate	•	House
Comm: FAV	•	
04/24/2017	•	
	•	
	•	
	•	

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 566

and insert:

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approval. The Legislative Budget Commission shall consider the proposed rates for review and approval by no later than August 1, 2017. If the Legislative Budget Commission does not approve

	LEGISLATIVE ACTION	
Senate		House
Comm: FAV	•	
04/24/2017	•	
	•	
	•	
	•	

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete lines 178 - 179

and insert:

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other benefits authorized by law that are consistent with the provisions of s. 125 of the Internal Revenue Code this section.

	LEGISLATIVE ACTION	
Senate		House
Comm: FAV		
04/24/2017		

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

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Delete lines 403 - 407

4 and insert:

> House of Representatives by January 1, 2019, and must include an actuarial study of the trends, costs, and savings over the next 15 years which are associated with the implementation of the benefit levels for employers and enrollees. The plan must also include recommendations for:

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1. Employer and enrollee contribution policies.



11	2.	Steps	necessary	g for	maintaining	or	improving	total
12	employe	e compe	ensation 1	Level	S.			

	LEGISLATIVE ACTION	
Senate	•	House
Comm: FAV	•	
04/24/2017	•	
	•	
	•	
	•	

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

Delete line 421

and insert:

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6 7 benefits may also include products and services consistent with the provisions of s. 125 of the Internal Revenue Code which are offered by:

Page 1 of 1

APPEARANCE RECORD

4/24/17 (Deliver BOTH copies of this form to the SE	Briator of Senate Professiona	i Staπ conducting the meeting)	7007
Meeting Date	,		Bill Number (if applicable)
Topic State Grap Health Insua Name Rich Templin	nce	Amend	ment Barcode (if applicable)
Name Rich Templin		_	
Job Title		_	
Address 135 5. Montal		Phone 850-	254-6956
Address 135 5. Manroe Street Tallahassee FL City State	32301	Email	
Speaking: For X Against Information		Speaking: In Sup	• • • • • • • • • • • • • • • • • • • •
Representing Florida AFC-C10			
Appearing at request of Chair: Yes X No	Lobbyist regis	stered with Legislatu	ıre: X Yes No
While it is a Senate tradition to encourage public testimony, meeting. Those who do speak may be asked to limit their re	time may not permit a marks so that as man	all persons wishing to sp y persons as possible c	eak to be heard at this an be heard.
This form is part of the public record for this meeting.			S-001 (10/14/14)

APPEARANCE RECORD

4/4	/11	(Deliver BOTH cop
		

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meet

Meeting Date	Bill Number (if applicable)
Topic Group Health Bill	Amendment Barcode (if applicable)
Name Jacqui Carmona	
Job Title Political Divertor	
Address 3064 Hahland Mrs temall	Phone 305 283 4558
tallahassee, FL 32	1301 Email Dag J Carmong @ afsom
Speaking: For Against Information	Waive Speaking: In Support Magainst M
Speaking: Against Information	Waive Speaking: In Support Against Over (The Chair will read this information into the record.)
Representing AFSME FL	
Appearing at request of Chair: Yes No Lo	obbyist registered with Legislature: Ves No
While it is a Senate tradition to encourage public testimony time ma	By not permit all persons wishing to speak to be beard at this

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

APPEARANCE RECORD

4/24/2017	i copies of this form to the Senator	r or Senate Professional S	Staff conducting the meeting)	7007
Meeting Date				Bill Number (if applicable)
Topic State Group 1 Name Matt ReKe	Insurance Pro	gram	Amendr	nent Barcode (if applicable)
Name <u>Matt</u> ReKe	# Kudeeth		-	
Job Title lobbyist				,
Address 300 East B			Phone	
Tallahassee City	FC State	32361	Email	
Speaking: For Against	State Information		peaking: In Sup	
Representing Florida	Police Bene	volent	Association	
Appearing at request of Chair: [Yes No	Lobbyist regist	ered with Legislatu	re: Yes No
While it is a Senate tradition to encour meeting. Those who do speak may be	age public testimony, time asked to limit their remar	e may not permit ali ks so that as many	persons wishing to spe persons as possible ca	eak to be heard at this an be heard.
This form is part of the public record	d for this meeting.			S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Amendment Barcode (if applicable) Address Street For X Against Information Speaking: Waive Speaking: | In Support | (The Chair will read this information into the record.) Appearing at request of Chair: Lobbyist registered with Legislature: While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. This form is part of the public record for this meeting. S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date		Bill Number (if applicable)
Topic State Heath Insurance	a production and a second prod	
Name Michael Buchler		_
Job Title Assoc. Professo.		_
Address 2069 Wildridge Dr.		Phone 850-562-2733
Tallahassee FL City State	32303 Zip	_ Email <u>michael.buchler@</u> gmail.con
Speaking: For Against Information		Speaking: In Support Against air will read this information into the record.)
Representing <u>Self</u>		
Appearing at request of Chair: Yes No	Lobbyist regis	tered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time meeting. Those who do speak may be asked to limit their remai	e may not permit a ks so that as many	ll persons wishing to speak to be heard at this persons as possible can be heard.
This form is part of the public record for this meeting.		S-001 (10/14/14)

APPEARANCE RECORD

Meeting Date (Deliver BOTH copies of this form to the Senator or Senate Professional	Staff conducting the meeting) Bill Number (if applicable)
Topic State Group Health Insurance	Amendment Barcode (if applicable)
Name Dr Jennifer Proffit	
Job Title President, United Faculty of Florida	<u>~</u>
Address 15 N Calhoun St Stelp	Phone <u>\$50 224 8220</u>
Tallahasser FL 32-301 City State Zip	_ Email jennifer. proff; ++ @ floridae
Speaking: For Against Information Waive (The Ch	Speaking: In Support Against nair will read this information into the record.)
Representing United Faculty of Florida	
Appearing at request of Chair: Yes No Lobbyist regis	stered with Legislature: Yes 🔀 No
While it is a Senate tradition to encourage public testimony, time may not permit a meeting. Those who do speak may be asked to limit their remarks so that as man	all persons wishing to speak to be heard at this by persons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

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.)

Prepar	ed By: The Profe	essional Staff of t	he Committee on	Governme	ental Oversight and Accountability
BILL:	SPB 7030				
INTRODUCER:	Governmenta	al Oversight an	d Accountabili	ty Comm	nittee
SUBJECT:	Retirement				
DATE:	April 24, 201	7 REV	SED:		
ANAL	YST	STAFF DIREC	TOR REFE	ERENCE	ACTION
1. Ferrin		Ferrin			GO Submitted as Comm. Bill/Fav

I. Summary:

SPB 7030 provides that any condition or impairment of the health of a firefighter employed full-time by a state or local government which is caused by multiple myeloma, non-Hodgkin's lymphoma, prostate cancer, or testicular cancer and results in total or partial disability or death is presumed to have been accidental and to have been suffered "in the line of duty" unless the contrary is shown by competent evidence. In the line of duty retirement compensates an employee whose disability or death arises out of and in the actual performance of employment, and provides greater compensation to the firefighter or his or her dependents than would otherwise be available. Certain criteria must be met in order to meet the presumption.

The bill also makes the following changes to the Florida Retirement System (FRS):

- Allows for renewed membership in the investment plan or one of the optional annuity retirement plans for certain former participants of those plans;
- Expands the survivor benefit for investment plan members killed in the line of duty, including Special Risk Class, by making them retroactive to 2002;
- Closes the Senior Management Service Optional Annuity Program; and
- Changes the default from the pension plan to the investment plan for members of the FRS initially enrolled after January 1, 2018.

To cover the immediate costs of the proposed changes, the bill provides adjustments to the contribution rates that fund the FRS's normal costs and unfunded actuarial liability, and adjusts the rates for transferring funds to provide in line of duty death benefits for investment plan members.

The bill provides a legislative determination that the act fulfills an important state interest.

The bill provides an effective date of July 1, 2017.

II. Present Situation:

Florida Retirement System

The FRS was established in 1970 when the Legislature consolidated the Teachers' Retirement System, the State and County Officers and Employees' Retirement System, and the Highway Patrol Pension Fund. In 1972, the Judicial Retirement System was consolidated into the FRS, and in 2007, the Institute of Food and Agricultural Sciences Supplemental Retirement Program was consolidated under the Regular Class of the FRS as a closed group. The FRS is a contributory system, with most members contributing three percent of their salaries.

The FRS is a multi-employer, contributory plan, governed by the Florida Retirement System Act in Chapter 121, F.S. As of June 30, 2016, the FRS had 630,350 active members, 394,907 annuitants, 16,248 disabled retirees, and 29,602 active participants of the Deferred Retirement Option Program (DROP).³ As of June 30, 2016, the FRS consisted of 1,029 total employers; it is the primary retirement plan for employees of state and county government agencies, district school boards, Florida College institutions, and state universities, and also includes the 193 cities and 270 special districts that have elected to join the system.⁴

The membership of the FRS is divided into five membership classes:

- The Regular Class⁵ consists of 545,680 active members, plus 3,709 in renewed membership;
- The Special Risk Class⁶ includes 70,695 active members;
- The Special Risk Administrative Support Class⁷ has 76 active members;
- The Elected Officers' Class⁸ has 2,026 active members, plus 115 in renewed membership; and
- The Senior Management Service Class⁹ has 7,876 members, plus 143 in renewed membership.¹⁰

¹ Florida Retirement System Comprehensive Annual Financial Report Fiscal Year Ended June 30, 2016, at p. 29. Available online at: https://www.rol.frs.state.fl.us/forms/2015-16_CAFR.pdf.

² Prior to 1975, members of the FRS were required to make employee contributions of either 4 percent for Regular Class employees or 6 percent for Special Risk Class members. Employees were again required to contribute to the system after July 1, 2011. Members in the Deferred Retirement Option Program do not contribute to the system.

³ Florida Retirement System Comprehensive Annual Financial Report Fiscal Year Ended June 30, 2016, at 120.

⁴ Id at 154

⁵ The Regular Class is for all members who are not assigned to another class. Section 121.021(12), F.S.

⁶ The Special Risk Class is for members employed as law enforcement officers, firefighters, correctional officers, probation officers, paramedics and emergency technicians, among others. Section 121.0515, F.S.

⁷ The Special Risk Administrative Support Class is for a special risk member who moved or was reassigned to a nonspecial risk law enforcement, firefighting, correctional, or emergency medical care administrative support position with the same agency, or who is subsequently employed in such a position under the Florida Retirement System. Section 121.0515(8), F.S. The Elected Officers' Class is for elected state and county officers, and for those elected municipal or special district officers whose governing body has chosen Elected Officers' Class participation for its elected officers. Section 121.052, F.S. The Senior Management Service Class is for members who fill senior management level positions assigned by law to the Senior Management Service Class or authorized by law as eligible for Senior Management Service designation. Section

¹⁰ All figures from Florida Retirement System Comprehensive Annual Financial Report Fiscal Year Ended June 30, 2016, at 123.

Each class is funded separately based upon the costs attributable to the members of that class.

Members of the FRS have two primary plan options available for participation:

- The defined contribution plan, also known as the Investment Plan; and
- The defined benefit plan, also known as the Pension Plan.

Certain members, as specified by law and position title, may, in lieu of FRS participation, participate in optional retirement plans.

FRS Investment Plan

In 2000, the Legislature created the Public Employee Optional Retirement Program (investment plan), a defined contribution plan offered to eligible employees as an alternative to the pension plan. The earliest that any member could participate in the investment plan was July 1, 2002.

The State Board of Administration (SBA) is primarily responsible for administering the investment plan. ¹¹ The SBA is comprised of the Governor as chair, the Chief Financial Officer, and the Attorney General. ¹²

A member vests immediately in all employee contributions paid to the investment plan.¹³ With respect to the employer contributions, a member vests after completing one work year with an FRS employer.¹⁴ Vested benefits are payable upon termination or death as a lump-sum distribution, direct rollover distribution, or periodic distribution.¹⁵

Benefits under the investment plan accrue in individual member accounts funded by both employee and employer contributions and investment earnings. Benefits are provided through employee-directed investments offered by approved investment providers. The amount of money contributed to each member's account varies by class as follows:

Membership Class	Percentage of Gross Compensation ¹⁶
Regular Class	6.30%
Special Risk Class	14.00%
Special Risk Administrative	7.95%
Support Class Elected Officers' Class	
 Justices and Judges 	13.23%
 County Elected Officers 	11.34%
	9.38%

¹¹ Section 121.4501(8), F.S.

¹² Section 4(e), Art. IV, Fla. Const.

¹³ Section 121.4501(6)(a), F.S.

¹⁴ If a member terminates employment before vesting in the investment plan, the nonvested money is transferred from the member's account to the SBA for deposit and investment by the SBA in its suspense account for up to five years. If the member is not reemployed as an eligible employee within five years, any nonvested accumulations transferred from a member's account to the SBA's suspense account are forfeited. Section 121.4501(6)(b) – (d), F.S.

¹⁵ Section 121.591, F.S.

¹⁶ Includes the three percent employee contribution.

Membership	Percentage of
Class	Gross Compensation ¹⁶
• Legislators, Governor, Lt.	
Governor, Cabinet	
Officers, State Attorneys,	
Public Defender	
Senior Management Service Class	7.67%

FRS Pension Plan

The pension plan is a defined benefit plan that is administered by the secretary of the Department of Management Services (DMS) through the Division of Retirement (division). ¹⁷ Investment management is handled by the SBA.

Any member initially enrolled in the pension plan before July 1, 2011, vests in the pension plan after completing six years of service with an FRS employer. ¹⁸ For members initially enrolled on or after July 1, 2011, the member vests in the pension plan after eight years of creditable service. ¹⁹ A member vests immediately in all employee contributions paid to the pension plan.

Benefits payable under the pension plan are calculated based on years of service x accrual rate x average final compensation.²⁰ The accrual rate varies by class as follows:

Membership Class	Accrual Rate
Regular Class	1.60%, 1.63%, 1.65%, 1.68% ²¹
Special Risk Class	3.00%
Special Risk Administrative Support Class	1.60%, 1.63%, 1.65%, 1.68% ²²
Elected Officers' Class	
 Justices and Judges 	3.33%
County Elected Officers	3.00%
• Legislators, Governor, Lt. Governor,	3.00%
Cabinet Officers, State Attorneys,	
Public Defender	
Senior Management Service Class	2.00%

For most members of the pension plan, normal retirement occurs at the earliest attainment of 30 years of service or age 62.²³ For members in the Special Risk and Special Risk Administrative Support Classes, normal retirement is the earliest of 25 years of service or age 55.²⁴ Members initially enrolled in the pension plan on or after July 1, 2011, must complete 33 years of service

¹⁷ Section 121.025, F.S.

¹⁸ Section 121.021(45)(a), F.S.

¹⁹ Section 121.021(45)(b), F.S.

²⁰ Section 121.091, F.S.

²¹ Section 121.091(1)(a)1., F.S.

²² Section 121.0515(8)(a), F.S.

²³ Section 121.021(29)(a)1., F.S.

²⁴ Section 121.021(29)(b)1., F.S.

or attain age 65, and members in the Special Risk and Special Risk Administrative Support Classes must complete 30 years of service or attain age 60.²⁵

Default and Second Election

A new member has until the last business day of the fifth month following the member's month of hire to make a plan selection. If the member fails to make a selection, the member defaults to participation in the pension plan.²⁶

After the initial election or default election to participate in either the pension plan or investment plan, a member has one opportunity, at the member's discretion and prior to termination or retirement, to choose to move from the pension plan to the investment plan or from the investment plan to the pension plan.²⁷

Disability Retirement Benefits for Members of the FRS

Two types of disability retirement are available under the FRS: in the line of duty disability retirement and regular disability retirement. To qualify for either type of disability retirement, a member must be totally and permanently disabled to the extent that they are unable to work. An employee who is physically or mentally unable to continue performing in his or her present occupation, but is able to perform another type of work, will not qualify for disability benefits. To be eligible for regular disability retirement under the FRS, members must complete 8 years of creditable service. ²⁹

Under the FRS pension plan, the minimum benefit under regular disability retirement is 25 percent of the employee's average final compensation.³⁰ The in the line of duty disability benefit is available to members on their first day of employment and is 42 percent of the employee's monthly compensation.³¹ There is no vesting period for in the line of duty disability benefits.³² Special Risk Class members receive a minimum in the line of duty disability benefit of 65 percent of their average final compensation.³³

Under the investment plan, the disability benefits are in lieu of the normal benefits (the accumulations of contributions and investment earnings in the member's account).³⁴ Instead, the member must transfer all of the member's accumulations to the investment plan disability account and will receive a monthly benefit calculated the same as a similarly situated pension plan member.³⁵

²⁵ Section 121.021(29)(a)2. and (b)2., F.S.

²⁶ Section 121.4501(4), F.S.

²⁷ Section 121.4501(4)(g), F.S.

²⁸ Florida Retirement System Employer Handbook, Disability Retirement, Ch. 10-3, *available at* https://www.rol.frs.state.fl.us/forms/EH_ch10.pdf (last visited Jan. 19, 2017).

²⁹ Sections 121.091(4)(a) and 121.591(2)(b), F.S.

³⁰ Section 121.091(4)(f), F.S.

³¹ *Id*.

³² Section 121.091(4)(a)1.b., F.S.

 $^{^{33}}$ Id.

³⁴ Section 121.591(2), F.S.

³⁵ Section 121.591(2)(g), F.S.

Death or Survivor Benefits

Section 121.091(7), F.S., provides death benefits for active members of the FRS pension plan who die before retirement. If an employee dies before vesting, the employee's spouse receives only the accumulated FRS contributions that were made on the employee's behalf. For vested employees, the employee will be assumed to have retired on the date of death, and the spouse may elect one of the annuity options that provide payment to survivors. Because those annuity options are based on the number of years of service and are discounted based on the age of the annuity recipient, the beneficiary of younger employees with few years of service receive a relatively small monthly amount.

The FRS currently provides death benefits for surviving spouses and/or eligible dependents of active members of the pension plan. Death benefits may be paid for an active member of the FRS pension plan who dies before retirement.³⁶ Certain health conditions for firefighters, law enforcement, correctional and correctional probation officers are deemed accidental and suffered in the line of duty.³⁷ If the injury or illness arises out of and in the actual performance of duty required by his or her job, the member's surviving spouse and/or eligible dependent(s) are entitled to in the line of duty death benefits.

If an active FRS member (regardless of vested status) dies in the line of duty, the surviving spouse receives a monthly benefit for his or her lifetime equal to one-half the member's monthly salary at death.³⁸ If an active FRS member in the Special Risk class is killed in the line of duty on or after July 1, 2013, the surviving spouse receives an additional monthly benefit equal to one-half of the member's monthly salary; making the monthly benefit equal to the member's entire monthly salary at death³⁹.

If the spouse dies, the benefit continues until the member's youngest child reaches 18 or is married, whichever occurs first. 40 If the child is unmarried and enrolled as a full time student, the benefit continues until he or she turns 25. 41 If the deceased member is entitled to a higher normal retirement benefit based on service credit, the normal retirement benefit is payable to the joint annuitant. 42

For instances relating to in the line of duty deaths, the surviving spouse or eligible dependent(s) may purchase credit for any service which could have been claimed by the member at the time of the member's death.⁴³ If a member dies within one year of vesting, the surviving spouse or other eligible dependent may use the member's annual, sick, or compensatory leave, or service eligible for purchase, to purchase enough service credit to vest the member posthumously.⁴⁴

³⁶ Section 121.091(7), F.S.

³⁷ Section 112.18(1)(a), F.S., provides any condition of health caused by tuberculosis, heart disease or hypertension resulting in the total or partial disability or death shall be presumed to have been accidental and suffered in the line of duty.

³⁸ Section 121.091(7)(d), F.S. If vested posthumously, the surviving spouse or dependent would be entitled to a death benefit.

³⁹ Section 121.091(7)(i), F.S.

⁴⁰ Section 121.091(7)(d) and (i), F.S.

⁴¹ *Id*.

⁴² Section 121.091(7)(b) and (d), F.S.

⁴³ Section 121.091(7)(e), F.S.

⁴⁴ Section 121.091(7)(f), F.S.

Under most employee classes in the investment plan, no minimum death benefit is payable to a surviving spouse or children. Accumulations in the member's account are payable to the designated beneficiary.⁴⁵

When killed in the line of duty, the surviving spouse or children of an investment plan member in the Special Risk Class may opt into the FRS investment plan survivor benefits program in lieu of receiving normal retirement benefits under the FRS investment plan. ⁴⁶ By participating in the survivor benefits program, the surviving spouse and children are eligible to receive annuitized benefits much like the survivor benefits afforded to Special Risk Class members of the FRS pension plan. The investment plan survivor benefits program is funded by additional employer-paid contributions to the survivor benefits account of the FRS Trust Fund. ⁴⁷

DROP

All membership classes in the FRS Pension Plan may participate in the Deferred Retirement Option Program (DROP), which allows a member to retire without terminating employment. A member who enters DROP may extend employment for an additional five years. ⁴⁸ For most members, the election to participate in DROP must be made no later than twelve months after reaching normal retirement. ⁴⁹ While in DROP, the member's retirement benefits accumulate and earn interest compounded monthly. ⁵⁰ Upon termination of employment, the member receives the total DROP accumulations and the previously determined normal retirement benefits. ⁵¹

Members in the FRS Investment Plan may not participate in DROP; investment plan members are considered retired from the FRS when the member takes a distribution from his or her account.⁵²

Employment after Retirement

Section 121.091, F.S., governs the payment of benefits under the FRS. It requires a member of the FRS to terminate employment to begin receiving benefits or begin participation in DROP to defer and accrue those benefits until termination from DROP. Termination occurs when a member ceases all employment relationships with her or his FRS employer.⁵³ Termination is void if any FRS-participating employer reemploys a member during a specified period of time.⁵⁴

⁴⁵ Section 121.591(3), F.S.

⁴⁶ Section 121.591(4), F.S.

⁴⁷ Id.

⁴⁸ Section 121.091(13)(a) and (b), F.S. Instructional personnel may extend employment for an additional eight years under certain circumstances.

⁴⁹ Section 121.091(13)(a)2., F.S.

⁵⁰ If DROP participation began prior to July 1, 2011, the effective annual interest rate was 6.5 percent. On or after July 1, 2011, the annual interest rate for DROP is 1.3 percent.

⁵¹ Section 121.091(13), F.S.

⁵² See s. 121.4501(2)(k) and (4)(f), F.S.

⁵³ Section 121.021(39)(a), F.S.

⁵⁴ *Id*.

Subsection 121.091(9), F.S., governs employment after retirement. It allows reemployment of FRS retirees by a non-FRS employer and authorizes those retirees to continue receiving retirement benefits.⁵⁵

Before July 1, 2010, an FRS retiree was allowed to be reemployed by an FRS employer provided certain requirements were met. A member was allowed to be reemployed by an FRS employer one calendar month after retiring or after the member's DROP termination date. If the retiree was reemployed during months two through 12 after retiring or terminating DROP, the retiree was not authorized to receive her or his pension benefit until month 13. However, a retiree was authorized to be reemployed as instructional personnel on an annual contractual basis after one calendar month without having her or his retirement benefits disrupted. ⁵⁶

A member who retires on or after July 1, 2010, may not be reemployed by an FRS employer until month seven after retiring or after the member's DROP termination date. If the retiree is reemployed during months seven through 12 after retiring or terminating DROP, the retiree may not receive her or his pension benefit until month 13.⁵⁷ The reemployment exception for retirees reemployed as instructional personnel no longer applies to members who retire and are reemployed on or after July 1, 2010.

Renewed Membership

Retirees of the FRS Pension Plan or the FRS Investment Plan who were initially re-employed in covered employment by June 30, 2010, renewed their membership in the FRS (the member could choose to participate in either the pension plan or the investment plan) or other state-administered retirement system and earn service credit toward a subsequent retirement benefit. Renewed members are not eligible to participate in DROP or the Special Risk Class, and are not eligible for disability retirement. However, the surviving spouse and dependent child of a renewed member may qualify for survivor benefits.⁵⁸

Currently, retirees initially reemployed in a regularly established position on or after July 1, 2010, are not eligible for renewed membership and do not earn creditable service toward a subsequent retirement benefit.⁵⁹ This restriction from renewed membership includes retirees of the FRS Pension Plan and the FRS Investment Plan, as well as members of an optional retirement program.

Optional Retirement Programs

Eligible employees may choose to participate in one of three retirement programs instead of participating in the FRS:

⁵⁵ Section 121.091(9)(a), F.S.

⁵⁶ Section 121.091(9)(b), F.S.

⁵⁷ Section 121.091(9)(c), F.S.

⁵⁸ Section 121.122(1), F.S.

⁵⁹ Section 121.122(2), F.S.

 Members of the Senior Management Service Class may elect to enroll in the Senior Management Service Optional Annuity Program;⁶⁰

- Members in specified positions in the State University System may elect to enroll in the State University System Optional Retirement Program;⁶¹ and
- Members of a Florida College System institution may elect to enroll in the State Community College System Optional Retirement Program.⁶²

Contribution Rates

FRS employers are responsible for contributing a specified percentage of the member's monthly compensation to the Division of Retirement to be distributed into the FRS Contributions Clearing Trust Fund. The employer contribution rate is a blended contribution rate set by statute, which is the same percentage regardless of whether the member participates in the pension plan or the investment plan. The rate is determined annually based on an actuarial study by the Department of Management Services that calculates the necessary level of funding to support all of the benefit obligations under both FRS retirement plans.

In the annual actuarial valuation of the Florida Retirement System based on July 1, 2016, plan assets and liabilities, Milliman, Inc., the state actuary, determined the following key data relating to the FRS pension plan.⁶⁴

	V	aluation Resul	ts (in \$ billions	s)
	July 1, 2013	July 1, 2014	July 1, 2015	July 1, 2016
Actuarial Liability	\$153.3	\$160.1	\$165.5	\$170.4
Actuarial Value of Assets	\$131.7	\$138.6	\$143.2	\$145.5
Unfunded Actuarial Liability	\$ 21.6	\$21.5	\$22.3	\$24.9
Funded Percentage (Actuarial Value of Assets/Actuarial Liability)	85.9%	86.6%	86.5%	85.4%

The state actuary determines a rate associated with the normal cost of the pension plan (funding the prospective benefits) and a rate necessary to amortize the unfunded actuarial liabilities

⁶⁰ The Senior Management Service Optional Annuity Program (SMSOAP) was established in 1986 for members of the Senior Management Service Class. Employees in eligible positions may irrevocably elect to participate in the SMSOAP rather than the FRS. Section 121.055(6), F.S.

⁶¹ Eligible participants of the State University System Optional Retirement Program (SUSORP) are automatically enrolled in the SUSORP. However, the member must execute a contract with a SUSORP provider within the first 90 days of employment or the employee will default into the pension plan. If the employee decides to remain in the SUSORP, the decision is irrevocable and the member must remain in the SUSORP as long as the member remains in a SUSORP-eligible position. Section 121.35, F.S.

⁶² If the member is eligible for participation in a State Community College System Optional Retirement Program, the member must elect to participate in the program within 90 days of employment. Unlike the other optional programs, an employee who elects to participate in this optional retirement program has one opportunity to transfer to the FRS. Section 1012.875, F.S. ⁶³ Section 121.70(1), F.S.

⁶⁴ Florida Retirement System Comprehensive Annual Financial Report Fiscal Year Ended June 30, 2016, at 101.

(UAL) over a thirty year period. The following are the current employer contribution rates⁶⁵ for each class and the blended rates recommended by the state actuary beginning in July 2017:⁶⁶

	Current	Rates	Recommended Rates		
	Effective Ju	ly 1, 2016	to be effective July 1, 2017		
Membership Class	Normal	UAL	Normal	UAL	
	Cost	Rate	Cost	Rate	
Regular Class	2.97%	2.83%	2.89%	3.30%	
Special Risk Class	11.80%	9.05%	11.81%	9.57%	
Special Risk Administrative Support Class	3.87%	22.47%	3.81%	29.08%	
Elected Officer's Class					
 Legislators, Governor, Lt. Governor, Cabinet Officers, 	6.63%	33.75%	6.41%	42.69%	
State Attorneys, Public					
Defenders					
 Justices and Judges 	11.68%	23.30%	11.66%	26.25%	
County Officers	8.55%	32.20%	8.48%	35.24%	
Senior Management Service Class	4.38%	15.67%	4.28%	16.70%	
Deferred Retirement Option Program	4.23%	7.10%	4.17%	7.43%	

For all membership classes, except the DROP and certain members with renewed membership, employees contribute three percent of their compensation towards retirement.⁶⁷

After employer and employee contributions are placed into the FRS Contributions Clearing Trust Fund, the allocations under the investment plan are transferred to third-party administrators to be placed in the employee's individual investment accounts, whereas contributions under the pension plan are transferred into the FRS Trust Fund.⁶⁸

Retirement Plans for Municipalities and Special Districts

Chapters 175 and 185, F.S., provide funding mechanisms for municipal firefighters' and police officers' pension plans. Both chapters provide a uniform retirement system for firefighters and police officers and set standards for operating and funding of pension systems through a trust fund supported by a tax on insurance premiums. Most Florida firefighters and local law enforcement officers participate in these plans. Two types of plans are governed by each of these chapters—charter plans and local law plans. To be considered totally and permanently disabled, charter plan employees must only be found disabled from rendering useful and efficient service as a firefighter or police officer. ⁶⁹ Under local law plans, the standards may vary for determining

⁶⁵ Section 121.71(4) and (5), F.S.

⁶⁶ Letter to Ms. Elizabeth Stevens, *Re: Blended Proposed Statutory Rates for the 2017-2018 Plan Year Reflecting a Uniform UAL Rate for All Membership Classes and DROP*, dated December 2, 2016 (on file with the Senate Committee on Governmental Accountability and Oversight).

⁶⁷ Section 121.71(3), F.S.

⁶⁸ See ss. 121.4503 and 121.72(1), F.S.

⁶⁹ Sections 175.191 and 185.18, F.S.

eligibility for disability retirement, death benefits, and the benefits paid, although all plans must abide by minimum standards established under ss. 175.351 and 185.35, F.S., respectively.

Workers' Compensation under Chapter 440, F.S.

The employer must pay compensation or furnish benefits if the employee suffers an accidental compensable injury or death arising out of work performed in the course and scope of employment.⁷⁰ The injury, its occupational cause, and any resulting disability must be established to a reasonable degree of medical certainty, and the accidental compensable injury must be the major contributing cause of any resulting injuries.⁷¹

Compensation for permanent total disability is equal to two-thirds of the employee's average weekly wages payable to the employee during the continuance of the total disability.⁷²

Compensation for temporary total disability is equal to two-thirds of the employee's average weekly wages payable to the employee during the continuance of the total disability but not to exceed 104 weeks. At the earlier of the 104th week or the employee reaching maximum medical improvement, the temporary disability payment will cease and the injured employee's permanent impairment will be determined.⁷³

Where the disability or death of an employee results from an "occupational disease," it will be treated as an injury by accident.⁷⁴ The employee or his survivors will be entitled to compensation. "Occupational disease" is defined to be "only a disease for which there are epidemiological studies showing that exposure to the specific substance involved, at the levels to which the employee was exposed, may cause the precise disease sustained by the employee."⁷⁵

Presumptions and Burdens of Proof Relating to "in the line of duty" Disability and Death

Existing In the Line of Duty Presumptions for Firefighters

Section 112.18, F.S., provides a presumption applicable to any state, municipal, port authority, special tax district, or fire control district firefighter or any law enforcement officer, correctional officer, or correctional probation officer that any such employee qualifies for in the line of duty disability or death benefits if such disability or death is the result of tuberculosis, heart disease, or hypertension.

Section 175.231, F.S., provides a similar presumption for the firefighters in any municipality, special fire control district, chapter plan, local law municipality, local law special fire control district, or local law plan under ch. 175, F.S., whose death or disability is the result of tuberculosis, heart disease, or hypertension.

⁷⁰ Section 440.09(1), F.S.

⁷¹ *Id*.

⁷² Section 440.15(1)(a), F.S.

⁷³ Section 440.15(2)(a), F.S.

⁷⁴ Section 440.151(1)(a), F.S.

⁷⁵ Section 440.151(2), F.S.

Section 112.181, F.S., provides a presumption applicable to any emergency rescue or public safety worker, including a firefighter, that such employee qualifies for in the line of duty disability or death if such disability or death is due to hepatitis, meningococcal meningitis, or tuberculosis.

Successful passage of a pre-employment physical examination is required for these presumptions.

Burden of Proof for In the Line of Duty Benefits

Absent one of the existing presumptions, the FRS member employee has the burden of proof when claiming in the line of duty disability or death benefits. The employee must show by competent evidence that the death or disability occurred in the line of duty in order to receive the higher benefits.⁷⁶ If the employee or the employee's survivors cannot meet the burden of proof, the employee or the employee's survivors are entitled only to the lesser benefits available under regular death or disability benefits.

Under existing law, a firefighter that is disabled or dies as a result of cancer must show that the cancer was contracted due to some factor directly related to the employment as a firefighter. Due to latency periods, ⁷⁷ it may be difficult for an employee to meet this burden.

Studies on the Incidence of Cancer in Firefighters

The 2015-2016 General Appropriations Act contained a \$965,000 appropriation funding a cancer study by the University of Miami-Sylvester Comprehensive Cancer Center through the Division of the State Fire Marshal. The study's goals are to provide firefighters access to cancer screenings, enable prevention and earlier detection of the disease, identify exposures that account for increased cancer risk, and develop new technology and methods to test and measure exposure in the field. A progress report⁷⁸ was submitted to the President of the Senate, Speaker of the House of Representatives, the Chief Financial Officer, and the Governor on June 15, 2016. Additionally, the 2016-2017 General Appropriations Act contained a \$1.5 million appropriation to continue the study. Another report will be submitted to the President of the Senate, the Speaker of the House of Representatives, the Chief Financial Officer, and the Governor by June 15, 2017.

A National Institute for Occupation Safety and Health (NIOSH) study of cancer among U.S. firefighters has shown higher rates of certain types of cancer among firefighters than the general U.S. population.⁷⁹ These types of cancer were mostly digestive, oral, respiratory, and urinary

⁷⁶ Sections 121.091(4)(c) and (7)(d), F.S.

⁷⁷ "The time between first exposure to a cancer-causing agent and clinical recognition of the disease is called the latency period. Latency periods vary by cancer type, but usually are 15 to 20 years, or longer. Because of this, past exposures are more relevant than current exposures as potential causes of cancers occurring in workers today. Often, these exposures are hard to document." The National Institute for Occupational Safety and Health (NIOSH), *available at* http://www.cdc.gov/niosh/topics/cancer/clusters.html (last visited January 20, 2017).

⁷⁸ Sylvester Comprehensive Cancer Center, *Fiscal Year 2015-2016 Progress Report of Firefighters Cancer Initiative (FCI)*, dated June 15, 2016 (on file with the Committee on Governmental Oversight and Accountability).

⁷⁹ National Institute for Occupation Safety and Health (NIOSH) study summary *available at* https://www.cdc.gov/niosh/firefighters/ffcancerstudy.html (last visited January 20, 2017).

cancers, although there were about twice as many firefighters with malignant mesothelioma, which is a rare type of cancer caused by exposure to asbestos.⁸⁰

Special Actuarial Study of Firefighter in line of duty Cancer Presumption

On February 23, 2017, a special study⁸¹ was completed to determine the contribution rates necessary to fund the FRS benefits that may be paid based on the presumptions proposed under Senate Bill 158 as filed during the 2017 Regular Session. The results of this study determined that the contribution rate for the Special Risk Class needed to be increased by 1 basis points (0.01 percent) to fund associated costs.

III. Effect of Proposed Changes:

Firefighters' Cancer Presumption

The bill provides that any condition or impairment of the health of a firefighter employed full-time by a state or local government which is caused by multiple myeloma, non-Hodgkin's lymphoma, prostate cancer, or testicular cancer and results in total or partial disability or death is presumed to have been accidental and to have been suffered "in the line of duty" unless the contrary is shown by competent evidence. In the line of duty retirement compensates an employee whose disability or death arises out of and in the actual performance of employment. In the line of duty retirement provides greater compensation to the firefighter or his or her dependents than would otherwise be available.

In order to be entitled to the presumption, a firefighter must have:

- Successfully passed a pre-employment physical examination that did not reveal any evidence of a health condition.
- Been employed as a firefighter with the current employer for at least 5 continuous years before becoming disabled or before the employee's death.
- Not used tobacco products for at least 5 years before becoming disabled or before the employee's death; and
- Not been employed during the preceding 5 years in any other position that is proven to create a higher risk for the named diseases.

A firefighter employed on July 1, 2017, is not required to meet the physical examination requirement in order to be entitled to the presumption.

The proposed changes result in a 0.01 percent increase in the employer contribution rate for the Special Risk class. 82 This is included in the rate changes in section 11 of the bill.

The additional costs to other public sector retirement plans has not been determined.

⁸⁰ *Id*.

⁸¹ Milliman, *Re: Special Actuarial Study of Firefighter ILOD Cancer Presumption*, dated February 23, 2017 (on file with the Committee on Governmental Oversight and Accountability).

⁸² Milliman, *Re: Special Actuarial Study of Firefighter ILOD Cancer Presumption*, dated February 23, 2017 (on file with the Committee on Governmental Oversight and Accountability).

The fiscal impact of this legislation as it relates to workers' compensation benefits has not been determined.

Renewed Membership

Effective July 1, 2017, the bill allows for renewed membership for certain former participants of the investment plan, Senior Management Service Optional Annuity Program, State University System Optional Retirement Program (SUSORP), or State Community College System Optional Retirement Program (SCCSORP). Such renewed member will be a renewed member of the appropriate membership class in the investment plan, unless employed in a position eligible for participation in the SUSORP or the SCCSORP, in which case the retiree will become a renewed member of the SUSORP or the SCCSORP, as applicable. To be eligible for renewed membership, the member must have retired from one of the four specified plans and must be employed in a regularly established position with a covered employer on or after July 1, 2017.

Such renewed member may not qualify for disability retirement benefits and must satisfy the vesting requirements of the specific plan. The bill prohibits certain funds from being paid into the renewed member's account for any employment in a regularly established position with a covered employer from July 1, 2010, through June 30, 2017. A renewed member who is not receiving the maximum health insurance subsidy is entitled to earn additional credit toward the subsidy.

Line-of-Duty Death Benefits

Effective July 1, 2017, the bill expands the survivor benefit for members of the Special Risk Class. Specifically, it provides that such survivor benefits are retroactive to July 1, 2002.

Effective July 1, 2017, the bill also establishes a survivor benefit for all other membership classes of the investment plan for members who are killed in the line of duty since 2002, which is when members were first allowed to participate in the investment plan. The survivor benefits are the same as those currently provided for other membership classes of the pension plan, which is a monthly payment equal to one-half of the member's salary at the time of death. To receive the benefit, the spouse and children must elect to transfer the balance of the member's investment plan account to the survivor benefit account of the FRS Trust Fund. The line-of-duty death benefits supersede any other distribution that may have been provided by the member's designation of beneficiary. For a member killed in the line of duty on or after July 1, 2002, but before July 1, 2017, the initial monthly benefit payable on or after July 1, 2017, will be equal to one-half the member's salary at the time of death, except that it will be:

- Actuarially reduced by the amount of the investment plan payout, if a payout was issued; and
- After the actuarial reduction, increased by the applicable cost-of-living adjustment that would have been payable if the survivor benefit payment had begun the month following the member's death. On each July 1 after the initial payment, the benefit will be increased by the applicable cost-of-living adjustment.

Senior Management Service Optional Annuity Program

The bill closes the SMSOAP to new participants effective July 1, 2017. Currently, fewer than 20 members participate in this optional retirement program.⁸³

Default

For members initially enrolled in the FRS on or after January 1, 2018, the bill changes the default from the pension plan to the investment plan. Thus, if the member does not make a selection by the end of the five month initial election period, the member will default to the investment plan instead of the pension plan. The bill maintains the member's second election option.

Important State Interest

The bill declares that it fulfills an important state interest. It provides that a proper and legitimate state purpose is served by the bill, which includes providing benefits that are managed, administered, and funded in an actuarially sound manner.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Article VII, section 18(a) of the Florida Constitution provides in pertinent part that "no county or municipality shall be bound by any general law requiring such county or municipality to spend funds . . . unless the legislature has determined that such law fulfills an important state interest and unless:

- The law requiring such expenditure is approved by two-thirds of the membership in each house of the legislature; or
- The expenditure is required to comply with a law that applies to all persons similarly situated."

The bill contains a finding that the bill fulfills an important state interest (section 12). The bill appears to apply to all persons similarly situated (FRS employees and those employers employing firefighters), including state agencies, school boards, community colleges, counties, municipalities and special districts. If this exception does not apply, the bill must be approved by two-thirds vote of each chamber to be binding upon the counties and municipalities participating in the FRS.

D. I UDIIC NECOTUS/ODELI MEETII US 13300	B.	Public Records/Open N	Meetinas	Issues
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None.

⁸³ Florida Retirement System Comprehensive Annual Financial Report Fiscal Year Ended June 30, 2016, at p. 38. Available online at: https://www.rol.frs.state.fl.us/forms/2015-16 CAFR.pdf.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

Actuarial Requirements

Article X, s. 14 of the State Constitution requires that benefit improvements under public pension plans in the State of Florida be concurrently funded on a sound actuarial basis, as set forth below:

State retirement systems benefit changes.--A governmental unit responsible for any retirement or pension system supported in whole or in part by public funds shall not after January 1, 1977, provide any increase in the benefits to the members or beneficiaries of such system unless such unit has made or concurrently makes provision for the funding of the increase in benefits on a sound actuarial basis.

Article X, s. 14 of the State Constitution is implemented by statute under part VII of ch. 112, F.S., the "Florida Protection of Public Employee Retirement Benefits Act" (Act). The Act establishes minimum standards for the operation and funding of public employee retirement systems and plans in the State of Florida. It prohibits the use of any procedure, methodology, or assumptions the effect of which is to transfer to future taxpayers any portion of the costs which may reasonably have been expected to be paid by the current taxpayers.

Contractual Obligations

Article I, s. 10 of the State Constitution prohibits any bill of attainder, ex post facto law, or law impairing the obligation of contracts from being passed by the Florida Legislature.

The Florida Statutes provides that the rights of members of the FRS are of a contractual nature, entered into between the member and the state, and such rights are legally enforceable as valid contractual rights and may not be abridged in any way. This "preservation of rights" provision was established by the Florida Legislature with an effective date of July 1, 1974.

The Florida Supreme Court has held that the Florida Legislature may only alter the benefits structure of the FRS prospectively. 86 The prospective application would only alter future benefits. Those benefits previously earned or accrued by the member under the previous benefit structure remain untouched, and the member continues to enjoy that

⁸⁴ Section 121.011(3)(d), F.S.

⁸⁵ The "preservation of rights" provision vests all rights and benefits already earned under the present retirement plan so the legislature may now only alter the benefits prospectively. *Florida Sheriffs Association v. Department of Administration, Division of Retirement*, 408 So. 2d 1033, 1037 (Fla. 1981).

⁸⁶ *Id.* at 1035.

level of benefit for the period of time up until the effective date of the proposed changes. Further, once the participating member reaches retirement status, the benefits under the terms of the FRS in effect at the time of the member's retirement vest.⁸⁷

The Florida Supreme Court further held that the "preservation of rights" provision was not intended to bind future legislatures from prospectively altering benefits that accrue for future state service. 88 More recently, the Florida Supreme Court reaffirmed the previous holding, finding that the Legislature can alter the terms of the FRS, so long as the changes to the FRS are prospective. 89

This bill does not change any benefits that a member earned prior to July 1, 2017.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The line of duty cancer presumption could have a significant impact on worker's compensation because the threshold eligibility test for workers' compensation is whether the disability arose "out of and in the course of employment." If the disability did not arise "out of and in the course of employment," the employee is not eligible to receive workers' compensation benefits. There is no provision under ch. 440, F.S., for a non-duty related disability as may be found in many retirement plans.

Additional workers' compensation claims costs for firefighters contracting the cancers listed in this bill are difficult to predict. The frequency, severity, and cost estimates vary widely due to factors such as age, gender, type of treatment, and recovery period⁹⁰. The Department of Financial Services estimates average costs for 58 months of treatment (not until final resolution) at⁹¹:

- \$28,988.27 for testicular cancer;
- \$115,378.06 for non-Hodgkin's lymphoma;
- \$53,357.66 for prostate cancer; and
- Between \$126,000-\$256,000 for multiple myeloma.

⁸⁷ *Id.* at 1036.

⁸⁸ Id. at 1037.

⁸⁹ Rick Scott, et al. v. George Williams, et al., 107 So. 3d 379 (Fla. 2013).

⁹⁰ Department of Financial Services, Senate Bill 158 Legislative Bill Analysis, 4 (Jan. 5, 2017)

⁹¹ *Id*.

If successful workers' compensation claims increase due to the presumption afforded by the bill, assessments paid by carriers and employers of the Special Disability Trust Fund may increase.

The Milliman actuarial and consulting firm conducted several studies at the request of the Speaker of the House of Representatives. Based on the results of the special studies, the benefit changes proposed by the bill are projected to have a total negative fiscal impact of \$10.4 million in fiscal year 2017-18. Further detail on the costs is provided in the following chart:

	t to Fund the Cancer Presumption, e of Duty Benefits, and the Change in Default (\$ in millions)
Entities Funded by the	
State	
State	\$ 2,042,982
School Boards	\$ 1,346,679
State Universities	\$ 186,991
State Colleges	\$ 106,780
Total	\$ 3,683,432

Other Entities not Funded by the State	
Counties	\$ 6,095,306
Other	\$ 577,685
Total	\$ 6,672,992
Grand Total	\$ 10,356,423

The provisions relating to renewed membership in the FRS is expected to have an additional negative fiscal impact of \$9.3 million across all employers.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 121.053, 121.055, 121.091, 121.122, 121.4501, 121.591, 121.5912, and 121.735.

This bill creates the following sections of the Florida Statutes: 112.1816.

IX. **Additional Information:**

Committee Substitute – Statement of Changes: (Summarizing differences between the Committee Substitute and the prior version of the bill.) A.

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



LEGISLATIVE ACTION Senate House Comm: UNFAV 04/25/2017

The Committee on Governmental Oversight and Accountability (Rouson) recommended the following:

Senate Amendment (with title amendment)

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Delete lines 480 - 1079

4 and insert:

- (j) Notwithstanding s. 121.4501(4)(g), the renewed member is not eligible to elect membership in the pension plan.
- (4) A retiree of the investment plan, the State University System Optional Retirement Program, the Senior Management Service Optional Annuity Program, or the State Community College System Optional Retirement Program who is reemployed on or after



11 July 1, 2017, in a regularly established position eligible for 12 participation in the State University System Optional Retirement 13 Program shall become a renewed member of the optional retirement 14 program. The renewed member must satisfy the vesting 15 requirements and other provisions of this chapter. Once 16 enrolled, a renewed member remains enrolled in the optional 17 retirement program while employed in an eligible position for 18 the optional retirement program. If employment in a different covered position results in the renewed member's enrollment in 19 20 the investment plan, the renewed member is no longer eligible to 21 participate in the optional retirement program unless employed 22 in a mandatory position under s. 121.35.

- (a) The renewed member is subject to the limitations on reemployment after retirement provided in s. 121.091(9), as applicable.
- (b) The renewed member must satisfy the requirements for termination from employment provided in s. 121.021(39).
- (c) Upon renewed membership or reemployment of a retiree, the employer and the renewed member shall pay the applicable employer and employee contributions required under s. 121.35.
- (d) Employer and employee contributions, interest, earnings, or any other funds may not be paid into a renewed member's optional retirement program account for any employment in a regularly stablished position with a covered employer on or after July 1, 2010, through June 30, 2017, by the renewed member or the employer on behalf of the renewed member.
- (e) Notwithstanding s. 121.4501(4)(g), the renewed member is not eliqible to elect membership in the pension plan.
 - (5) A retiree of the investment plan, the State University

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System Optional Retirement Program, the Senior Management Service Optional Annuity Program, or the State Community College System Optional Retirement Program who is reemployed on or after July 1, 2017, in a regularly established position eligible for participation in the State Community College System Optional Retirement Program shall become a renewed member of the optional retirement program. The renewed member must satisfy the eligibility requirements of this chapter and s. 1012.875 for the optional retirement program. Once enrolled, a renewed member remains enrolled in the optional retirement program while employed in an eligible position for the optional retirement program. If employment in a different covered position results in the renewed member's enrollment in the investment plan, the renewed member is no longer eligible to participate in the optional retirement program.

- (a) The renewed member is subject to the limitations on reemployment after retirement provided in s. 121.091(9), as applicable.
- (b) The renewed member must satisfy the requirements for termination from employment provided in s. 121.021(39).
- (c) Upon renewed membership or reemployment of a retiree, the employer and the renewed member shall pay the applicable employer and employee contributions required under ss. 121.051(2)(c) and 1012.875.
- (d) Employer and employee contributions, interest, earnings, or any other funds may not be paid into a renewed member's optional retirement program account for any employment in a regularly established position with a covered employer on or after July 1, 2010, through June 30, 2017, by the renewed

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member or the employer on behalf of the renewed member.

(e) Notwithstanding s. 121.4501(4)(g), the renewed member is not eligible to elect membership in the pension plan.

Section 6. Paragraph (e) of subsection (2), paragraph (f) of subsection (4), and paragraph (c) of subsection (5), of section 121.4501, Florida Statutes, are amended to read:

121.4501 Florida Retirement System Investment Plan.-

- (2) DEFINITIONS.—As used in this part, the term:
- (e) "Eligible employee" means an officer or employee, as defined in s. 121.021, who:
- 1. Is a member of, or is eligible for membership in, the Florida Retirement System, including any renewed member of the Florida Retirement System initially enrolled before July 1, 2010; or
- 2. Participates in, or is eligible to participate in, the Senior Management Service Optional Annuity Program as established under s. 121.055(6), the State Community College System Optional Retirement Program as established under s. 121.051(2)(c), or the State University System Optional Retirement Program established under s. 121.35; or
- 3. Is a retired member of the investment plan, the State University System Optional Retirement Program, the Senior Management Service Optional Annuity Program, or the State Community College System Optional Retirement Program who is reemployed in a regularly established position on or after July 1, 2017, and enrolled as a renewed member as provided in s. 121.122.

The term does not include any member participating in the

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Deferred Retirement Option Program established under s. 121.091(13), a retiree of the pension plan who is reemployed in a regularly established position on or after July 1, 2010, a retiree of a state-administered retirement system initially reemployed in a regularly established position on or after July 1, 2010, through June 30, 2017, or a mandatory participant of the State University System Optional Retirement Program established under s. 121.35.

- (4) PARTICIPATION; ENROLLMENT.-
- (f)1. A member of the investment plan who takes a distribution of any contributions from his or her investment plan account is considered a retiree. A retiree who is initially reemployed in a regularly established position on or after July 1, 2010, through June 30, 2017, is not eligible for to be enrolled in renewed membership, except as provided in s. 121.122.
- 2. A retiree who is reemployed on or after July 1, 2017, shall be enrolled as a renewed member as provided in s. 121.122.
 - (5) CONTRIBUTIONS.
- (c) The state board, acting as plan fiduciary, must ensure that all plan assets are held in a trust, pursuant to s. 401 of the Internal Revenue Code. The fiduciary must ensure that such contributions are allocated as follows:
- 1. The employer and employee contribution portion earmarked for member accounts shall be used to purchase interests in the appropriate investment vehicles as specified by the member, or in accordance with paragraph (4)(d).
- 2. The employer contribution portion earmarked for administrative and educational expenses shall be transferred to



127	the state board's Administrative Trust Fund.
128	3. The employer contribution portion earmarked for
129	disability benefits and line-of-duty death benefits shall be
130	transferred to the Florida Retirement System Trust Fund.
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132	========= T I T L E A M E N D M E N T ==========
133	And the title is amended as follows:
134	Delete lines 52 - 60
135	and insert:
136	121.4501, F.S.; redefining the term "eligible
137	employee"; conforming

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	LEGISLATIVE ACTION	
Senate		House
Comm: UNFAV		
04/25/2017		
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The Committee on Governmental Oversight and Accountability (Rouson) recommended the following:

Senate Amendment (with title amendment)

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Delete lines 1298 - 1316

4 and insert:

> Section 11. Subsections (4) and (5) of section 121.72, Florida Statutes, are amended to read:

> 121.72 Allocations to investment plan member accounts; percentage amounts.-

(4) Effective July 1, 2002, through June 30, 2012, and $\underline{\text{effective July 1, 2017,}}$ allocations from the Florida Retirement



11	System Contributions Clearing Trust F	und to investment plan
12	member accounts are as follows:	
13		
	Membership Class	Percentage of Gross
		Compensation
14		
15		
	Regular Class	9.00%
16		
17	Special Risk Class	20.00%
Ι/	Special Risk Administrative	
	Support Class	11.35%
18	Support Class	11.550
10	Elected Officers' Class-	
	Legislators, Governor,	
	Lt. Governor, Cabinet	
	Officers,	
	State Attorneys, Public	
	Defenders	13.40%
19		
	Elected Officers' Class-	
	Justices, Judges	18.90%
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	Elected Officers' Class-	
	County Elected Officers	16.20%
21		10.050
	Senior Management Service	10.95%



	Class
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24	(5) Effective July 1, 2012 <u>, through June 30, 2017</u> ,
25	allocations from the Florida Retirement System Contributions
26	Clearing Trust Fund to investment plan member accounts are as
27	follows:
28	
	Membership Class Percentage of Gross
	Compensation
29	
30	
2.1	Regular Class 6.30%
31	Special Risk Class 14.00%
32	Special Risk Class 14.00%
32	Special Risk Administrative
	Support Class 7.95%
33	Support Class
55	Elected Officers' Class-
	Legislators, Governor,
	Lt. Governor, Cabinet
	Officers,
	State Attorneys, Public
	Defenders 9.38%
34	
	Elected Officers' Class-
	Justices, Judges 13.23%
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	Elected Officers' Class-
	County Elected Officers 11.34%
36	
	Senior Management Service
	Class 7.67%
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39	Section 12. (1) In order to fund the benefit changes
40	provided in this act, the required employer contribution rate
41	for members of the Florida Retirement System established in s.
42	121.71(4), Florida Statutes, are adjusted as follows:
43	(a) The Regular Class is increased by 0.50 percentage
44	point.
45	(b) The Special Risk Class is increased by 0.98 percentage
46	point.
47	(c) The Special Risk Administrative Support Class is
48	increased by 1.13 percentage point.
49	(d) The Elected Officers' Class-Legislators, Governor, Lt.
50	Governor, Cabinet Officers, State Attorneys, and Public
51	Defenders is increased by 1.03 percentage point.
52	(e) The Elected Officers' Class-Justices, Judges is
53	increased by 0.51 percentage point.
54	(f) The Elected Officers' Class-County Elected Officers is
55	increased by 1.52 percentage point.
56	(g) The Senior Management Service Class is increased by
57	0.84 percentage point.
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59	======== T I T L E A M E N D M E N T =========



60	And the title is amended as follows:
61	Delete line 76
62	and insert:
63	cancer research programs by a certain date; amending
64	s. 121.72, F.S.; revising allocations from the Florida
65	Retirement System Contributions Clearing Trust Fund to
66	investment plan member accounts on a certain date;
67	revising

585-04040A-17 20177030pb

A bill to be entitled An act relating to retirement; creating s. 112.1816, F.S.; defining the term "firefighter"; establishing a presumption as to a firefighter's condition or impairment of health caused by certain types of cancer he or she contracts in the line of duty; specifying criteria a firefighter must meet to be entitled to the presumption; requiring an employing agency to provide a physical examination for a firefighter; specifying circumstances under which the presumption does not apply; providing for applicability; amending s. 121.053, F.S.; authorizing renewed membership in the Florida Retirement System for retirees who are reemployed in a position eligible for the Elected Officers' Class under certain circumstances; amending s. 121.055, F.S.; providing for renewed membership in the retirement system for retirees of the Senior Management Service Optional Annuity Program who are reemployed on or after a specified date; closing the Senior Management Service Optional Annuity Program to new members after a specified date; amending s. 121.091, F.S.; revising criteria for eligibility of payment of death benefits to the surviving children of a Special Risk Class member killed in the line of duty under specified circumstances; conforming a provision to changes made by the act; amending s. 121.122, F.S.; requiring that certain retirees who are reemployed on or after a specified date be renewed members in the investment plan; providing exceptions; specifying that

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 ${\tt CODING:}$ Words ${\tt stricken}$ are deletions; words ${\tt \underline{underlined}}$ are additions.

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30	creditable service does not accrue for employment
31	during a specified period; prohibiting certain funds
32	from being paid into a renewed member's investment
33	plan account for a specified period of employment;
34	requiring the renewed member to satisfy vesting
35	requirements; prohibiting a renewed member from
36	receiving specified disability benefits; specifying
37	limitations and requirements; requiring the employer
38	and the retiree to make applicable contributions to
39	the renewed member's investment plan account;
40	providing for the transfer of contributions;
41	authorizing a renewed member to receive additional
42	credit toward the health insurance subsidy under
43	certain circumstances; prohibiting participation in
44	the pension plan; providing that a retiree reemployed
45	on or after a specified date in a regularly
46	established position eligible for the State University
47	System Optional Retirement Program or State Community
48	College System Optional Retirement Program is a
49	renewed member of that program; specifying limitations
50	and requirements; requiring the employer and the
51	retiree to make applicable contributions; amending s.
52	121.4501, F.S.; revising definitions; revising a
53	provision relating to acknowledgement of an employee's
54	election to participate in the investment plan;
55	enrolling certain employees in the pension plan from
56	their date of hire until they are automatically
57	enrolled in the investment plan or timely elect
58	enrollment in the pension plan; providing certain

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members with a specified time to choose participation in the pension plan or the investment plan; conforming provisions to changes made by the act; amending s. 121.591, F.S.; authorizing payment of death benefits to the surviving spouse or surviving children of a member in the investment plan; establishing qualifications and eligibility requirements for receipt of such benefits; prescribing the method of calculating the benefit; specifying circumstances under which benefit payments are terminated; amending s. 121.5912, F.S.; revising a provision regarding program qualification under the Internal Revenue Code and rulemaking authority, to conform to changes made by the act; amending s. 121.735, F.S.; revising allocations to fund line-of-duty death benefits for investment plan members, to conform to changes made by the act; requiring the Legislature to review specified cancer research programs by a certain date; revising employer contribution rates to fund changes made by the act; providing a directive to the Division of Law Revision and Information; providing a declaration of important state interest; providing an effective date.

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

84 Section 1. Section 112.1816, Florida Statutes, is created 85 to read:

 $\underline{\mbox{112.1816}}$ Firefighter disability or death from cancer presumed contracted in the line of duty.—

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 ${\tt CODING:}$ Words ${\tt stricken}$ are deletions; words ${\tt \underline{underlined}}$ are additions.

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88	(1) DEFINITION.—As used in this section, the term
89	"firefighter" has the same meaning as in s. 112.81.
90	(2) PRESUMPTION; ELIGIBILITY CONDITIONS
91	(a) Any condition or impairment of the health of a
92	firefighter employed full time by the state or any municipality,
93	county, port authority, special tax district, or fire control
94	district which is caused by multiple myeloma, non-Hodgkin's
95	lymphoma, prostate cancer, or testicular cancer and results in
96	total or partial disability or death is presumed to have been
97	accidental and to have been contracted in the line of duty
98	unless the contrary is shown by competent evidence. In order to
99	be entitled to this presumption, the firefighter:
100	1. Must have successfully passed a physical examination
101	administered before the individual began service as a
102	firefighter and which failed to reveal any evidence of such a
103	health condition;
104	2. Must have been employed as a firefighter with his or her
105	current employer for at least 5 continuous years before becoming
106	totally or partially disabled or before his or her death;
107	3. Must not have used tobacco products for at least 5 years
108	before becoming totally or partially disabled or before his or
109	her death; and
110	4. Must not have been employed during the preceding 5 years
111	in any other position that is proven to create a higher risk for
112	multiple myeloma, non-Hodgkin's lymphoma, prostate cancer, or
113	testicular cancer. This includes any other employment as a
114	firefighter at another employing agency within the preceding $\underline{5}$
115	years.
116	(b) An employing agency must provide a physical examination

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17	for a firefighter before he or she begins service or immediately
18	thereafter. Notwithstanding subparagraph (a)1., if the employing
19	agency fails to provide a physical examination before the
20	firefighter begins service, or immediately thereafter, the
21	firefighter is entitled to the presumption, provided that he or
22	she meets the criteria specified in subparagraphs (a)2., (a)3.,
23	and (a) 4.
24	(c) The presumption does not apply to benefits payable
25	under or granted in a life insurance or disability insurance
26	policy unless the insurer and insured have negotiated for the
27	additional benefits to be included in the policy contract.
28	(3) APPLICABILITY.—A firefighter employed on July 1, 2017,
29	is not required to meet the physical examination requirement in
30	subsection (2) in order to be entitled to the presumption set
31	forth in this section.
32	Section 2. Paragraph (a) of subsection (3) and subsection
33	(5) of section 121.053, Florida Statutes, are amended to read:
34	121.053 Participation in the Elected Officers' Class for
35	retired members.—
36	(3) On or after July 1, 2010:
37	(a) A retiree of a state-administered retirement system who
38	is <u>initially reemployed in</u> elected or appointed for the first
39	time to an elective office in a regularly established position
40	with a covered employer may not reenroll in the Florida
41	Retirement System, except as provided in s. 121.122.
42	(5) Any renewed member, as described in $s. 121.122(1)$, (3),
43	(4), or (5) subsection (1) or subsection (2), who is not
44	receiving the maximum health insurance subsidy provided in s.

112.363 is entitled to earn additional credit toward the maximum ${\tt Page \ 5 \ of \ 47}$

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146	health insurance subsidy. Any additional subsidy due because of
147	such additional credit may be received only at the time of
148	payment of the second career retirement benefit. The total
149	health insurance subsidy received from initial and renewed
150	membership may not exceed the maximum allowed in s. 112.363.
151	Section 3. Paragraph (f) of subsection (1) and paragraph
152	(c) of subsection (6) of section 121.055, Florida Statutes, are
153	amended to read:
154	121.055 Senior Management Service Class.—There is hereby
155	established a separate class of membership within the Florida
156	Retirement System to be known as the "Senior Management Service
157	Class," which shall become effective February 1, 1987.
158	(1)
159	(f) Effective July 1, 1997:
160	1. Except as provided in subparagraph 3., an elected state
161	officer eligible for membership in the Elected Officers' Class
162	under s. $121.052(2)(a)$, (b) , or (c) who elects membership in the
163	Senior Management Service Class under s. 121.052(3)(c) may,
164	within 6 months after assuming office or within 6 months after
165	this act becomes a law for serving elected state officers, elect
166	to participate in the Senior Management Service Optional Annuity
167	Program, as provided in subsection (6), in lieu of membership in
168	the Senior Management Service Class.
169	2. Except as provided in subparagraph 3., an elected
170	officer of a local agency employer eligible for membership in
171	the Elected Officers' Class under s. 121.052(2)(d) who elects
172	membership in the Senior Management Service Class under s.
173	121.052(3)(c) may, within 6 months after assuming office, or
174	within 6 months after this act becomes a law for serving elected

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officers of a local agency employer, elect to withdraw from the Florida Retirement System, as provided in subparagraph (b)2., in lieu of membership in the Senior Management Service Class.

- 3. A retiree of a state-administered retirement system who is initially reemployed in a regularly established position on or after July 1, 2010, through June 30, 2017, as an elected official eligible for the Elected Officers' Class may not be enrolled in renewed membership in the Senior Management Service Class or in the Senior Management Service Optional Annuity Program as provided in subsection (6), and may not withdraw from the Florida Retirement System as a renewed member as provided in subparagraph (b)2., as applicable, in lieu of membership in the Senior Management Service Class. Effective July 1, 2017, a retiree of the Senior Management Service Optional Annuity Program who is reemployed in a regularly established position with a covered employer shall be enrolled as a renewed member as provided in s. 121.122.
 - (6)

- (c) Participation .-
- 1. An eligible employee who is employed on or before February 1, 1987, may elect to participate in the optional annuity program in lieu of participating in the Senior Management Service Class. Such election shall must be made in writing and filed with the department and the personnel officer of the employer on or before May 1, 1987. An eligible employee who is employed on or before February 1, 1987, and who fails to make an election to participate in the optional annuity program by May 1, 1987, is shall be deemed to have elected membership in the Senior Management Service Class.

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 ${\tt CODING:}$ Words ${\tt stricken}$ are deletions; words ${\tt \underline{underlined}}$ are additions.

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- 2. Except as provided in subparagraph 6., an employee who becomes eligible to participate in the optional annuity program by reason of initial employment commencing after February 1, 1987, may, within 90 days after the date of commencing employment, elect to participate in the optional annuity program. Such election shall must be made in writing and filed with the personnel officer of the employer. An eligible employee who does not within 90 days after commencing employment elect to participate in the optional annuity program is shall-be deemed to have elected membership in the Senior Management Service Class.
- 3. A person who is appointed to a position in the Senior Management Service Class and who is a member of an existing retirement system or the Special Risk or Special Risk Administrative Support Classes of the Florida Retirement System may elect to remain in such system or class in lieu of participating in the Senior Management Service Class or optional annuity program. Such election shall must be made in writing and filed with the department and the personnel officer of the employer within 90 days after such appointment. An eligible employee who fails to make an election to participate in the existing system, the Special Risk Class of the Florida Retirement System, the Special Risk Administrative Support Class of the Florida Retirement System, or the optional annuity program is shall-be deemed to have elected membership in the Senior Management Service Class.
- 4. Except as provided in subparagraph 5., an employee's election to participate in the optional annuity program is irrevocable if the employee continues to be employed in an

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585-04040A-17 20177030pb eligible position and continues to meet the eligibility

requirements set forth in this paragraph.

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- 5. Effective from July 1, 2002, through September 30, 2002, an active employee in a regularly established position who has elected to participate in the Senior Management Service Optional Annuity Program has one opportunity to choose to move from the Senior Management Service Optional Annuity Program to the Florida Retirement System Pension Plan.
- a. The election <u>shall</u> <u>must</u> be made in writing and <u>must be</u> filed with the department and the personnel officer of the employer before October 1, 2002, or, in the case of an active employee who is on a leave of absence on July 1, 2002, within 90 days after the conclusion of the leave of absence. This election is irrevocable.
- b. The employee shall receive service credit under the pension plan equal to his or her years of service under the Senior Management Service Optional Annuity Program. The cost for such credit is the amount representing the present value of that employee's accumulated benefit obligation for the affected period of service.
- c. The employee $\underline{\text{shall}}$ $\underline{\text{must}}$ transfer the total accumulated employer contributions and earnings on deposit in his or her Senior Management Service Optional Annuity Program account. If the transferred amount is not sufficient to pay the amount due, the employee $\underline{\text{shall}}$ $\underline{\text{must}}$ pay a sum representing the remainder of the amount due. The employee may not retain any employer contributions or earnings from the Senior Management Service Optional Annuity Program account.
 - 6. A retiree of a state-administered retirement system who

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Florida Senate - 2017 (PROPOSED BILL) SPB 7030

	585-04040A-17 2017/030pb
262	is initially reemployed on or after July 1, 2010, through June
263	30, 2017, may not renew membership in the Senior Management
264	Service Optional Annuity Program. Effective July 1, 2017, a
265	retiree of the Senior Management Service Optional Annuity
266	Program who is reemployed in a regularly established position
267	with a covered employer shall be enrolled as a renewed member as
268	provided in s. 121.122.
269	7. Effective July 1, 2017, the Senior Management Service
270	Optional Annuity Program is closed to new members. A member
271	enrolled in the Senior Management Service Optional Annuity
272	Program before July 1, 2017, may retain his or her membership in
273	the annuity program.
274	Section 4. Paragraphs (d) and (i) of subsection (7) and
275	paragraph (c) of subsection (9) of section 121.091, Florida
276	Statutes, are amended to read:
277	121.091 Benefits payable under the system.—Benefits may not
278	be paid under this section unless the member has terminated
279	employment as provided in s. 121.021(39)(a) or begun
280	participation in the Deferred Retirement Option Program as
281	provided in subsection (13), and a proper application has been
282	filed in the manner prescribed by the department. The department
283	may cancel an application for retirement benefits when the
284	member or beneficiary fails to timely provide the information
285	and documents required by this chapter and the department's
286	rules. The department shall adopt rules establishing procedures
287	for application for retirement benefits and for the cancellation
288	of such application when the required information or documents
289	are not received.
290	(7) DEATH BENEFITS

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(d) Notwithstanding any other provision in this chapter to the contrary, with the exception of the Deferred Retirement Option Program, as provided in subsection (13):

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- 1. The surviving spouse of any member killed in the line of duty may receive a monthly pension equal to one-half of the monthly salary being received by the member at the time of death for the rest of the surviving spouse's lifetime or, if the member was vested, such surviving spouse may elect to receive a benefit as provided in paragraph (b). Benefits provided by this paragraph shall supersede any other distribution that may have been provided by the member's designation of beneficiary.
- 2. If the surviving spouse of a member killed in the line of duty dies, the monthly payments that would have been payable to such surviving spouse had such surviving spouse lived shall be paid for the use and benefit of such member's child or children under 18 years of age and unmarried until the 18th birthday of the member's youngest child. Beginning July 1, 2016, such payments may be extended, for the surviving child of a member in the Special Risk Class at the time he or she was killed in the line of duty on or after July 1, 2013, until the 25th birthday of any child of the member if the child is unmarried and enrolled as a full-time student. Beginning July 1, 2017, such payments may be extended, for the surviving child of a member in the Special Risk Class at the time he or she was killed in the line of duty on or after July 1, 2002, until the 25th birthday of any child of the member if the child is unmarried and enrolled as a full-time student.
- 3. If a member killed in the line of duty leaves no surviving spouse but is survived by a child or children under 18

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- 4. The surviving spouse of a member whose benefit terminated because of remarriage shall have the benefit reinstated beginning July 1, 1993, at an amount that would have been payable had the benefit not been terminated.
- (i) Effective July 1, 2016, and Notwithstanding any provision in this chapter to the contrary, if a member in the Special Risk Class, other than a participant in the Deferred Retirement Option Program under subsection (13), is killed in the line of duty on or after July 1, 2002 2013, the following benefits are payable in addition to the benefits provided in paragraph (d):
- 1. The surviving spouse may receive a monthly pension equal to one-half of the monthly salary being received by the member at the time of the member's death for the rest of the surviving

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spouse's lifetime or, if the member was vested, such surviving spouse may elect to receive a benefit as provided in paragraph (b). Benefits provided by this paragraph supersede any other distribution that may have been provided by the member's designation of beneficiary.

- 2. If the surviving spouse dies, the monthly payments that otherwise would have been payable to such surviving spouse shall be paid for the use and benefit of the member's child or children under 18 years of age and unmarried until the 18th birthday of the member's youngest child. Such monthly payments may be extended until the 25th birthday of the member's child if the child is unmarried and enrolled as a full-time student.
- 3. If the member leaves no surviving spouse but is survived by a child or children under 18 years of age, the benefits provided by subparagraph 1., normally payable to a surviving spouse, shall be paid for the use and benefit of such member's child or children under 18 years of age and unmarried until the 18th birthday of the member's youngest child. Such monthly payments may be extended until the 25th birthday of any of the member's children if the child is unmarried and enrolled as a full-time student.
 - (9) EMPLOYMENT AFTER RETIREMENT; LIMITATION.-
- (c) Any person whose retirement is effective on or after July 1, 2010, or whose participation in the Deferred Retirement Option Program terminates on or after July 1, 2010, who is retired under this chapter, except under the disability retirement provisions of subsection (4) or as provided in s. 121.053, may be reemployed by an employer that participates in a state-administered retirement system and receive retirement

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benefits and compensation from that employer. However, a person may not be reemployed by an employer participating in the Florida Retirement System before meeting the definition of termination in s. 121.021 and may not receive both a salary from the employer and retirement benefits for 6 calendar months after meeting the definition of termination. However, a DROP participant shall continue employment and receive a salary during the period of participation in the Deferred Retirement Option Program, as provided in subsection (13).

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- 1. The reemployed retiree may not renew membership in the Florida Retirement System, except as provided in s. 121.122.
- 2. The employer shall pay retirement contributions in an amount equal to the unfunded actuarial liability portion of the employer contribution that would be required for active members of the Florida Retirement System in addition to the contributions required by s. 121.76.
- 3. A retiree initially reemployed in violation of this paragraph and an employer that employs or appoints such person are jointly and severally liable for reimbursement of any retirement benefits paid to the retirement trust fund from which the benefits were paid, including the Florida Retirement System Trust Fund and the Public Employee Optional Retirement Program Trust Fund, as appropriate. The employer must have a written statement from the employee that he or she is not retired from a state-administered retirement system. Retirement benefits shall remain suspended until repayment is made. Benefits suspended beyond the end of the retiree's 6-month reemployment limitation period shall apply toward the repayment of benefits received in violation of this paragraph.

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107	Section 5. Subsection (2) of section 121.122, Florida
108	Statutes, is amended, and subsections (3) , (4) , and (5) are
109	added to that section, to read:
110	121.122 Renewed membership in system.—
111	(2) Except as otherwise provided in subsections (3), (4),
112	$\underline{\text{and }(5)_{\emph{f}}}$ a retiree of a state-administered retirement system who
113	is initially reemployed in a regularly established position on
114	or after July 1, 2010, may not be enrolled as a renewed member.
115	(3) A retiree of the investment plan, the State University
116	System Optional Retirement Program, the Senior Management
117	Service Optional Annuity Program, or the State Community College
118	System Optional Retirement Program who is reemployed with a
119	covered employer in a regularly established position on or after
120	July 1, 2017, shall be enrolled as a renewed member of the
121	investment plan unless employed in a position eligible for
122	participation in the State University System Optional Retirement
123	Program as provided in subsection (4) or the State Community
124	College System Optional Retirement Program as provided in
125	subsection (5). The renewed member must satisfy the vesting
126	requirements and other provisions of this chapter.
127	(a) A renewed member of the investment plan shall be
128	enrolled in one of the following membership classes:
129	1. In the Regular Class, if the position does not meet the
130	requirements for membership under s. 121.0515, s. 121.053, or s.
131	<u>121.055.</u>
132	2. In the Special Risk Class, if the position meets the
133	requirements of s. 121.0515.
134	3. In the Elected Officers' Class, if the position meets
135	the requirements of s. 121.053.

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436	4. In the Senior Management Service Class, if the position
437	meets the requirements of s. 121.055.
438	(b) Creditable service, including credit toward the retiree
439	health insurance subsidy provided in s. 112.363, does not accrue
440	for a renewed member's employment in a regularly established
441	position with a covered employer from July 1, 2010, through June
442	<u>30, 2017.</u>
443	(c) Employer and employee contributions, interest,
444	earnings, or any other funds may not be paid into a renewed
445	member's investment plan account for any employment in a
446	regularly established position with a covered employer on or
447	after July 1, 2010, through June 30, 2017, by the renewed member
448	or the employer on behalf of the renewed member.
449	(d) To be eligible to receive a retirement benefit, the
450	renewed member must satisfy the vesting requirements in s.
451	<u>121.4501(6).</u>
452	(e) The renewed member is ineligible to receive disability
453	benefits as provided in s. 121.091(4) or s. 121.591(2).
454	(f) The renewed member is subject to the limitations on
455	reemployment after retirement provided in s. 121.091(9), as
456	applicable.
457	(g) The renewed member must satisfy the requirements for
458	termination from employment provided in s. 121.021(39).
459	(h) Upon renewed membership or reemployment of a retiree,
460	the employer and the renewed member shall pay the applicable
461	employer and employee contributions required under ss. 112.363,
462	121.71, 121.74, and 121.76. The contributions are payable only
463	for employment and salary earned in a regularly established
464	position with a covered employer on or after July 1, 2017. The

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585-04040A-17 20177030pb employer and employee contributions shall be transferred to the investment plan and placed in a default fund as designated by the state board. The renewed member may move the contributions once an account is activated in the investment plan. (i) A renewed member who earns creditable service under the investment plan and who is not receiving the maximum health insurance subsidy provided in s. 112.363 is entitled to earn additional credit toward the subsidy. Such credit may be earned only for employment in a regularly established position with a covered employer on or after July 1, 2017. Any additional subsidy due because of additional credit may be received only at the time of paying the second career retirement benefit. The total health insurance subsidy received by a retiree receiving benefits from initial and renewed membership may not exceed the maximum allowed under s. 112.363.

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- (j) Notwithstanding s. 121.4501(4)(f), the renewed member is not eliqible to elect membership in the pension plan.
- (4) A retiree of the investment plan, the State University
 System Optional Retirement Program, the Senior Management
 Service Optional Annuity Program, or the State Community College
 System Optional Retirement Program who is reemployed on or after
 July 1, 2017, in a regularly established position eligible for
 participation in the State University System Optional Retirement
 Program shall become a renewed member of the optional retirement
 program. The renewed member must satisfy the vesting
 requirements and other provisions of this chapter. Once
 enrolled, a renewed member remains enrolled in the optional
 retirement program while employed in an eligible position for
 the optional retirement program. If employment in a different

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585-04040A-17 20177030pb 494 covered position results in the renewed member's enrollment in 495 the investment plan, the renewed member is no longer eligible to 496 participate in the optional retirement program unless employed 497 in a mandatory position under s. 121.35. 498 (a) The renewed member is subject to the limitations on 499 reemployment after retirement provided in s. 121.091(9), as 500 applicable. 501 (b) The renewed member must satisfy the requirements for 502 termination from employment provided in s. 121.021(39). 503 (c) Upon renewed membership or reemployment of a retiree, 504 the employer and the renewed member shall pay the applicable 505 employer and employee contributions required under s. 121.35. 506 (d) Employer and employee contributions, interest, 507 earnings, or any other funds may not be paid into a renewed member's optional retirement program account for any employment 509 in a regularly stablished position with a covered employer on or after July 1, 2010, through June 30, 2017, by the renewed member 510 511 or the employer on behalf of the renewed member. 512 (e) Notwithstanding s. 121.4501(4)(f), the renewed member 513 is not eligible to elect membership in the pension plan. 514 (5) A retiree of the investment plan, the State University System Optional Retirement Program, the Senior Management 515 516 Service Optional Annuity Program, or the State Community College

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eligibility requirements of this chapter and s. 1012.875 for the

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System Optional Retirement Program who is reemployed on or after

Retirement Program shall become a renewed member of the optional

July 1, 2017, in a regularly established position eligible for

participation in the State Community College System Optional

retirement program. The renewed member must satisfy the

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121.051(2)(c) and 1012.875.

(d) Employer and employee contributions, interest,
earnings, or any other funds may not be paid into a renewed
member's optional retirement program account for any employment
in a regularly established position with a covered employer on
or after July 1, 2010, through June 30, 2017, by the renewed
member or the employer on behalf of the renewed member.

(e) Notwithstanding s. 121.4501(4)(f), the renewed member is not eligible to elect membership in the pension plan.

Section 6. Paragraphs (e) and (i) of subsection (2), paragraph (b) of subsection (3), subsection (4), paragraph (c) of subsection (5), and paragraphs (a) and (h) of subsection (10) of section 121.4501, Florida Statutes, are amended to read:

121.4501 Florida Retirement System Investment Plan.—

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552	(2) DEFINITIONS.—As used in this part, the term:
553	(e) "Eligible employee" means an officer or employee, as
554	defined in s. 121.021, who:
555	1. Is a member of, or is eligible for membership in, the
556	Florida Retirement System, including any renewed member of the
557	Florida Retirement System initially enrolled before July 1,
558	2010; or
559	2. Participates in, or is eligible to participate in, the
560	Senior Management Service Optional Annuity Program as
561	established under s. 121.055(6), the State Community College
562	System Optional Retirement Program as established under s.
563	121.051(2)(c), or the State University System Optional
564	Retirement Program established under s. 121.35; or
565	3. Is a retired member of the investment plan, the State
566	University System Optional Retirement Program, the Senior
567	Management Service Optional Annuity Program, or the State
568	Community College System Optional Retirement Program who is
569	reemployed in a regularly established position on or after July
570	1, 2017, and enrolled as a renewed member as provided in s.
571	<u>121.122</u> .
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573	The term does not include any member participating in the
574	Deferred Retirement Option Program established under s.
575	121.091(13), a retiree of the pension plan who is reemployed in
576	$\underline{\text{a}}$ regularly established position on or after July 1, 2010, $\underline{\text{a}}$
577	retiree of a state-administered retirement system initially
578	reemployed in a regularly established position on or after July
579	1, 2010, through June 30, 2017, or a mandatory participant of

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the State University System Optional Retirement Program

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established under s. 121.35.

- (i) "Member" or "employee" means an eligible employee who enrolls in, or who defaults into, the investment plan as provided in subsection (4), a terminated Deferred Retirement Option Program member as described in subsection (21), or a beneficiary or alternate payee of a member or employee.
 - (3) RETIREMENT SERVICE CREDIT; TRANSFER OF BENEFITS.-
- (b) Notwithstanding paragraph (a), an eligible employee who elects to participate in, or who defaults into, the investment plan and establishes one or more individual member accounts may elect to transfer to the investment plan a sum representing the present value of the employee's accumulated benefit obligation under the pension plan, except as provided in paragraph (4) (b). Upon transfer, all service credit earned under the pension plan is nullified for purposes of entitlement to a future benefit under the pension plan. A member may not transfer the accumulated benefit obligation balance from the pension plan after the time period for enrolling in the investment plan has expired.
- 1. For purposes of this subsection, the present value of the member's accumulated benefit obligation is based upon the member's estimated creditable service and estimated average final compensation under the pension plan, subject to recomputation under subparagraph 2. For state employees, initial estimates shall be based upon creditable service and average final compensation as of midnight on June 30, 2002; for district school board employees, initial estimates shall be based upon creditable service and average final compensation as of midnight on September 30, 2002; and for local government employees,

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initial estimates shall be based upon creditable service and average final compensation as of midnight on December 31, 2002.

The dates specified are the "estimate date" for these employees.

The actuarial present value of the employee's accumulated benefit obligation shall be based on the following:

a. The discount rate and other relevant actuarial

- a. The discount rate and other relevant actuarial assumptions used to value the Florida Retirement System Trust Fund at the time the amount to be transferred is determined, consistent with the factors provided in sub-subparagraphs b. and C.
- b. A benefit commencement age, based on the member's estimated creditable service as of the estimate date.
- c. Except as provided under sub-subparagraph d., for a member initially enrolled:
- (I) Before July 1, 2011, the benefit commencement age is the younger of the following, but may not be younger than the member's age as of the estimate date:
 - (A) Age 62; or

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- (B) The age the member would attain if the member completed 30 years of service with an employer, assuming the member worked continuously from the estimate date, and disregarding any vesting requirement that would otherwise apply under the pension plan.
- (II) On or after July 1, 2011, the benefit commencement age is the younger of the following, but may not be younger than the member's age as of the estimate date:
 - (A) Age 65; or
- 637 (B) The age the member would attain if the member completed 638 33 years of service with an employer, assuming the member worked

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d. For members of the Special Risk Class and for members of

(B) The age the member would attain if the member completed

(B) The age the member would attain if the member completed

e. The calculation must disregard vesting requirements and

2. For each member who elects to transfer moneys from the

30 years of service with an employer, assuming the member worked

vesting requirement that would otherwise apply under the pension

the Special Risk Administrative Support Class entitled to retain

(I) Initially enrolled before July 1, 2011, the benefit

commencement age is the younger of the following, but may not be

25 years of service with an employer, assuming the member worked

vesting requirement that would otherwise apply under the pension

(II) Initially enrolled on or after July 1, 2011, the

benefit commencement age is the younger of the following, but

may not be younger than the member's age as of the estimate

continuously from the estimate date, and disregarding any

younger than the member's age as of the estimate date:

continuously from the estimate date, and disregarding any

the special risk normal retirement date:

(A) Age 55; or

(A) Age 60; or

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- plan. early retirement reduction factors that would otherwise apply 666 under the pension plan.

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pension plan to his or her account in the investment plan, the division shall recompute the amount transferred under 670 subparagraph 1. within 60 days after the actual transfer of funds based upon the member's actual creditable service and actual final average compensation as of the initial date of participation in the investment plan. If the recomputed amount differs from the amount transferred by \$10 or more, the division shall:

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- a. Transfer, or cause to be transferred, from the Florida Retirement System Trust Fund to the member's account the excess, if any, of the recomputed amount over the previously transferred amount together with interest from the initial date of transfer to the date of transfer under this subparagraph, based upon the effective annual interest equal to the assumed return on the actuarial investment which was used in the most recent actuarial valuation of the system, compounded annually.
- b. Transfer, or cause to be transferred, from the member's account to the Florida Retirement System Trust Fund the excess, if any, of the previously transferred amount over the recomputed amount, together with interest from the initial date of transfer to the date of transfer under this subparagraph, based upon 6 percent effective annual interest, compounded annually, pro rata based on the member's allocation plan.
- 3. If contribution adjustments are made as a result of employer errors or corrections, including plan corrections, following recomputation of the amount transferred under subparagraph 1., the member is entitled to the additional contributions or is responsible for returning any excess contributions resulting from the correction. However, a any

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return of such erroneous excess pretax contribution by the plan must be made within the period allowed by the Internal Revenue Service. The present value of the member's accumulated benefit obligation may shall not be recalculated.

- 4. As directed by the member, the state board shall transfer or cause to be transferred the appropriate amounts to the designated accounts within 30 days after the effective date of the member's participation in the investment plan unless the major financial markets for securities available for a transfer are seriously disrupted by an unforeseen event that causes the suspension of trading on a any national securities exchange in the country where the securities were issued. In that event, the 30-day period may be extended by a resolution of the state board. Transfers are not commissionable or subject to other fees and may be in the form of securities or cash, as determined by the state board. Such securities are valued as of the date of receipt in the member's account.
- 5. If the state board or the division receives notification from the United States Internal Revenue Service that this paragraph or any portion of this paragraph will cause the retirement system, or a portion thereof, to be disqualified for tax purposes under the Internal Revenue Code, the portion that will cause the disqualification does not apply. Upon such notice, the state board and the division shall notify the presiding officers of the Legislature.
 - (4) PARTICIPATION; ENROLLMENT.-
- (a)1. Effective June 1, 2002, through February 28, 2003, a 90-day election period was provided to each eligible employee participating in the Florida Retirement System, preceded by a

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a. Any such employee may elect to participate in the investment plan in lieu of retaining his or her membership in the pension plan. The election must be made in writing or by electronic means and must be filed with the third-party administrator by August 31, 2002, or, in the case of an active employee who is on a leave of absence on April 1, 2002, by the last business day of the 5th month following the month the leave of absence concludes. This election is irrevocable, except as provided in paragraph (g). Upon making such election, the employee shall be enrolled as a member of the investment plan, the employee's membership in the Florida Retirement System is governed by the provisions of this part, and the employee's membership in the pension plan terminates. The employee's enrollment in the investment plan is effective the first day of the month for which a full month's employer contribution is made to the investment plan.

b. Any such employee who fails to elect to participate in the investment plan within the prescribed time period is deemed

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plan is forfeited.

2. With respect to employees who become eligible to participate in the investment plan by reason of employment in a regularly established position with a state employer commencing after April 1, 2002:

a. Any such employee shall, by default, be enrolled in the pension plan at the commencement of employment, and may, by the last business day of the 5th month following the employee's month of hire, elect to participate in the investment plan. The employee's election must be made in writing or by electronic means and must be filed with the third-party administrator. The election to participate in the investment plan is irrevocable, except as provided in paragraph (f) $\frac{1}{(g)}$.

a.b. If the employee files such election within the prescribed time period, enrollment in the investment plan is effective on the first day of employment. The retirement contributions paid through the month of the employee plan change shall be transferred to the investment program, and, effective the first day of the next month, the employer and employee must pay the applicable contributions based on the employee membership class in the program.

<u>b.e.</u> An employee who fails to elect to participate in the investment plan within the prescribed time period is deemed to have elected to retain membership in the pension plan, and the employee's option to elect to participate in the investment plan is forfeited.

2.3. With respect to employees who become eligible to

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785 121.051(2)(c)3. or s. 121.35(3)(i), the employee may elect to 786 participate in the investment plan in lieu of retaining his or 787 her membership in the State Community College System Optional 788 Retirement Program or the State University System Optional 789 Retirement Program. The election must be made in writing or by electronic means and must be filed with the third-party 791 administrator. This election is irrevocable, except as provided 792 in paragraph (f) (g). Upon making such election, the employee 793 shall be enrolled as a member in the investment plan, the 794 employee's membership in the Florida Retirement System is 795 governed by the provisions of this part, and the employee's 796 participation in the State Community College System Optional 797 Retirement Program or the State University System Optional Retirement Program terminates. The employee's enrollment in the

participate in the investment plan pursuant to s.

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to the investment plan.

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(b)1. With respect to employees who become eligible to participate in the investment plan by reason of employment in a regularly established position commencing on or after January 1, 2018, or who did not complete an election window before January 1, 2018, any such employee shall be enrolled in the pension plan at the commencement of employment and may, by the last business day of the fifth month following the employee's month of hire, elect to participate in the pension plan or the investment plan. Eligible employees may make a plan election only if they are earning service credit in an employer-employee relationship consistent with s. 121.021(17)(b), excluding leaves of absence

investment plan is effective on the first day of the month for

which a full month's employer and employee contribution is made

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without pay.

- 2. The employee's election must be made in writing or by electronic means and must be filed with the third-party administrator. The election to participate in the pension plan or investment plan is irrevocable, except as provided in paragraph (f).
- 3. If the employee fails to make an election of the pension plan or investment plan within 5 months following the month of hire, the employee is deemed to have elected the investment plan and shall default into the investment plan retroactively to the employee's date of employment. The employee's option to participate in the pension plan is forfeited, except as provided in paragraph (f).
- 4. The amount of the employee and employer contributions paid through the date of default to the investment plan shall be transferred to the investment plan and shall be placed in a default fund as designated by the State Board of Administration. The employee may move the contributions once an account is activated in the investment plan.
- 5. Effective the first day of the month after an eligible employee makes a plan election of the pension plan or investment plan, or the first day of the month after default to the investment plan, the employee and employer shall pay the applicable contributions based on the employee membership class in the program.
- 4. For purposes of this paragraph, "state employer" means any agency, board, branch, commission, community college, department, institution, institution of higher education, or water management district of the state, which participates in

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842	the Florida Retirement System for the benefit of certain
843	employees.
844	(b) 1. With respect to an eligible employee who is employed
845	in a regularly established position on September 1, 2002, by a
846	district school board employer:
847	a. Any such employee may elect to participate in the
848	investment plan in lieu of retaining his or her membership in
849	the pension plan. The election must be made in writing or by
850	electronic means and must be filed with the third-party
851	administrator by November 30, or, in the case of an active
852	employee who is on a leave of absence on July 1, 2002, by the
853	last business day of the 5th month following the month the leave
854	of absence concludes. This election is irrevocable, except as
855	provided in paragraph (g). Upon making such election, the
856	employee shall be enrolled as a member of the investment $plan_r$
857	the employee's membership in the Florida Retirement System is
858	governed by the provisions of this part, and the employee's
859	membership in the pension plan terminates. The employee's
860	enrollment in the investment plan is effective the first day of
861	the month for which a full month's employer contribution is made
862	to the investment program.
863	b. Any such employee who fails to elect to participate in
864	the investment plan within the prescribed time period is deemed
865	to have elected to retain membership in the pension plan, and
866	the employee's option to elect to participate in the investment
867	plan is forfeited.
868	2. With respect to employees who become eligible to
869	participate in the investment plan by reason of employment in a
870	regularly established position with a district school board

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employer commencing after July 1, 2002:

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a. Any such employee shall, by default, be enrolled in the pension plan at the commencement of employment, and may, by the last business day of the 5th month following the employee's month of hire, elect to participate in the investment plan. The employee's election must be made in writing or by electronic means and must be filed with the third-party administrator. The election to participate in the investment plan is irrevocable, except as provided in paragraph (g).

b. If the employee files such election within the prescribed time period, enrollment in the investment plan is effective on the first day of employment. The employer retirement contributions paid through the month of the employee plan change shall be transferred to the investment plan, and, effective the first day of the next month, the employer shall pay the applicable contributions based on the employee membership class in the investment plan.

c. Any such employee who fails to elect to participate in the investment plan within the prescribed time period is deemed to have elected to retain membership in the pension plan, and the employee's option to elect to participate in the investment plan is forfeited.

3. For purposes of this paragraph, "district school board employer" means any district school board that participates in the Florida Retirement System for the benefit of certain employees, or a charter school or charter technical career center that participates in the Florida Retirement System as provided in s. 121.051(2)(d).

(c) 1. With respect to an eligible employee who is employed

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900 in a regularly established position on December 1, 2002, by a 901 local employer: 902 a. Any such employee may elect to participate in the investment plan in lieu of retaining his or her membership in 903 904 the pension plan. The election must be made in writing or by electronic means and must be filed with the third-party 905 administrator by February 28, 2003, or, in the case of an active 906 907 employee who is on a leave of absence on October 1, 2002, by the last business day of the 5th month following the month the leave 908 909 of absence concludes. This election is irrevocable, except as 910 provided in paragraph (g). Upon making such election, the 911 employee shall be enrolled as a participant of the investment plan, the employee's membership in the Florida Retirement System 912 913 is governed by the provisions of this part, and the employee's membership in the pension plan terminates. The employee's 914 enrollment in the investment plan is effective the first day of 915 916 the month for which a full month's employer contribution is made 917 to the investment plan. 918 b. Any such employee who fails to elect to participate in 919 the investment plan within the prescribed time period is deemed to have elected to retain membership in the pension plan, and 920 the employee's option to elect to participate in the investment 921 922 plan is forfeited. 923 2. With respect to employees who become cligible to 924 participate in the investment plan by reason of employment in a regularly established position with a local employer commencing 925 926 after October 1, 2002: 927 a. Any such employee shall, by default, be enrolled in the 928 pension plan at the commencement of employment, and may, by the

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last business day of the 5th month following the employee's month of hire, elect to participate in the investment plan. The employee's election must be made in writing or by electronic means and must be filed with the third-party administrator. The election to participate in the investment plan is irrevocable, except as provided in paragraph (g).

b. If the employee files such election within the prescribed time period, enrollment in the investment plan is effective on the first day of employment. The employer retirement contributions paid through the month of the employee plan change shall be transferred to the investment plan, and, effective the first day of the next month, the employer shall pay the applicable contributions based on the employee membership class in the investment plan.

c. Any such employee who fails to elect to participate in the investment plan within the prescribed time period is deemed to have elected to retain membership in the pension plan, and the employee's option to elect to participate in the investment plan is forfeited.

3. For purposes of this paragraph, "local employer" means any employer not included in paragraph (a) or paragraph (b).

 $\underline{\text{(c)}}$ Contributions available for self-direction by a member who has not selected one or more specific investment products shall be allocated as prescribed by the state board. The third-party administrator shall notify the member at least quarterly that the member should take an affirmative action to make an asset allocation among the investment products.

(d) (e) On or after July 1, 2011, a member of the pension plan who obtains a refund of employee contributions retains his

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or her prior plan choice upon return to employment in a regularly established position with a participating employer.

(e)1.(f) A member of the investment plan who takes a distribution of any contributions from his or her investment plan account is considered a retiree. A retiree who is initially reemployed in a regularly established position on or after July 1, 2010, through June 30, 2017, is not eligible for to be enrolled in renewed membership, except as provided in s. 121.122.

2. A retiree who is reemployed on or after July 1, 2017, shall be enrolled as a renewed member as provided in s. 121.122.

(f) (a) After the period during which an eligible employee had the choice to elect the pension plan or the investment plan, or the month following the receipt of the eligible employee's plan election, if sooner, the employee shall have one opportunity, at the employee's discretion, to choose to move from the pension plan to the investment plan or from the investment plan to the pension plan. Eligible employees may elect to move between plans only if they are earning service credit in an employer-employee relationship consistent with s. 121.021(17)(b), excluding leaves of absence without pay. Effective July 1, 2005, such elections are effective on the first day of the month following the receipt of the election by the third-party administrator and are not subject to the requirements regarding an employer-employee relationship or receipt of contributions for the eligible employee in the effective month, except when the election is received by the third-party administrator. This paragraph is contingent upon approval by the Internal Revenue Service.

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- 1. If the employee chooses to move to the investment plan, the provisions of subsection (3) govern the transfer.
- 2. If the employee chooses to move to the pension plan, the employee must transfer from his or her investment plan account, and from other employee moneys as necessary, a sum representing the present value of that employee's accumulated benefit obligation immediately following the time of such movement, determined assuming that attained service equals the sum of service in the pension plan and service in the investment plan. Benefit commencement occurs on the first date the employee is eligible for unreduced benefits, using the discount rate and other relevant actuarial assumptions that were used to value the pension plan liabilities in the most recent actuarial valuation. For any employee who, at the time of the second election, already maintains an accrued benefit amount in the pension plan. the then-present value of the accrued benefit is deemed part of the required transfer amount. The division must ensure that the transfer sum is prepared using a formula and methodology certified by an enrolled actuary. A refund of any employee contributions or additional member payments made which exceed the employee contributions that would have accrued had the member remained in the pension plan and not transferred to the investment plan is not permitted.
- 3. Notwithstanding subparagraph 2., an employee who chooses to move to the pension plan and who became eligible to participate in the investment plan by reason of employment in a regularly established position with a state employer after June 1, 2002; a district school board employer after September 1, 2002; or a local employer after December 1, 2002, must transfer

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from his or her investment plan account, and from other employee moneys as necessary, a sum representing the employee's actuarial accrued liability. A refund of any employee contributions or additional member participant payments made which exceed the employee contributions that would have accrued had the member remained in the pension plan and not transferred to the investment plan is not permitted.

- 1023 4. An employee's ability to transfer from the pension plan 1024 to the investment plan pursuant to paragraphs (a) and (b) $\frac{(a)}{(a)}$ 1025 (d), and the ability of a current employee to have an option to 1026 later transfer back into the pension plan under subparagraph 2., shall be deemed a significant system amendment. Pursuant to s. 1027 1028 121.031(4), any resulting unfunded liability arising from actual 1029 original transfers from the pension plan to the investment plan 1030 must be amortized within 30 plan years as a separate unfunded 1031 actuarial base independent of the reserve stabilization mechanism defined in s. 121.031(3)(f). For the first 25 years, a 1032 1033 direct amortization payment may not be calculated for this base. 1034 During this 25-year period, the separate base shall be used to 1035 offset the impact of employees exercising their second program 1036 election under this paragraph. The actuarial funded status of 1037 the pension plan will not be affected by such second program 1038 elections in any significant manner, after due recognition of 1039 the separate unfunded actuarial base. Following the initial 25-1040 year period, any remaining balance of the original separate base shall be amortized over the remaining 5 years of the required 1041 1042 30-year amortization period.
 - 5. If the employee chooses to transfer from the investment plan to the pension plan and retains an excess account balance

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in the investment plan after satisfying the buy-in requirements under this paragraph, the excess may not be distributed until the member retires from the pension plan. The excess account balance may be rolled over to the pension plan and used to purchase service credit or upgrade creditable service in the pension plan.

(5) CONTRIBUTIONS.-

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- (c) The state board, acting as plan fiduciary, must ensure that all plan assets are held in a trust, pursuant to s. 401 of the Internal Revenue Code. The fiduciary must ensure that such contributions are allocated as follows:
- 1. The employer and employee contribution portion earmarked for member accounts shall be used to purchase interests in the appropriate investment vehicles as specified by the member, or in accordance with paragraph (4)(c) $\frac{4}{6}$.
- 2. The employer contribution portion earmarked for administrative and educational expenses shall be transferred to the state board's Administrative Trust Fund.
- 3. The employer contribution portion earmarked for disability benefits <u>and line-of-duty death benefits</u> shall be transferred to the Florida Retirement System Trust Fund.
 - (10) EDUCATION COMPONENT.-
- (a) The state board, in coordination with the department, shall provide for an education component for eligible employees system members in a manner consistent with the provisions of this subsection section. The education component must be available to eligible employees at least 90 days prior to the beginning date of the election period for the employees of the respective types of employers.

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(h) Pursuant to subsection (8), all Florida Retirement
System employers have an obligation to regularly communicate the
existence of the two Florida Retirement System plans and the
plan choice in the natural course of administering their
personnel functions, using the educational materials supplied by
the state board and the Department of Management Services.

Section 7. Subsection (4) of section 121.591, Florida Statutes, is amended to read:

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121.591 Payment of benefits.—Benefits may not be paid under the Florida Retirement System Investment Plan unless the member has terminated employment as provided in s. 121.021(39)(a) or is deceased and a proper application has been filed as prescribed by the state board or the department. Benefits, including employee contributions, are not payable under the investment plan for employee hardships, unforeseeable emergencies, loans, medical expenses, educational expenses, purchase of a principal residence, payments necessary to prevent eviction or foreclosure on an employee's principal residence, or any other reason except a requested distribution for retirement, a mandatory de minimis distribution authorized by the administrator, or a required minimum distribution provided pursuant to the Internal Revenue Code. The state board or department, as appropriate, may cancel an application for retirement benefits if the member or beneficiary fails to timely provide the information and documents required by this chapter and the rules of the state board and department. In accordance with their respective responsibilities, the state board and the department shall adopt rules establishing procedures for application for retirement benefits and for the cancellation of such application if the

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585-04040A-17 20177030pb 1103 required information or documents are not received. The state 1104 board and the department, as appropriate, are authorized to cash 1105 out a de minimis account of a member who has been terminated 1106 from Florida Retirement System covered employment for a minimum 1107 of 6 calendar months. A de minimis account is an account 1108 containing employer and employee contributions and accumulated 1109 earnings of not more than \$5,000 made under the provisions of 1110 this chapter. Such cash-out must be a complete lump-sum 1111 liquidation of the account balance, subject to the provisions of 1112 the Internal Revenue Code, or a lump-sum direct rollover 1113 distribution paid directly to the custodian of an eligible 1114 retirement plan, as defined by the Internal Revenue Code, on 1115 behalf of the member. Any nonvested accumulations and associated 1116 service credit, including amounts transferred to the suspense 1117 account of the Florida Retirement System Investment Plan Trust 1118 Fund authorized under s. 121.4501(6), shall be forfeited upon 1119 payment of any vested benefit to a member or beneficiary, except 1120 for de minimis distributions or minimum required distributions 1121 as provided under this section. If any financial instrument 1122 issued for the payment of retirement benefits under this section 1123 is not presented for payment within 180 days after the last day 1124 of the month in which it was originally issued, the third-party 1125 administrator or other duly authorized agent of the state board 1126 shall cancel the instrument and credit the amount of the 1127 instrument to the suspense account of the Florida Retirement 1128 System Investment Plan Trust Fund authorized under s. 1129 121.4501(6). Any amounts transferred to the suspense account are 1130 payable upon a proper application, not to include earnings 1131 thereon, as provided in this section, within 10 years after the

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last day of the month in which the instrument was originally issued, after which time such amounts and any earnings attributable to employer contributions shall be forfeited. Any forfeited amounts are assets of the trust fund and are not subject to chapter 717.

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- (4) LINE-OF-DUTY DEATH BENEFITS FOR INVESTMENT PLAN SPECIAL 1138 RISK CLASS MEMBERS.-Benefits are provided under this subsection 1139 to the spouse and child or children of members in the investment 1140 plan Special Risk Class when such members are killed in the line 1141 of duty and are payable in lieu of the benefits that would 1142 otherwise be payable under subsection (1) or subsection (3). 1143 Benefits provided by this subsection supersede any other 1144 distribution that may have been provided by the member's 1145 designation of beneficiary. Such benefits must be funded from 1146 employer contributions made under s. 121.571, transferred employee contributions and funds accumulated pursuant to 1148 paragraph (a), and interest and earnings thereon. 1149
 - (a) Transfer of funds.—To qualify to receive monthly benefits under this subsection:
 - 1. All moneys accumulated in the member's account, including vested and nonvested accumulations as described in s. 121.4501(6), must be transferred from such individual accounts to the division for deposit in the survivor benefit account of the Florida Retirement System Trust Fund. Moneys in the survivor benefit account must be accounted for separately. Earnings must be credited on an annual basis for amounts held in the survivor benefit account of the Florida Retirement System Trust Fund based on actual earnings of the trust fund.
 - 2. If the member has retained retirement credit earned

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under the pension plan as provided in s. 121.4501(3), a sum representing the actuarial present value of such credit within the Florida Retirement System Trust Fund shall be transferred by the division from the pension plan to the survivor benefit retirement program as implemented under this subsection and shall be deposited in the survivor benefit account of the trust fund.

- (b) Survivor retirement; entitlement.—An investment plan member who is in the Special Risk Class at the time the member is killed in the line of duty on or after July 1, 2002 2013, regardless of length of creditable service, may have survivor benefits paid as provided in s. 121.091(7)(d) and (i) to:
 - 1. The surviving spouse for the spouse's lifetime; or
- 2. If there is no surviving spouse or the surviving spouse dies, the member's child or children under 18 years of age and unmarried until the 18th birthday of the member's youngest child. Such payments may be extended until the 25th birthday of any child of the member if the child is unmarried and enrolled as a full-time student as provided in s. 121.091(7)(d) and (i).
 - (c) Survivor benefit retirement effective date.-
- $\underline{1.}$ The effective retirement date for the surviving spouse or eligible child of a Special Risk Class member who is killed in the line of duty is:
- $\underline{a.1.}$ The first day of the month following the member's death if the member dies on or after July 1, 2016.
- $\underline{\text{b.2-}}$ July 1, 2016, for a member of the Special Risk Class when killed in the line of duty on or after July 1, 2013, but before July 1, 2016, if the application is received before July 1, 2016; or the first day of the month following the receipt of

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1190	such application.
1191	2. Except as provided in subparagraph 1., the effective
1192	retirement date for the surviving spouse or eligible child of an
1193	investment plan member who is killed in the line of duty is:
1194	a. The first day of the month following the member's death
1195	if the member dies on or after July 1, 2017.
1196	b. July 1, 2017, if the member is killed in the line of
1197	duty on or after July 1, 2002, but before July 1, 2017, if the
1198	application is received before July 1, 2017; or the first day of
1199	the month following the receipt of such application.
1200	
1201	If the investment plan account balance has already been paid out
1202	to the surviving spouse or the eligible unmarried dependent
1203	child or children, the benefit payable shall be actuarially
1204	reduced by the amount of the payout.
1205	(d) Line-of-duty death benefit
1206	1. The following individuals are eligible to receive a
1207	retirement benefit under s. 121.091(7)(d) and (i) if the
1208	member's account balance is surrendered and an application is
1209	received and approved:
1210	a. The surviving spouse.
1211	b. If there is no surviving spouse or the surviving spouse
1212	dies, the member's child or children under 18 years of age and
1213	unmarried until the 18th birthday of the member's youngest
1214	child, or until the 25th birthday of the member's child if the
1215	child is unmarried and enrolled as a full-time student.
1216	2. Such surviving spouse or such child or children shall
1217	receive a monthly survivor benefit that begins accruing on the
1218	first day of the month of survivor benefit retirement, as

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approved by the division, and is payable on the last day of that month and each month thereafter during the surviving spouse's lifetime or on behalf of the unmarried children of the member until the 18th birthday of the youngest child, or until the 25th birthday of any of the member's unmarried children who are enrolled as full-time students. Survivor benefits must be paid out of the survivor benefit account of the Florida Retirement System Trust Fund established under this subsection.

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If the investment plan account balance has already been paid out to the surviving spouse or the eligible unmarried dependent child or children, the benefit payable shall be actuarially reduced by the amount of the payout.

- (e) Computation of survivor benefit retirement benefit.—The amount of each monthly payment must be calculated as provided under s. 121.091(7)(d) and (i).
 - (f) Death of the surviving spouse or children .-
- 1. Upon the death of a surviving spouse, the monthly benefits shall be paid through the last day of the month of death and shall terminate or be paid on behalf of the unmarried child or children until the 18th birthday of the youngest child, or the 25th birthday of any of the member's unmarried children who are enrolled as full-time students.
- 2. If the surviving spouse dies and the benefits are being paid on behalf of the member's unmarried children as provided in subparagraph 1., benefits shall be paid through the last day of the month until the later of the month the youngest child reaches his or her 18th birthday, the month of the 25th birthday of any of the member's unmarried children enrolled as full-time

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1248 students, or the month of the death of the youngest child. 1249 Section 8. Section 121.5912, Florida Statutes, is amended 1250 to read: 1251 121.5912 Survivor benefit retirement program; qualified status; rulemaking authority.-It is the intent of the 1252 1253 Legislature that the survivor benefit retirement program for 1254 Special Risk Class members of the Florida Retirement System 1255 Investment Plan meet all applicable requirements for a qualified 1256 plan. If the state board or the division receives notification 1257 from the Internal Revenue Service that this program or any 1258 portion of this program will cause the retirement system, or any 1259 portion thereof, to be disqualified for tax purposes under the 1260 Internal Revenue Code, the portion that will cause the 1261 disqualification does not apply. Upon such notice, the state 1262 board or the division shall notify the presiding officers of the 1263 Legislature. The state board and the department may adopt any rules necessary to maintain the qualified status of the survivor 1264 1265 benefit retirement program. 1266 Section 9. Subsections (1) and (3) of section 121.735, 1267 Florida Statutes, are amended to read: 1268 121.735 Allocations for member line-of-duty death benefits; 1269 percentage amounts.-1270 (1) The allocations established in subsection (3) shall be 1271 used to provide line-of-duty death benefit coverage for Special 1272 Risk Class members in the investment plan and shall be 1273 transferred monthly by the division from the Florida Retirement 1274 System Contributions Clearing Trust Fund to the survivor benefit 1275 account of the Florida Retirement System Trust Fund. 1276 (3) Effective July 1, 2017 2016, allocations from the

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1277	Florida Retirement System Contr	ibutions Clearing Trust Fund to
1278	provide line-of-duty death bene	fits for Special Risk Class
1279	members in the investment plan	and to offset the costs of
1280	administering said coverage, are	e as follows:
1281		
	Membership Class	Percentage of Gross
		Compensation
1282		
1283		
	Regular Class	<u>0.05%</u>
1284		
4005	Special Risk Class	<u>1.15%</u>
1285		
	Special Risk Administrative	0.039
1286	Support Class	0.03%
1200	Elected Officers' Class-	
	Legislators, Governor,	
	Lt. Governor, Cabinet	
	Officers,	
	State Attorneys, Public	
	Defenders	0.15%
1287		
	Elected Officers' Class-	
	Justices, Judges	0.09%
1288		
	Elected Officers' Class-	
	County Elected Officers	0.20%

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1291	Section 10. The Legislature shall review the current status
1292	of research programs, funded wholly or in part by the General
1293	Appropriations Act, which study the incidence of cancer in
1294	firefighters. This review must be conducted before the convening
1295	of the 2018 Regular Session of the Legislature to determine
1296	whether any further statutory changes are necessary as a result
1297	of the enactment of s. 112.1816, Florida Statutes, by this act.
1298	Section 11. (1) In order to fund the benefit changes
1299	provided in this act, the required employer contribution rate
1300	for members of the Florida Retirement System established in s.
1301	121.71(4), Florida Statutes, are adjusted as follows:
1302	(a) The Regular Class is increased by 0.01 percentage
1303	point.
1304	(b) The Special Risk Class is increased by 0.06 percentage
1305	point.
1306	(c) The Special Risk Administrative Support Class is
1307	increased by 0.02 percentage point.
1308	(d) The Elected Officers' Class-Legislators, Governor, Lt.
1309	Governor, Cabinet Officers, State Attorneys, and Public
1310	Defenders is increased by 0.04 percentage point.
1311	(e) The Elected Officers' Class-Justices, Judges is
1312	increased by 0.01 percentage point.
1313	(f) The Elected Officers' Class-County Elected Officers is
1314	increased by 0.06 percentage point.
1315	(g) The Senior Management Service Class is increased by
1313	ty, the benior management betvice class is increased by

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1316 0.01 percentage point. 1317 (2) In order to fund the benefit changes provided in this 1318 act, the required employer contribution rate for the unfunded 1319 actuarial liability of the Florida Retirement System established 1320 in s. 121.71(5), Florida Statutes, for the Special Risk Class is 1321 increased by 0.12 percentage point. 1322 (3) The adjustments provided in subsections (1) and (2) are 1323 in addition to any other changes to such contribution rates 1324 which may be enacted into law to take effect on July 1, 2017. 1325 The Division of Law Revision and Information is directed to 1326 adjust accordingly the contribution rates provided in s. 121.71, 1327 Florida Statutes. 1328 Section 12. The Legislature finds that a proper and 1329 legitimate state purpose is served when employees and retirees 1330 of the state and its political subdivisions, and the dependents, 1331 survivors, and beneficiaries of such employees and retirees, are 1332 extended the basic protections afforded by governmental 1333 retirement systems. These persons must be provided benefits that 1334 are fair and adequate and that are managed, administered, and 1335 funded in an actuarially sound manner, as required by s. 14, 1336 Article X of the State Constitution and part VII of chapter 112, 1337 Florida Statutes. Therefore, the Legislature determines and 1338 declares that this act fulfills an important state interest. 1339 Section 13. This act shall take effect July 1, 2017.

Page 47 of 47

CODING: Words $\underline{\textbf{stricken}}$ are deletions; words $\underline{\textbf{underlined}}$ are additions.

APPEARANCE RECORD

(Deliver ROTH copies of this form to the Sanator or Sanata Professional Staff conducting the moeting)

4-24-17 (Beliver Bott recipies of this form to the Seriator of Seriate P	7036
Meeting Date	Bill Number (if applicable)
Topic FRS	Amendment Barcode (if applicable)
Name MARSHALL DGLETREE	· · · · · · · · · · · · · · · · · · ·
Job Title Exec. Director	
Address 115 N. Calhoun St.	Phone 850-224-8223
Street Tallahusse FL 322 City State Z	30/ EmailMershell. ogletner Offinideer, og
Speaking: For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing Unrited Faculty of Florida	
Appearing at request of Chair: Yes No Lobby	ist registered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may not meeting. Those who do speak may be asked to limit their remarks so that	t permit all persons wishing to speak to be heard at this t as many persons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

S-001 (10/14/14)

Deliver BOTH copies of this form to the Senator or Senate Professional	Staff conducting the meeting) SR 7030
Meeting Date	Bill Number (if applicable)
Topic FRS	Amendment Barcode (if applicable)
Name Levin Watson	_
Job Title Lobbyist	_
Address 213 G. Adams St	Phone 950 - 224 - 2078
Tallahassee FL 32301	Emailherin watson afteridaea. 6
	peaking: In Support Against air will read this information into the record.)
Representing Florida Education associ	ation
Appearing at request of Chair: Yes No Lobbyist regist	tered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may not permit al meeting. Those who do speak may be asked to limit their remarks so that as many	l persons wishing to speak to be heard at this persons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff of	conducting the meeting) 58 7030
Meeting Date	Bill Number (if applicable) 27 632名
Topic FRS	Amendment Barcode (if applicable)
Name Merin Watson	
Job Title Lobbyist	
Address 213 S. Adam Street	Phone 450 - 224 - 2078
	mailheur watson afforidaea.or
(The Chair w	king: In Support Against ill read this information into the record.)
Representing Florida Education ausociation	\sim
Appearing at request of Chair: Yes No Lobbyist registere	ed with Legislature: Ves No
While it is a Senate tradition to encourage public testimony, time may not permit all permeeting. Those who do speak may be asked to limit their remarks so that as many per	rsons wishing to speak to be heard at this sons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

(Deliver BOTH copies of this form to the Senat	or or Senate Professional St	aff conducting th	e meeting)	7030
Meeting Date				Bill Number (if applicable)
Topic FRS			Amendm	ent Barcode (if applicable)
Name Rich Templin				
Job Title				
Address 135 5. Monroe		Phone	F50	224-6556
Tallahe 5588 FC City State	32301	Email		10-10-10-10-10-10-10-10-10-10-10-10-10-1
Speaking: For Against Information				oort Against ion into the record.)
Representing Florida AFC - CIO		,		
Appearing at request of Chair: Yes X No	Lobbyist registe	red with L	egislatur	e: X Yes No
While it is a Senate tradition to encourage public testimony, timeeting. Those who do speak may be asked to limit their rema	e may not permit all p rks so that as many p	persons wish persons as p	ing to spe ossible ca	ak to be heard at this n be heard.
This form is part of the public record for this meeting.				S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4 - 24 - 17 Meeting Date	Bill Number (if applicable)
Topic FRS .	Amendment Barcode (if applicable)
Name Michael Buchler	
Job Title Assoc. Professor	
Address 2069 Wildridge Dr.	Phone 850 - 562 - 2733
Tallahassee FL 3	2303 Email Michael buchlers smail
Speaking: For sainst Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing <u>Self</u>	· · · · · · · · · · · · · · · · · · ·
Appearing at request of Chair: Yes No Lob	byist registered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may meeting. Those who do speak may be asked to limit their remarks so	· · · · · · · · · · · · · · · · · · ·
This form is part of the public record for this meeting.	S-001 (10/14/14)

Meeting Date	is form to the Senator of Sena	ate Professional Staff conducting th		030 lumber (if applicable)
Name Andrew Hosek	-		Amendment E	Barcode (if applicable)
Job Title Policy Analyst				
Address 300 W Ollege Huz		Phone		
Street Tallahasee City	FL	Email (zhosek@	laffly org
Speaking: For Against Inf	ormation	Waive Speaking:	In Support	Against
Representing Americans for	Prosperity	(The Chair will read this	s information ir	nto the record.)
Appearing at request of Chair: Yes	No Lob	byist registered with L	egislature:	Yes No
While it is a Senate tradition to encourage public meeting. Those who do speak may be asked to	testimony, time may limit their remarks so	not permit all persons wish that as many persons as pe	ing to speak to ossible can be	be heard at this heard.
This form is part of the public record for this	meeting.			S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Bill Number (if applicable) Topic Amendment Barcode (if applicable) Name Job Title Address State Against Speaking: For Information Waive Speaking: In Support Against (The Chair will read this information into the record.) Representing Appearing at request of Chair: Lobbyist registered with Legislature: 🗸 While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. This form is part of the public record for this meeting. S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Marking D. L		
Meeting Date		Bill Number (if applicable)
Topic Parsial		Amendment Barcode (if applicable)
Name Denvis TRA	July &	_
Job Title Captain		
Address 2500 6/657 6	louia / De	Phone 401-354-7000
City -	State 32804	_ Email
Speaking: For Against Inf		Speaking: In Support Against air will read this information into the record.)
Representing (knuge (any Thereiffs C	Office
Appearing at request of Chair: Yes	No Lobbyist regis	tered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

Meeting Date (Deliver BOTH copies of this form to the Senator or Senate Professional Stafe)	f conducting the meeting) TOSO
Topic FRS	Amendment Barcode (if applicable)
Name Dr Jennifer Proffitt	
Job Title Prosident, United Faculty of Florid	a
Address 115 N. Calhoun St. Ste Le	Phone 850 224 \$220
tallahassee FL 32301 City State Zip	Email jennifer proffit @ floridaea
	aking: In Support Against will read this information into the record.)
Representing United Faculty of Florida	,
Appearing at request of Chair: Yes X No Lobbyist register	ed with Legislature: Yes X No
While it is a Senate tradition to encourage public testimony, time may not permit all permented in the may not permit all permented in the may be asked to limit their remarks so that as many permented in the mand in the ma	ersons wishing to speak to be heard at this ersons as possible can be heard.
This form is part of the public record for this meeting.	S-001 (10/14/14)

APPEARANCE RECORD

Meeting Date (Deliver BOTH copies of this form to the Senator or Senate Professional S	taff conducting the meeting) SPB 7030 Bill Number (if applicable)
Topic	Amendment Barcode (if applicable)
Name Kraig Cong	
Job Title	
Address 3016, Bomo	Phone 277 9684
Street City State Zip	Email K conno Electrics.
Speaking: For Against Information Waive Speaking: (The Chair	peaking: In Support Against ir will read this information into the record.)
Representing Florida League of	Cities
Appearing at request of Chair: Yes No Lobbyist register	ered with Legislature: 🄀 Yes 🔲 No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

PSB Bill Number (if applicable) Amendment Barcode (if applicable) Against

Name Address For X Against Speaking: Information Waive Speaking: | In Support (The Chair will read this information into the record.) *Haainst Changes to the Representing Florida Appearing at request of Chair: Lobbyist registered with Legislature:

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Topic Refirement	
Name Jim Tolley	(if applicable) Amendment Barcode
Job Title President	(if applicable)
Address 343 West madison St.	Phone <u>850 224 >333</u>
Address Street Tallahossee Fl 32301 City State State	E-mail Jimte FPFP, org
Speaking: Against Information	
Representing Flagida Professional	Firefighters
	ist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

APPEARANCE RECORD

4/24/2017 (Deliver BOTH copies of this form to the Senator or Senate Professional	al Staff conducting the meeting) $PcB = 7030$
Meeting Date	Bill Number (if applicable)
Topic Retirement	Amendment Barcode (if applicable)
Name Dr. Ana Ciereszto	
Job Title Legislative Director	
Address 1420 N. Kendall Drive #107	_ Phone 305 321 0016
Miami FL 33176 City State Zip	Email
Speaking: For Against Information Waive	Speaking: In Support Against hair will read this information into the record.)
Representing United Faculty of Miami Dade	e College
Appearing at request of Chair: Yes 🔀 No Lobbyist regi	istered with Legislature: X Yes No
While it is a Senate tradition to encourage public testimony, time may not permit	all pareons wiching to speak to be board at this

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

CourtSmart Tag Report

Room: SB 401 Case: Type: Caption: Senate Governmental Oversight and Accountability Committee Judge:

Started: 4/24/2017 3:10:45 PM

Ends: 4/24/2017 4:29:49 PM Length: 01:19:05

3:10:45 PM Meeting called to order- Roll call

3:11:19 PM Quorum

3:11:29 PM Tab 1 SB 856 by Broxson **3:12:28 PM** Amendment barcode 700896

3:13:26 PM Bill as amended

3:13:30 PM Senator Stewart question
3:13:43 PM Senator Rader question
3:18:48 PM Audience waving in opposition

3:20:16 PM Lynda Russell, Florida Education Association recognized

3:23:23 PM Rich Templin, Florida AFL-CIO recognized

3:26:29 PM Bob Harris, PAEC recognized

3:28:43 PM Senator Rader

3:29:38 PM Roll call

3:30:17 PM SB 856 favorable as a comittee substitute

3:30:36 PM Tab 2 SB 1640 by Broxson

3:30:51 PM Strike all amendment barcode 831350

3:31:19 PM Amendment withdrawn

3:31:23 PM Back on bill **3:31:34 PM** Roll Call

3:31:47 PM SB 1640 favorable

3:32:10 PM Tab 3 CS/SB 1768 by Lee **3:33:15 PM** Amendment barcode 747482

3:33:24 PM Amendment adopted Back on bill as amended

3:34:03 PM Roll Call

3:34:14 PM CS/SB 1768 favorable as a committee substitute

3:34:36 PM Gavel turned to Senator Galvano

3:34:52 PM Tab 4 HB 7007 **3:35:15 PM** Senator Lee

3:39:09 PM Amendment barcode 691160

3:40:27 PM Amendment adopted

3:40:29 PM Amendment barcode 611870

3:40:47 PM Amendment adopted

3:40:56 PM Amendment barcode 612856

3:41:03 PM Amendment adopted

3:41:25 PM Amendment barcode 969732

3:41:52 PM Amendment adopted

3:42:17 PM Amendment barcode 964332

3:42:46 PM Amendment adopted

3:42:51 PM Amendment barcode 538286

3:43:15 PM Amendment adopted

3:43:23 PM Amendment barcode 203288 **3:43:52 PM** Amendment barcode 919800

3:44:11 PM Amendment adopted Bill as amended

3:44:42 PM Senator Rader question **3:45:33 PM** Senator Stewart question

3:46:57 PM Rich Templin, Florida AFC-CIO recognized

3:52:02 PM Matt Puckett, Florida Police Benevolent Association recognized

3:53:27 PM Marshall Ogletree, United Faculty of Florida recognized

3:54:53 PM Michael Buchler, FSU Professor recognized

3:55:06 PM Dr. Jennifer Proffitt, United Faculty of Florida recognized

3:57:23 PM	Senator Galvano
3:58:12 PM	Senator Stewart
3:58:52 PM	Senator Baxley
3:59:47 PM	Senator Lee
4:01:49 PM	Roll Call
4:02:49 PM	HB 7007 favorable
4:03:10 PM	Motion by Senator Rouson
4:03:51 PM	Tab 5 SPB 7030 by Baxley
4:05:18 PM	Amendment barcode 276328
4:06:42 PM	Rich Templin, AFL-CIO recognized
4:12:05 PM	Kevin Watson, Florida Education Association recognized
4:15:59 PM	Senator Baxley
4:19:12 PM	Senator Rouson
4:20:43 PM	Amendment not adopted
4:21:12 PM	Amendment barcode 435512
4:21:22 PM	Kevin Watson, Florida Education Association
4:22:22 PM	Senator Rouson
4:23:22 PM	Amendment not adopted
4:23:51 PM	Back on bill
4:23:53 PM	Senator Rader
4:25:24 PM	Debate
4:26:47 PM	Senator Rader
4:27:05 PM	Senator Stewart
4:27:13 PM	Roll Call
4:28:11 PM	SPB 7030 favorable as a committee bill

Senator Rouson recognized Meeting Adjourned

4:28:39 PM 4:28:44 PM