

Amendment No. 1 (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

The Committee on Health Promotion offered the following:

Amendment (with title amendment)

On page 1, line 31,

insert:

Section 1. Health flex plans.--

(1) INTENT.--The Legislature finds that a significant portion of the residents of this state are not able to obtain affordable health insurance coverage. Therefore it is the intent of the Legislature to expand the availability of health care options for lower income uninsured state residents by encouraging health insurers, health maintenance organizations, health care provider-sponsored organizations, local governments, health care districts, or other public or private community-based organizations to develop alternative approaches to traditional health insurance which emphasize coverage for basic and preventive health care services. To the maximum extent possible, such options should be coordinated with existing governmental or community-based health services programs in a manner which is consistent with

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1 the objectives and requirements of such programs.

2 (2) DEFINITIONS.--As used in this section:

3 (a) "Agency" means the Agency for Health Care
4 Administration.

5 (b) "Approved plan" means a health flex plan approved
6 under subsection (3) which guarantees payment by the health
7 plan entity for specified health care services provided to the
8 enrollee.

9 (c) "Enrollee" means an individual who has been
10 determined eligible for and is receiving health benefits under
11 a health flex plan approved under this section.

12 (d) "Health care coverage" means payment for health
13 care services covered as benefits under an approved plan or
14 that otherwise provides, either directly or through
15 arrangements with other persons, covered health care services
16 on a prepaid per capita basis or on a prepaid aggregate
17 fixed-sum basis.

18 (e) "Health plan entity" means a health insurer,
19 health maintenance organization, health care
20 provider-sponsored organization, local government, health care
21 districts, or other public or private community-based
22 organization which develops and implements an approved plan,
23 and is responsible for financing and paying all claims by
24 enrollees of the plan.

25 (3) PILOT PROGRAM.--The agency and the Department of
26 Insurance shall jointly approve or disapprove health flex
27 plans which provide health care coverage for eligible
28 participants residing in the three areas of the state having
29 the highest number of uninsured residents as determined by the
30 agency. A plan may limit or exclude benefits otherwise
31 required by law for insurers offering coverage in this state,

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1 cap the total amount of claims paid in 1 year per enrollee, or
2 limit the number of enrollees covered. The agency and the
3 Department of Insurance shall not approve or shall withdraw
4 approval of a plan which:

5 (a) Contains any ambiguous, inconsistent, or
6 misleading provisions, or exceptions or conditions that
7 deceptively affect or limit the benefits purported to be
8 assumed in the general coverage provided by the plan;

9 (b) Provides benefits that are unreasonable in
10 relation to the premium charged, contains provisions that are
11 unfair or inequitable or contrary to the public policy of this
12 state or that encourage misrepresentation, or result in unfair
13 discrimination in sales practices; or

14 (c) Cannot demonstrate that the plan is financially
15 sound and the applicant has the ability to underwrite or
16 finance the benefits provided.

17 (4) LICENSE NOT REQUIRED.--A health flex plan approved
18 under this section shall not be subject to the licensing
19 requirements of the Florida Insurance Code or chapter 641,
20 Florida Statutes, relating to health maintenance
21 organizations, unless expressly made applicable. However, for
22 the purposes of prohibiting unfair trade practices, health
23 flex plans shall be considered insurance subject to the
24 applicable provisions of part IX of chapter 626, Florida
25 Statutes, except as otherwise provided in this section.

26 (5) ELIGIBILITY.--Eligibility to enroll in an approved
27 health flex plan is limited to residents of this state who:

28 (a) Are 64 years of age or younger;

29 (b) Have a family income equal to or less than 200
30 percent of the federal poverty level;

31 (c) Are not covered by a private insurance policy and

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1 are not eligible for coverage through a public health
2 insurance program such as Medicare or Medicaid, or other
3 public health care program, including, but not limited to,
4 Kidcare, and have not been covered at any time during the past
5 6 months; and

6 (d) Have applied for health care benefits through an
7 approved health flex plan and agree to make any payments
8 required for participation, including, but not limited to,
9 periodic payments and payments due at the time health care
10 services are provided.

11 (6) RECORDS.--Every health flex plan provider shall
12 maintain reasonable records of its loss, expense, and claims
13 experience and shall make such records reasonably available to
14 enable the agency and the Department of Insurance to monitor
15 and determine the financial viability of the plan, as
16 necessary.

17 (7) NOTICE.--The denial of coverage by the health plan
18 entity shall be accompanied by the specific reasons for
19 denial, nonrenewal, or cancellation. Notice of nonrenewal or
20 cancellation shall be provided at least 45 days in advance of
21 such nonrenewal or cancellation except that 10 days' written
22 notice shall be given for cancellation due to nonpayment of
23 premiums. If the health plan entity fails to give the
24 required notice, the plan shall remain in effect until notice
25 is appropriately given.

26 (8) NONENTITLEMENT.--Coverage under an approved health
27 flex plan is not an entitlement and no cause of action shall
28 arise against the state, local governmental entity, or other
29 political subdivision of this state or the agency for failure
30 to make coverage available to eligible persons under this
31 section.

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1 (9) CIVIL ACTIONS.--In addition to an administrative
2 action initiated under subsection (4), the agency may seek any
3 remedy provided by law, including, but not limited to, the
4 remedies provided in s. 812.035, Florida Statutes, if the
5 agency finds that a health plan entity has engaged in any act
6 resulting in injury to an enrollee covered by a plan approved
7 under this section.

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

11 And the title is amended as follows:

12 On page 1, lines 2 and 3,
13 remove from the title of the bill: all of said lines,
14
15 and insert in lieu thereof:

16 An act relating to health insurance; providing
17 legislative intent; providing definitions;
18 providing for a pilot program for health flex
19 plans for certain uninsured persons; providing
20 criteria; exempting approved health flex plans
21 from certain licensing requirements; providing
22 criteria for eligibility to enroll in a health
23 flex plan; requiring health flex plan providers
24 to maintain certain records; providing
25 requirements for denial, nonrenewal, or
26 cancellation of coverage; specifying coverage
27 under an approved health flex plan is not an
28 entitlement; providing for civil actions
29 against health plan entities by the Agency for
30 Health Care Administration under certain
31 circumstances; amending s. 627.6699, F.S.;

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