

By the Committee on Health Policy

588-03428-13

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1 A bill to be entitled
2 An act relating to the Health Choice Plus Program;
3 amending s. 408.910, F.S.; conforming provisions to
4 changes made by the act; creating s. 408.9105, F.S.;
5 creating the Health Choice Plus Program; providing
6 legislative intent; providing definitions; providing
7 eligibility requirements; providing exceptions in
8 specific situations; providing for enrollment in the
9 program; providing for disenrollment in specific
10 situations; providing for reenrollment in specific
11 situations; providing requirements and procedures for
12 use of funds in a health benefits account; authorizing
13 the Florida Health Choices, Inc., to accept funds from
14 various sources to deposit into health benefits
15 accounts, subsidize the costs of coverage, and
16 administer and support the program; requiring the
17 corporation to manage the health benefits accounts and
18 provide the marketplace of options that an enrollee in
19 the program may use; providing for payment for
20 achieving health living performance goals; providing
21 that the Florida Insurance Code is not applicable to
22 the program; providing that coverage under the program
23 is not an entitlement; prohibiting a cause of action
24 against certain entities under certain circumstances;
25 requiring the corporation to submit to the Governor
26 and the Legislature information about the program in
27 its annual report and an evaluation of the
28 effectiveness of the program; providing for a program
29 review and repeal date; providing an effective date.

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

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33 Section 1. Subsection (1) of section 408.910, Florida
34 Statutes, is amended to read:

35 408.910 Florida Health Choices Program.—

36 (1) LEGISLATIVE INTENT.—The Legislature finds that a
37 significant number of the residents of this state do not have
38 adequate access to affordable, quality health care. The
39 Legislature further finds that increasing access to affordable,
40 quality health care can be best accomplished by establishing a
41 competitive markets ~~market~~ for purchasing health insurance and
42 health services. It is therefore the intent of the Legislature
43 to create the Florida Health Choices Program and the Health
44 Choice Plus Program to:

45 (a) Expand opportunities for Floridians to purchase
46 affordable health insurance and health services.

47 (b) Preserve the benefits of employment-sponsored insurance
48 while easing the administrative burden for employers who offer
49 these benefits.

50 (c) Enable individual choice in both the manner and amount
51 of health care purchased.

52 (d) Provide for the purchase of individual, portable health
53 care coverage.

54 (e) Disseminate information to consumers on the price and
55 quality of health services.

56 (f) Sponsor a competitive markets ~~market~~ that stimulate
57 ~~stimulates~~ product innovation, quality improvement, and
58 efficiency in the production and delivery of health services.

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59 Section 2. Section 408.9105, Florida Statutes, is created
60 to read:

61 408.9105 Health Choice Plus Program.—

62 (1) LEGISLATIVE INTENT.—The Legislature recognizes that
63 there are more than 600,000 uninsured residents in this state
64 who have incomes at or below 100 percent of the federal poverty
65 level. Many insurance options are not affordable, and the
66 Legislature intends to provide a benefit program to those
67 individuals who seek assistance with coverage and who assume
68 individual responsibility for their own health care needs. It is
69 therefore the intent of the Legislature to expand the services
70 provided by the Florida Health Choices Program and begin the
71 phase-in of the Health Choice Plus Program starting July 1,
72 2013. The Health Choice Plus Program must:

73 (a) Use the existing Florida Health Choices Corporation's
74 infrastructure and governance to manage the program described in
75 this section.

76 (b) Offer goods and services to individuals who are between
77 19 to 64 years of age, inclusive.

78 (c) Establish guidelines for financial participation in the
79 program which allows for enrollees and others to contribute
80 toward a health benefits account.

81 1. An enrollee shall contribute at least \$20 per month
82 toward the health benefits account. This amount may be adjusted
83 annually in the General Appropriations Act.

84 2. The level of benefit paid into an enrollee's account
85 using state funds is to be determined by the corporation based
86 upon the availability of state, local, and federal funding. The
87 amount may not exceed \$10 per individual per month. This amount

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88 may be adjusted annually in the General Appropriations Act.

89 (d) Implement an employer-based contribution option.

90 (e) Develop and maintain an education and public outreach
91 campaign for the Health Choice Plus Program.

92 (f) Provide a secure website to facilitate the purchase of
93 goods and services and to provide public information about the
94 program. The website must also provide information about the
95 availability of insurance affordability programs targeted at
96 this population.

97 (g) Establish an incentive program that rewards enrollees
98 for achievements in reaching healthy living goals.

99 (2) DEFINITIONS.—For the Health Choice Plus Program, the
100 following terms are applicable:

101 (a) "CHIP" means Children's Health Insurance Program as
102 authorized under Title XXI of the Social Security Act.

103 (b) "Corporation" means Florida Health Choices, Inc., as
104 established under s. 408.910.

105 (c) "Corporation's marketplace" means the single,
106 centralized market established by the corporation which
107 facilitates the purchase of products made available in the
108 marketplace.

109 (d) "Enrollee" means an individual who participates in or
110 receives benefits under the Health Choice Plus Program.

111 (e) "Program" means the Health Choice Plus Program
112 established under this section.

113 (f) "Vendor" means an entity that meets the requirements
114 under s. 408.910(4)(d) and is accepted by the corporation.

115 (g) "Health benefits account" means the account established
116 for an enrollee at the corporation into which funds may be

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117 deposited by the state, the enrollee, other individuals, or
118 organizations for the purchase of health care goods and services
119 on the enrollee's behalf.

120 (h) "Parent" or "caretaker relative" means an individual
121 who is a relative that has primary custody or legal guardianship
122 of a dependent child and provides the primary care and
123 supervision to that dependent child in the same household. A
124 caretaker relative must be related to the dependent child by
125 blood, marriage, or adoption within the fifth degree of kinship.

126 (i) "Goods and services" means the individual products
127 offered for sale to an enrollee on the corporation's marketplace
128 or other health care-related items that may be purchased by an
129 enrollee in the private market. An enrollee may purchase these
130 products using funds accumulated in his or her health benefits
131 account.

132 (j) "Lawful permanent resident" means a non-United States
133 citizen who resides in the United States under legally
134 recognized and lawfully recorded permanent residence as an
135 immigrant. This individual may also be known as a permanent
136 resident alien.

137 (k) "Patient Protection and Affordable Care Act" or "PPACA"
138 means the federal law enacted as Pub. L. No. 111-148, as further
139 amended by the federal Health Care and Education Reconciliation
140 Act of 2010, Pub. L. No. 111-152, and any amendments.

141 (3) ELIGIBILITY.-

142 (a) To be eligible for the Health Choice Plus Program, an
143 individual must be a resident of this state and meet all of the
144 following criteria:

145 1. Be between 19 and 64 years of age, inclusive.

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146 2. Have a modified adjusted gross income that does not
147 exceed 100 percent of the federal poverty level based on the
148 individual's most recent federal tax return, or if the
149 individual did not file a tax return, the individual's most
150 recent monthly income.

151 3. Be a United States citizen or a lawful permanent
152 resident.

153 4. Not be eligible for Medicaid.

154 5. Not be eligible for employer-sponsored insurance
155 coverage. If the enrollee is eligible for employer-sponsored
156 coverage but the cost of that coverage for the enrollee's share
157 for individual coverage would exceed 5 percent of the enrollee's
158 total modified adjusted gross household income or the enrollee's
159 share of family coverage would exceed 5 percent of enrollee's
160 total modified adjusted gross household income, the enrollee is
161 not eligible for employer-sponsored coverage under this section.

162 6. Not be enrolled in other coverage that meets the
163 definition of essential benefits coverage under PPACA.

164 (b) In addition to the requirements in paragraph (a), an
165 enrollee must meet the following categorical requirements in
166 order to maintain enrollment in the program:

167 1. For an enrollee who is also a parent or a caretaker
168 relative, the enrollee must do all of the following:

169 a. Maintain enrollment in Medicaid or CHIP for any
170 dependent child in the household who is eligible for Medicaid or
171 CHIP and who must be enrolled in Medicaid or CHIP throughout the
172 enrollee's participation in the Health Choice Plus program.

173 b. Complete a health assessment within the first 3 months
174 after enrollment at a county health department, federally

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175 qualified health center, or other approved health care provider.

176 c. Schedule and keep at least one preventive visit with a
177 primary care provider within 6 months after enrollment and
178 repeat the preventive visit at least once every 18 months
179 thereafter.

180 d. Provide proof of employment for at least 20 hours a week
181 or of efforts made to seek employment. In lieu of employment,
182 the enrollee may provide proof of volunteering for at least 10
183 hours a month at a school or at a nonprofit organization or
184 enrollment as a full-time student at an accredited educational
185 institution. Exceptions to this requirement may be made on a
186 case-by-case basis for medical conditions for the enrollee or if
187 the enrollee is the primary caretaker for a family member who
188 has a chronic and severe medical condition that requires a
189 minimum of 40 hours a week of care.

190 2. For an enrollee who is also a childless adult, the
191 enrollee must do all of the following:

192 a. Provide proof of employment for at least 20 hours a week
193 or of efforts made to seek employment. In lieu of employment,
194 the enrollee may provide proof of volunteering for at least 20
195 hours a month at a school or at a nonprofit organization or
196 enrollment as a full-time student at an accredited educational
197 institution. Exceptions to this requirement may be made on a
198 case-by-case basis for medical conditions for the enrollee or if
199 the enrollee is the primary caretaker for a family member who
200 has a chronic and severe medical condition that requires a
201 minimum of 40 hours a week of care.

202 b. Complete a health assessment within the first 3 months
203 after enrollment at a county health department, federally

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204 qualified health center, or other approved health care provider;

205 c. Schedule and keep at least one preventive visit with a
206 primary care provider within the first 6 months after enrollment
207 and repeat the preventive visit at least once every 18 months
208 thereafter.

209
210 If the enrollee fails to meet the requirements specified in this
211 subsection, the enrollee is disenrolled from the program at the
212 end of the month in which the enrollee has not met the
213 requirements. The enrollee may receive one 30-day extension to
214 comply before cancellation of coverage. If an enrollee's
215 coverage is canceled, the enrollee may not reapply for coverage
216 until the next open enrollment period or 90 days after
217 cancellation of coverage occurs, whichever occurs later. The
218 individual's reenrollment is subject to available funding.

219 (4) ENROLLMENT.—

220 (a) Enrollment in the Health Choice Plus Program may occur
221 through the portal of the Florida Health Choices Program, a
222 referral process from the Department of Children and Families,
223 the Florida Healthy Kids Corporation, or the exchange as defined
224 by the federal Patient Protection and Affordable Care Act.

225 (b) Subject to available funding, the corporation shall
226 establish at least one open enrollment period each year. When
227 the program is full based on available funding, enrollment must
228 cease.

229 (c) Eligibility is determined by using electronic means to
230 the fullest extent practicable before requesting any written
231 documentation from an applicant.

232 (5) HEALTH BENEFITS ACCOUNT.—

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233 (a) A health benefits account is established for each
234 enrollee upon confirmation of eligibility in the program. The
235 corporation shall determine the deposit amount and frequency of
236 deposits based on the availability of funds, the number of
237 enrollees, and other factors.

238 (b) An enrollee shall make a financial contribution toward
239 his or her own health benefits account in order to maintain
240 enrollment in accordance with paragraph (1) (c).

241 1. The corporation shall establish disenrollment criteria
242 for failure to pay the required minimum contribution.

243 2. The disenrollment criteria must include waiting periods
244 of not more than 1 month before reinstatement to the program if
245 the enrollee is still eligible and has paid all required
246 financial obligations.

247 3. The enrollee's employer may contribute toward an
248 employee's health benefits account under the program, including
249 making the enrollee's required contribution, in whole or in
250 part, to the enrollee's health benefits account at any time.

251 (c) Subject to appropriations available for this specific
252 purpose, the corporation shall establish a procedure for the
253 deposit of supplemental or bonus funds into an enrollee's health
254 benefits account if certain healthy living performance goals are
255 achieved. These goals must be established no later than July 1
256 in each fiscal year and distributed to all enrollees, published
257 on the corporation's website, and distributed to new enrollees
258 within 30 calendar days after enrollment. For calendar year
259 2014, the goals must be established no later than October 1,
260 2013.

261 1. An enrollee may use funds deposited in a health benefits

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262 account to offset other health care costs or to purchase other
263 products and services offered by the marketplace, subject to
264 guidelines established by the corporation and in accordance with
265 federal law.

266 2. Bonus funds may accumulate in the enrollee's health
267 benefits account for the duration of the program and must
268 automatically expire and return to the corporation upon the
269 termination of the program.

270 (d) The marketplace is encouraged to use existing community
271 programs and partnerships to deliver services and to include
272 traditional safety net providers for the delivery of services to
273 enrollees, including, but not limited to, rural health clinics,
274 federally qualified health centers, county health departments,
275 emergency room diversion programs, and community mental health
276 centers. A health care entity that receives state funding must
277 participate in the Health Choice Plus Program and offer services
278 or products through the marketplace or to enrollees, as
279 appropriate. An enrollee may be required to make nominal
280 copayments to providers for any nonpreventive services. The
281 corporation may establish the amount of the copayments when
282 applicable.

283 (e) Except for supplemental funds described under paragraph
284 (c), funds deposited in a health benefits account belong to the
285 enrollee when deposited and are available for health-care-
286 related expenditures, including, but not limited to, physician's
287 fees, hospital costs, prescriptions, insurance premium payments,
288 copayments, and coinsurance. The corporation shall establish a
289 process or contract with another entity for the management of
290 the funds. The process must ensure the timely distribution and

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291 the appropriate expenditure of the state's contributions.

292 (f) The corporation shall establish a refund process for an
293 enrollee who requests the closure of a health benefits account
294 and the return of any unspent individual contributions. The
295 enrollee may be refunded only those funds that the enrollee or
296 employer has contributed to his or her health benefits account.
297 All other state funds in the enrollee's health benefits account
298 revert to the corporation.

299 (6) FUNDING.—

300 (a) The corporation may accept funds from an employer to
301 deposit in an enrollee's health benefits account to supplement
302 funds if such a deposit is not in conflict with other provisions
303 of this section.

304 (b) The corporation may accept state and federal funds to
305 further subsidize the costs of coverage and to administer the
306 program.

307 (c) The corporation shall seek other grants and donations
308 to support the program.

309 (d) An assessment on vendors that participate in the
310 marketplace may be used to fund the administration of the
311 program.

312 (7) SERVICES.—The corporation shall manage the health
313 benefits accounts and provide a marketplace of options from
314 which an enrollee may also use his or her health benefits
315 account to purchase individual services and products, including,
316 but not limited to, discount medical plans, limited benefit
317 plans, health flex plans, individual health insurance plans,
318 bundled services, or other prepaid health care coverage.

319 (8) HEALTHY LIVING PERFORMANCE GOALS AND PAYMENT.—

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320 (a) To the extent that funds are made available for this
321 purpose, an enrollee is rewarded for achieving a healthy
322 lifestyle and using preventive health care services
323 appropriately.

324 (b) The program shall post on its website, by July 1 of
325 each fiscal year, a list of optional healthy living performance
326 goals and the proposed incentives for achievement of each goal.
327 The corporation shall establish a procedure for the
328 documentation of such goals, timeframes for achievement of the
329 optional goals, and the payment of supplemental amounts into an
330 enrollee's health benefits account, subject to available
331 funding.

332 (c) Bonus payments for achieving a healthy living
333 performance goal shall be paid into an enrollee's health
334 benefits account at the end of the quarter in which the goal is
335 achieved. The amount of the payment is based upon the schedule
336 posted by the program on July 1 of that fiscal year.

337 (9) APPLICABILITY OF INSURANCE CODE.—Coverage offered under
338 this program is not insurance. Any standard forms, website
339 design, or marketing communication developed by the corporation
340 and used by the corporation or any vendor that meets the
341 requirements of s. 408.910(4)(f) is not subject to the Florida
342 Insurance Code.

343 (10) LIABILITY.—Coverage under the Health Choice Plus
344 Program is not an entitlement, and a cause of action does not
345 arise against the state, a local governmental entity, any other
346 political subdivision of the state, or the corporation or its
347 board of directors for failure to make coverage under this
348 section available to an eligible person or for discontinuation

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349 of any coverage.

350 (11) PROGRAM EVALUATION.—The corporation shall include
351 information about the Health Choice Plus Program in its annual
352 report under s. 408.910. The corporation shall complete and
353 submit by January 1, 2016, a separate independent evaluation of
354 the effectiveness of the Health Choice Plus Program to the
355 Governor, the President of the Senate, and the Speaker of the
356 House of Representatives.

357 (12) PROGRAM REVIEW.—The Health Choice Plus Program is
358 subject to repeal on July 1, 2016, unless reviewed and saved
359 from repeal through reenactment by the Legislature.

360 Section 3. This act shall take effect July 1, 2013.