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## A bill to be entitled

An act relating to group insurance for public employees; amending s. 112.08, F.S.; requiring that school districts procure certain types of insurance for their officers and employees through interlocal agreements; providing an exception; requiring each school district to enter into an interlocal agreement and establish the School District Insurance Consortium governed by a board of directors; providing for membership and specifying terms of office for board members; authorizing the board to employ staff or contract for staffing services to be provided to the consortium; requiring the Department of Management Services to provide technical services to the consortium; requiring the consortium to advertise for competitive bids for insurance; authorizing the awarding of bids on a statewide or regional basis and the selection of multiple insurance providers; requiring that school districts engage in collective bargaining with certified bargaining agents; amending s. 373.605, F.S.; authorizing a water management district to provide group insurance for the employees of another water management district as well as its own employees; providing an effective date.

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

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Section 1. Subsection (2) of section 112.08, Florida Statutes, is amended to read:

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112.08 Group insurance for public officers, employees, and certain volunteers; physical examinations.—

- (2) (a) Notwithstanding any general law or special act to the contrary and except as provided under paragraph (c), every local governmental unit may is authorized to provide and pay out of its available funds for all or part of the premium for life, health, accident, hospitalization, legal expense, or annuity insurance, or all or any kinds of such insurance, for the officers and employees of the local governmental unit and for health, accident, hospitalization, and legal expense insurance for the dependents of such officers and employees upon a group insurance plan and, to that end, to enter into contracts with insurance companies or professional administrators to provide such insurance.
- (a) Before entering any contract for insurance, the local governmental unit shall advertise for competitive bids, + and such contract shall be let upon the basis of such bids. If a contracting health insurance provider becomes financially impaired as determined by the Office of Insurance Regulation of the Financial Services Commission or otherwise fails or refuses to provide the contracted-for coverage or coverages, the local government may purchase insurance, enter into risk management programs, or contract with third-party administrators and may make such acquisitions by advertising for competitive bids or by direct negotiations and contract. The local governmental unit may undertake simultaneous negotiations with those companies that which have submitted reasonable and timely bids and are found by the local governmental unit to be fully qualified and capable of meeting all servicing requirements. Each local

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governmental unit may self-insure any plan for health, accident, and hospitalization coverage or enter into a risk management consortium to provide such coverage, subject to approval based on actuarial soundness by the Office of Insurance Regulation; and each shall contract with an insurance company or professional administrator qualified and approved by the office to administer such a plan.

- (b) In order to obtain approval from the Office of Insurance Regulation of any self-insured plan for health, accident, and hospitalization coverage, each local governmental unit or consortium shall submit its plan along with a certification as to the actuarial soundness of the plan, which certification is prepared by an actuary who is a member of the Society of Actuaries or the American Academy of Actuaries. The Office of Insurance Regulation may shall not approve the plan unless it determines that the plan is designed to provide sufficient revenues to pay current and future liabilities, as determined according to generally accepted actuarial principles. After implementation of an approved plan, each local governmental unit or consortium shall annually submit to the Office of Insurance Regulation a report that which includes a statement prepared by an actuary who is a member of the Society of Actuaries or the American Academy of Actuaries as to the actuarial soundness of the plan. The report is due 90 days after the close of the fiscal year of the plan. The report must include <del>shall consist of</del>, but need <del>is</del> not be limited to:
- 1. The adequacy of contribution rates in meeting the level of benefits provided and the changes, if any, needed in the contribution rates to achieve or preserve a level of funding

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deemed adequate to enable payment of the benefit amounts provided under the plan and a valuation of present assets, based on statement value, and prospective assets and liabilities of the plan and the extent of any unfunded accrued liabilities.

- 2. A plan to amortize any unfunded liabilities and a description of actions taken to reduce unfunded liabilities.
  - 3. A description and explanation of actuarial assumptions.
- 4. A schedule illustrating the amortization of any unfunded liabilities.
- 5. A comparative review illustrating the level of funds available to the plan from rates, investment income, and other sources realized over the period covered by the report with the assumptions used.
- 6. A statement by the actuary that the report is complete and accurate and that in the actuary's opinion the techniques and assumptions used are reasonable and meet the requirements and intent of this subsection.
- 7. Other factors or statements as required by the office in order to determine the actuarial soundness of the plan.

All assumptions used in the report <u>must</u> <u>shall</u> be based on recognized actuarial principles acceptable to the Office of Insurance Regulation. The office shall review the report and <u>shall</u> notify the administrator of the plan and each entity participating in the plan, as identified by the administrator, of any actuarial deficiencies. Each local governmental unit is responsible for payment of valid claims of its employees <u>which</u> that are not paid within 60 days after receipt by the plan administrator or consortium.

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- (c) Beginning July 1, 2013, or upon the expiration or renewal date of any existing contract, whichever occurs later, school districts shall procure health, accident, and hospitalization insurance through a purchasing interlocal agreement unless the school board at a duly noticed public meeting determines that purchasing insurance outside the plan procured through the interlocal agreement, as provided under paragraphs (a) and (b), is financially advantageous to the school district.
- 1. Each school district shall enter into an interlocal agreement as provided in s. 163.01 in order to establish the School District Insurance Consortium through which such insurance shall be procured for officers and employees of the school district and their dependents.
- 2. The consortium shall be governed by a board of directors comprised of nine members, three of whom shall be elected school board members appointed by the Florida School Boards

  Association, Inc., three of whom shall be elected or appointed superintendents of schools appointed by the Florida Association of District School Superintendents, Inc., two of whom shall be public school teachers or support personnel appointed by the Florida Education Association, and one of whom shall have experience in running employee-benefit systems, to be appointed by the other members of the consortium. Consortium board members shall be appointed to 2-year terms. The board may employ staff or contract for staffing services to be provided to the consortium. The Department of Management Services shall provide technical services to the consortium as requested by the board.
  - 3. Notwithstanding any other provision of law, the

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consortium shall advertise for competitive bids for such insurance, and the contracts for such insurance shall be let upon the basis of such bids. The consortium shall advertise for proposals for a statewide insurance plan as well as plans providing coverage on a regional basis. In determining appropriate regions, the consortium shall group school districts geographically in a manner that includes school districts of varying sizes for the purpose of ensuring the availability of coverage for all districts in the region. Contracts may be awarded on a statewide or regional basis, and more than one provider may be selected to provide insurance. School districts shall engage in collective bargaining with the certified bargaining agent for any unit of employees for which health, accident, or hospitalization insurance is provided, as required by part II of chapter 447, with regard to coverage offered, cost for dependent coverage, deductibles, optional coverage, and other matters that are subject to col<u>lective bargaining as</u> required by state law.

 $\underline{\text{(d)}}$  (e) Every local governmental unit  $\underline{\text{may}}$  is authorized to expend funds for preemployment physical examinations and postemployment physical examinations.

Section 2. Section 373.605, Florida Statutes, is amended to read:

373.605 Group insurance for water management districts.—
(1) The governing board of <u>a any</u> water management district

may is hereby authorized and empowered to provide group
insurance for its employees, or for its employees and the
employees of another water management district, in the same
manner and with the same provisions and limitations authorized

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175	for other public employees <u>under</u> by ss. 112.08, 112.09, 112.10,
176	112.11, and 112.14.
177	(2) Any and all insurance agreements in effect as of
178	October 1, 1974, which conform to the provisions of this section
179	are hereby ratified.
180	Section 3. This act shall take effect July 1, 2012.

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