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LEGISLATIVE ACTION

Senate

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House

Senator Diaz moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (d) of subsection (3) of section
110.123, Florida Statutes, is amended to read:

110.123 State group insurance program.—

(3) STATE GROUP INSURANCE PROGRAM.—

(d)1. Notwithstanding chapter 287 and the authority of the
department, for the purpose of protecting the health of, and
providing medical services to, state employees participating in



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12 the state group insurance program, the department may contract
13 to retain the services of professional administrators for the
14 state group insurance program. The agency shall follow good
15 purchasing practices of state procurement to the extent
16 practicable under the circumstances.

17 2. Each vendor in a major procurement, and any other vendor
18 if the department deems it necessary to protect the state's
19 financial interests, shall, at the time of executing any
20 contract with the department, post an appropriate bond with the
21 department in an amount determined by the department to be
22 adequate to protect the state's interests but not higher than
23 the full amount estimated to be paid annually to the vendor
24 under the contract.

25 3. Each major contract entered into by the department
26 pursuant to this section shall contain a provision for payment
27 of liquidated damages to the department for material
28 noncompliance by a vendor with a contract provision. The
29 department may require a liquidated damages provision in any
30 contract if the department deems it necessary to protect the
31 state's financial interests.

32 4. Section 120.57(3) applies to the department's
33 contracting process, except:

34 a. A formal written protest of any decision, intended
35 decision, or other action subject to protest shall be filed
36 within 72 hours after receipt of notice of the decision,
37 intended decision, or other action.

38 b. As an alternative to any provision of s. 120.57(3), the
39 department may proceed with the bid selection or contract award
40 process if the director of the department sets forth, in



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41 writing, particular facts and circumstances that demonstrate the
42 necessity of continuing the procurement process or the contract
43 award process in order to avoid a substantial disruption to the
44 provision of any scheduled insurance services.

45 5. The department shall make arrangements as necessary to
46 contribute claims data of the state group health insurance plan
47 to the contracted vendor selected by the Agency for Health Care
48 Administration pursuant to s. 408.05(3)(c).

49 6. Each contracted vendor for the state group health
50 insurance plan shall contribute Florida claims data to the
51 contracted vendor selected by the Agency for Health Care
52 Administration pursuant to s. 408.05(3)(c).

53 7. Each contract for health care benefits or health care
54 administrative services which is executed, renewed, or extended
55 after July 1, 2021, must require the contractor to accommodate
56 changes to the law which occur during the term of the contract.
57 The parties may modify the contract to provide for an extension
58 of time, term, or increase in compensation, based on changes in
59 the law that materially cause an increase in the contracted
60 services or the scope of work under the contract.

61 Section 2. Section 110.12303, Florida Statutes, is amended
62 to read:

63 110.12303 State group insurance program; additional
64 benefits; price transparency program; reporting. ~~Beginning with~~
65 ~~the 2018 plan year:~~

66 (1) In addition to the comprehensive package of health
67 insurance and other benefits required or authorized to be
68 included in the state group insurance program, the package of
69 benefits may also include products and services offered by:



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70 (a) Prepaid limited health service organizations authorized
71 pursuant to part I of chapter 636.

72 (b) Discount medical plan organizations authorized pursuant
73 to part II of chapter 636.

74 (c) Prepaid health clinics licensed under part II of
75 chapter 641.

76 (d) Licensed health care providers, including hospitals and
77 other health care facilities, health care clinics, and health
78 professionals, who sell service contracts and arrangements for a
79 specified amount and type of health services.

80 (e) Provider organizations, including service networks,
81 group practices, professional associations, and other
82 incorporated organizations of providers, who sell service
83 contracts and arrangements for a specified amount and type of
84 health services.

85 (f) Entities that provide specific health services in
86 accordance with applicable state law and sell service contracts
87 and arrangements for a specified amount and type of health
88 services.

89 (g) Entities that provide health services or treatments
90 through a bidding process.

91 (h) Entities that provide health services or treatments
92 through the bundling or aggregating of health services or
93 treatments.

94 (i) Entities that provide international prescription
95 services.

96 (j) Entities that provide optional participation in a
97 Medicare Advantage Prescription Drug Plan.

98 (k) Entities that provide other innovative and cost-



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99 effective health service delivery methods.

100 (2) (a) The department shall contract with at least one
101 entity that provides comprehensive pricing and inclusive
102 services for surgery and other medical procedures which may be
103 accessed at the option of the enrollee. The contract shall
104 require the entity to:

105 1. Have procedures and evidence-based standards to ensure
106 the inclusion of only high-quality health care providers.

107 2. Provide assistance to the enrollee in accessing and
108 coordinating care.

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

112 a. Credited to the enrollee's flexible spending account;

113 b. Credited to the enrollee's health savings account;

114 c. Credited to the enrollee's health reimbursement account;

115 or

116 d. Paid as additional health plan reimbursements not
117 exceeding the amount of the enrollee's out-of-pocket medical
118 expenses.

119 4. Provide an educational campaign for enrollees to learn
120 about the services offered by the entity.

121 (b) On or before January 15 of each year, the department
122 shall report to the Governor, the President of the Senate, and
123 the Speaker of the House of Representatives on the participation
124 level and cost-savings to both the enrollee and the state
125 resulting from the contract or contracts described in this
126 subsection.

127 (3) The department shall contract with an entity that



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128 provides enrollees with online information on the cost and
129 quality of health care services and providers, allows an
130 enrollee to shop for health care services and providers, and
131 rewards the enrollee by sharing savings generated by the
132 enrollee's choice of services or providers. The contract shall
133 require the entity to:

134 (a) Establish an Internet-based, consumer-friendly platform
135 that educates and informs enrollees about the price and quality
136 of health care services and providers, including the average
137 amount paid in each county for health care services and
138 providers. The average amounts paid for such services and
139 providers may be expressed for service bundles, which include
140 all products and services associated with a particular treatment
141 or episode of care, or for separate and distinct products and
142 services.

143 (b) Allow enrollees to shop for health care services and
144 providers using the price and quality information provided on
145 the Internet-based platform.

146 (c) Permit a certified bargaining agent of state employees
147 to provide educational materials and counseling to enrollees
148 regarding the Internet-based platform.

149 (d) Identify the savings realized to the enrollee and state
150 if the enrollee chooses high-quality, lower-cost health care
151 services or providers, and facilitate a shared savings payment
152 to the enrollee. The amount of shared savings shall be
153 determined by a methodology approved by the department and shall
154 maximize value-based purchasing by enrollees. The amount payable
155 to the enrollee may be:

156 1. Credited to the enrollee's flexible spending account;



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157 2. Credited to the enrollee's health savings account;
158 3. Credited to the enrollee's health reimbursement account;
159 or

160 4. Paid as additional health plan reimbursements not
161 exceeding the amount of the enrollee's out-of-pocket medical
162 expenses.

163 (e) On or before January 1 of 2019, 2020, and 2021, the
164 department shall report to the Governor, the President of the
165 Senate, and the Speaker of the House of Representatives on the
166 participation level, amount paid to enrollees, and cost-savings
167 to both the enrollees and the state resulting from the
168 implementation of this subsection.

169 (4) The department shall offer, as a voluntary supplemental
170 benefit option, international prescription services that offer
171 safe maintenance medications at a reduced cost to enrollees and
172 that meet the standards of the United States Food and Drug
173 Administration personal importation policy.

174 Section 3. Subsection (9) is added to section 110.12315,
175 Florida Statutes, to read:

176 110.12315 Prescription drug program.—The state employees'
177 prescription drug program is established. This program shall be
178 administered by the Department of Management Services, according
179 to the terms and conditions of the plan as established by the
180 relevant provisions of the annual General Appropriations Act and
181 implementing legislation, subject to the following conditions:

182 (9) (a) Beginning with the 2020 plan year, the department
183 must implement formulary management for prescription drugs and
184 supplies. Such management practices must require prescription
185 drugs to be subject to formulary inclusion or exclusion but may



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186 not restrict access to the most clinically appropriate,
187 clinically effective, and lowest net-cost prescription drugs and
188 supplies. Drugs excluded from the formulary must be available
189 for inclusion if a physician, advanced registered nurse
190 practitioner, or physician assistant prescribing a
191 pharmaceutical clearly states on the prescription that the
192 excluded drug is medically necessary. Prescription drugs and
193 supplies first made available in the marketplace after January
194 1, 2020, may not be covered by the prescription drug program
195 until specifically included in the list of covered prescription
196 drugs and supplies.

197 (b) Not later than October 1, 2019, and by each October 1
198 thereafter, the department must submit to the Governor, the
199 President of the Senate, and the Speaker of the House of
200 Representatives the list of prescription drugs and supplies that
201 will be excluded from program coverage for the next plan year.
202 If the department proposes to exclude prescription drugs and
203 supplies after the plan year has commenced, the department must
204 provide notice to the Governor, the President of the Senate, and
205 the Speaker of the House of Representatives of such exclusions
206 at least 60 days before implementation of such exclusions.

207 Section 4. Effective December 31, 2019, section 8 of
208 chapter 99-255, Laws of Florida, is repealed.

209 Section 5. Effective January 1, 2020, section 627.6387,
210 Florida Statutes, is created to read:

211 627.6387 Shared savings incentive program.—

212 (1) This section and ss. 627.6648 and 641.31076 may be
213 cited as the "Patient Savings Act."

214 (2) As used in this section, the term:



215 (a) "Health care provider" means a hospital or facility
216 licensed under chapter 395; an entity licensed under chapter
217 400; a health care practitioner as defined in s. 456.001; a
218 blood bank, plasma center, industrial clinic, or renal dialysis
219 facility; or a professional association, partnership,
220 corporation, joint venture, or other association for
221 professional activity by health care providers. The term
222 includes entities and professionals outside of this state with
223 an active, unencumbered license for an equivalent facility or
224 practitioner type issued by another state, the District of
225 Columbia, or a possession or territory of the United States.

226 (b) "Health insurer" means an authorized insurer offering
227 health insurance as defined in s. 624.603.

228 (c) "Shared savings incentive" means a voluntary and
229 optional financial incentive that a health insurer may provide
230 to an insured for choosing certain shoppable health care
231 services under a shared savings incentive program and may
232 include, but is not limited to, the incentives described in s.
233 626.9541(4) (a).

234 (d) "Shared savings incentive program" means a voluntary
235 and optional incentive program established by a health insurer
236 pursuant to this section.

237 (e) "Shoppable health care service" means a lower-cost,
238 high-quality nonemergency health care service for which a shared
239 savings incentive is available for insureds under a health
240 insurer's shared savings incentive program. Shoppable health
241 care services may be provided within or outside of this state
242 and include, but are not limited to:

243 1. Clinical laboratory services.



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244 2. Infusion therapy.
245 3. Inpatient and outpatient surgical procedures.
246 4. Obstetrical and gynecological services.
247 5. Inpatient and outpatient nonsurgical diagnostic tests
248 and procedures.
249 6. Physical and occupational therapy services.
250 7. Radiology and imaging services.
251 8. Prescription drugs.
252 9. Services provided through telehealth.
253 (3) A health insurer may offer a shared savings incentive
254 program to provide incentives to an insured when the insured
255 obtains a shoppable health care service from the health
256 insurer's shared savings list. An insured may not be required to
257 participate in a shared savings incentive program. A health
258 insurer that offers a shared savings incentive program must:
259 (a) Establish the program as a component part of the policy
260 or certificate of insurance provided by the health insurer and
261 notify the insureds and the office at least 30 days before
262 program termination.
263 (b) File a description of the program on a form prescribed
264 by commission rule. The office must review the filing and
265 determine whether the shared savings incentive program complies
266 with this section.
267 (c) Notify an insured annually and at the time of renewal,
268 and an applicant for insurance at the time of enrollment, of the
269 availability of the shared savings incentive program and the
270 procedure to participate in the program.
271 (d) Publish on a webpage easily accessible to insureds and
272 to applicants for insurance a list of shoppable health care



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273 services and health care providers and the shared savings
274 incentive amount applicable for each service. A shared savings
275 incentive may not be less than 25 percent of the savings
276 generated by the insured's participation in any shared savings
277 incentive offered by the health insurer. The baseline for the
278 savings calculation is the average in-network amount paid for
279 that service in the most recent 12-month period or some other
280 methodology established by the health insurer and approved by
281 the office.

282 (e) At least quarterly, credit or deposit the shared
283 savings incentive amount to the insured's account as a return or
284 reduction in premium, or credit the shared savings incentive
285 amount to the insured's flexible spending account, health
286 savings account, or health reimbursement account, such that the
287 amount does not constitute income to the insured.

288 (f) Submit an annual report to the office within 90
289 business days after the close of each plan year. At a minimum,
290 the report must include the following information:

291 1. The number of insureds who participated in the program
292 during the plan year and the number of instances of
293 participation.

294 2. The total cost of services provided as a part of the
295 program.

296 3. The total value of the shared savings incentive payments
297 made to insureds participating in the program and the values
298 distributed as premium reductions, credits to flexible spending
299 accounts, credits to health savings accounts, or credits to
300 health reimbursement accounts.

301 4. An inventory of the shoppable health care services



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302 offered by the health insurer.

303 (4) (a) A shared savings incentive offered by a health
304 insurer in accordance with this section:

305 1. Is not an administrative expense for rate development or
306 rate filing purposes.

307 2. Does not constitute an unfair method of competition or
308 an unfair or deceptive act or practice under s. 626.9541 and is
309 presumed to be appropriate unless credible data clearly
310 demonstrates otherwise.

311 (b) A shared saving incentive amount provided as a return
312 or reduction in premium reduces the health insurer's direct
313 written premium by the shared saving incentive dollar amount for
314 the purposes of the taxes in ss. 624.509 and 624.5091.

315 (5) The commission may adopt rules necessary to implement
316 and enforce this section.

317 Section 6. Effective January 1, 2020, section 627.6648,
318 Florida Statutes, is created to read:

319 627.6648 Shared savings incentive program.-

320 (1) This section and ss. 627.6387 and 641.31076 may be
321 cited as the "Patient Savings Act."

322 (2) As used in this section, the term:

323 (a) "Health care provider" means a hospital or facility
324 licensed under chapter 395; an entity licensed under chapter
325 400; a health care practitioner as defined in s. 456.001; a
326 blood bank, plasma center, industrial clinic, or renal dialysis
327 facility; or a professional association, partnership,
328 corporation, joint venture, or other association for
329 professional activity by health care providers. The term
330 includes entities and professionals outside of this state with



331 an active, unencumbered license for an equivalent facility or
332 practitioner type issued by another state, the District of
333 Columbia, or a possession or territory of the United States.

334 (b) "Health insurer" means an authorized insurer offering
335 health insurance as defined in s. 624.603. The term does not
336 include the state group health insurance program provided under
337 s. 110.123.

338 (c) "Shared savings incentive" means a voluntary and
339 optional financial incentive that a health insurer may provide
340 to an insured for choosing certain shoppable health care
341 services under a shared savings incentive program and may
342 include, but is not limited to, the incentives described in s.
343 626.9541(4) (a).

344 (d) "Shared savings incentive program" means a voluntary
345 and optional incentive program established by a health insurer
346 pursuant to this section.

347 (e) "Shoppable health care service" means a lower-cost,
348 high-quality nonemergency health care service for which a shared
349 savings incentive is available for insureds under a health
350 insurer's shared savings incentive program. Shoppable health
351 care services may be provided within or outside of this state
352 and include, but are not limited to:

- 353 1. Clinical laboratory services.
- 354 2. Infusion therapy.
- 355 3. Inpatient and outpatient surgical procedures.
- 356 4. Obstetrical and gynecological services.
- 357 5. Inpatient and outpatient nonsurgical diagnostic tests
358 and procedures.
- 359 6. Physical and occupational therapy services.



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360 7. Radiology and imaging services.

361 8. Prescription drugs.

362 9. Services provided through telehealth.

363 (3) A health insurer may offer a shared savings incentive
364 program to provide incentives to an insured when the insured
365 obtains a shoppable health care service from the health
366 insurer's shared savings list. An insured may not be required to
367 participate in a shared savings incentive program. A health
368 insurer that offers a shared savings incentive program must:

369 (a) Establish the program as a component part of the policy
370 or certificate of insurance provided by the health insurer and
371 notify the insureds and the office at least 30 days before
372 program termination.

373 (b) File a description of the program on a form prescribed
374 by commission rule. The office must review the filing and
375 determine whether the shared savings incentive program complies
376 with this section.

377 (c) Notify an insured annually and at the time of renewal,
378 and an applicant for insurance at the time of enrollment, of the
379 availability of the shared savings incentive program and the
380 procedure to participate in the program.

381 (d) Publish on a webpage easily accessible to insureds and
382 to applicants for insurance a list of shoppable health care
383 services and health care providers and the shared savings
384 incentive amount applicable for each service. A shared savings
385 incentive may not be less than 25 percent of the savings
386 generated by the insured's participation in any shared savings
387 incentive offered by the health insurer. The baseline for the
388 savings calculation is the average in-network amount paid for



389 that service in the most recent 12-month period or some other
390 methodology established by the health insurer and approved by
391 the office.

392 (e) At least quarterly, credit or deposit the shared
393 savings incentive amount to the insured's account as a return or
394 reduction in premium, or credit the shared savings incentive
395 amount to the insured's flexible spending account, health
396 savings account, or health reimbursement account, such that the
397 amount does not constitute income to the insured.

398 (f) Submit an annual report to the office within 90
399 business days after the close of each plan year. At a minimum,
400 the report must include the following information:

401 1. The number of insureds who participated in the program
402 during the plan year and the number of instances of
403 participation.

404 2. The total cost of services provided as a part of the
405 program.

406 3. The total value of the shared savings incentive payments
407 made to insureds participating in the program and the values
408 distributed as premium reductions, credits to flexible spending
409 accounts, credits to health savings accounts, or credits to
410 health reimbursement accounts.

411 4. An inventory of the shoppable health care services
412 offered by the health insurer.

413 (4) (a) A shared savings incentive offered by a health
414 insurer in accordance with this section:

415 1. Is not an administrative expense for rate development or
416 rate filing purposes.

417 2. Does not constitute an unfair method of competition or



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418 an unfair or deceptive act or practice under s. 626.9541 and is
419 presumed to be appropriate unless credible data clearly
420 demonstrates otherwise.

421 (b) A shared saving incentive amount provided as a return
422 or reduction in premium reduces the health insurer's direct
423 written premium by the shared saving incentive dollar amount for
424 the purposes of the taxes in ss. 624.509 and 624.5091.

425 (5) The commission may adopt rules necessary to implement
426 and enforce this section.

427 Section 7. Effective January 1, 2020, section 641.31076,
428 Florida Statutes, is created to read:

429 641.31076 Shared savings incentive program.—

430 (1) This section and ss. 627.6387 and 627.6648 may be cited
431 as the "Patient Savings Act."

432 (2) As used in this section, the term:

433 (a) "Health care provider" means a hospital or facility
434 licensed under chapter 395; an entity licensed under chapter
435 400; a health care practitioner as defined in s. 456.001; a
436 blood bank, plasma center, industrial clinic, or renal dialysis
437 facility; or a professional association, partnership,
438 corporation, joint venture, or other association for
439 professional activity by health care providers. The term
440 includes entities and professionals outside of this state with
441 an active, unencumbered license for an equivalent facility or
442 practitioner type issued by another state, the District of
443 Columbia, or a possession or territory of the United States.

444 (b) "Health maintenance organization" has the same meaning
445 as provided in s. 641.19. The term does not include the state
446 group health insurance program provided under s. 110.123.



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447 (c) "Shared savings incentive" means a voluntary and
448 optional financial incentive that a health maintenance
449 organization may provide to a subscriber for choosing certain
450 shoppable health care services under a shared savings incentive
451 program and may include, but is not limited to, the incentives
452 described in s. 641.3903(15).

453 (d) "Shared savings incentive program" means a voluntary
454 and optional incentive program established by a health
455 maintenance organization pursuant to this section.

456 (e) "Shoppable health care service" means a lower-cost,
457 high-quality nonemergency health care service for which a shared
458 savings incentive is available for subscribers under a health
459 maintenance organization's shared savings incentive program.
460 Shoppable health care services may be provided within or outside
461 of this state and include, but are not limited to:

- 462 1. Clinical laboratory services.
- 463 2. Infusion therapy.
- 464 3. Inpatient and outpatient surgical procedures.
- 465 4. Obstetrical and gynecological services.
- 466 5. Inpatient and outpatient nonsurgical diagnostic tests
467 and procedures.
- 468 6. Physical and occupational therapy services.
- 469 7. Radiology and imaging services.
- 470 8. Prescription drugs.
- 471 9. Services provided through telehealth.

472 (3) A health maintenance organization may offer a shared
473 savings incentive program to provide incentives to a subscriber
474 when the subscriber obtains a shoppable health care service from
475 the health maintenance organization's shared savings list. A



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476 subscriber may not be required to participate in a shared
477 savings incentive program. A health maintenance organization
478 that offers a shared savings incentive program must:

479 (a) Establish the program as a component part of the
480 contract of coverage provided by the health maintenance
481 organization and notify the subscribers and the office at least
482 30 days before program termination.

483 (b) File a description of the program on a form prescribed
484 by commission rule. The office must review the filing and
485 determine whether the shared savings incentive program complies
486 with this section.

487 (c) Notify a subscriber annually and at the time of
488 renewal, and an applicant for coverage at the time of
489 enrollment, of the availability of the shared savings incentive
490 program and the procedure to participate in the program.

491 (d) Publish on a webpage easily accessible to subscribers
492 and to applicants for coverage a list of shoppable health care
493 services and health care providers and the shared savings
494 incentive amount applicable for each service. A shared savings
495 incentive may not be less than 25 percent of the savings
496 generated by the subscriber's participation in any shared
497 savings incentive offered by the health maintenance
498 organization. The baseline for the savings calculation is the
499 average in-network amount paid for that service in the most
500 recent 12-month period or some other methodology established by
501 the health maintenance organization and approved by the office.

502 (e) At least quarterly, credit or deposit the shared
503 savings incentive amount to the subscriber's account as a return
504 or reduction in premium, or credit the shared savings incentive



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505 amount to the subscriber's flexible spending account, health
506 savings account, or health reimbursement account, such that the
507 amount does not constitute income to the subscriber.

508 (f) Submit an annual report to the office within 90
509 business days after the close of each plan year. At a minimum,
510 the report must include the following information:

511 1. The number of subscribers who participated in the
512 program during the plan year and the number of instances of
513 participation.

514 2. The total cost of services provided as a part of the
515 program.

516 3. The total value of the shared savings incentive payments
517 made to subscribers participating in the program and the values
518 distributed as premium reductions, credits to flexible spending
519 accounts, credits to health savings accounts, or credits to
520 health reimbursement accounts.

521 4. An inventory of the shoppable health care services
522 offered by the health maintenance organization.

523 (4) A shared savings incentive offered by a health
524 maintenance organization in accordance with this section:

525 (a) Is not an administrative expense for rate development
526 or rate filing purposes.

527 (b) Does not constitute an unfair method of competition or
528 an unfair or deceptive act or practice under s. 641.3903 and is
529 presumed to be appropriate unless credible data clearly
530 demonstrates otherwise.

531 (5) The commission may adopt rules necessary to implement
532 and enforce this section.

533 Section 8. The Division of State Group Insurance within the



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534 Department of Management Services is directed to analyze the
535 efficiency and effectiveness of providing health coverage by
536 health maintenance organizations to enrollees participating in
537 the state group insurance program on a county basis, on a
538 regional basis, and on a statewide basis. Not later than January
539 1, 2020, the division shall recommend to the Governor, the
540 President of the Senate, and the Speaker of the House of
541 Representatives the service areas the division determines to be
542 the most efficient and effective to provide health insurance
543 coverage for the 2023 plan year.

544 Section 9. Except as otherwise expressly provided in this
545 act, this act shall take effect July 1, 2019.

546
547 ===== T I T L E A M E N D M E N T =====

548 And the title is amended as follows:

549 Delete everything before the enacting clause
550 and insert:

551 A bill to be entitled
552 An act relating to health insurance; amending s.
553 110.123, F.S.; requiring that certain contracts under
554 the state group insurance program which are executed,
555 renewed, or extended after a certain date require the
556 contractor to accommodate changes to the law that
557 occur during the term of the contract; authorizing the
558 parties to the contract to make certain modifications
559 to the contract; amending s. 110.12303, F.S.; removing
560 an obsolete date; adding products and services offered
561 by certain entities to a list of products and services
562 that may be included in the package of health



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563 insurance and other benefits under the state group
564 insurance program; requiring the Department of
565 Management Services to offer, as a voluntary
566 supplemental benefit option, certain international
567 prescription services; amending s. 110.12315, F.S.;
568 requiring the department to implement formulary
569 management cost-saving measures beginning with the
570 2020 plan year; specifying requirements for such
571 measures; providing that certain prescription drugs
572 and supplies may not be covered until specifically
573 included in the formulary; requiring the department to
574 report to the Governor and the Legislature regarding
575 formulary exclusions by a specified date and annually
576 thereafter; repealing s. 8 of ch. 99-255, Laws of
577 Florida, relating to a restriction prohibiting the
578 department from implementing prior authorization or
579 restricted formulary programs within the state
580 employees' prescription drug program; creating ss.
581 627.6387, 627.6648, and 641.31076, F.S.; providing a
582 short title; defining terms; authorizing individual
583 and group health insurers and health maintenance
584 organizations, respectively, to offer shared savings
585 incentive programs to insureds and subscribers;
586 providing that insureds and subscribers are not
587 required to participate in such programs; specifying
588 requirements for health insurers and health
589 maintenance organizations offering such programs;
590 requiring the Office of Insurance Regulation to review
591 filed descriptions of programs and make a certain



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592 determination; providing notification and account
593 credit or deposit requirements for insurers and health
594 maintenance organizations; specifying the minimum
595 shared savings incentive and the basis for calculating
596 savings; specifying requirements for annual reports
597 submitted by health insurers and health maintenance
598 organizations to the office; providing construction;
599 providing that certain shared saving incentive amounts
600 reduce a health insurer's direct written premium for
601 purposes of the insurance premium tax and the
602 retaliatory tax; authorizing the Financial Services
603 Commission to adopt rules; requiring the Division of
604 State Group Insurance within the department to analyze
605 the efficiency and effectiveness of providing health
606 coverage by health maintenance organizations by
607 specified bases to state group insurance program
608 enrollees; requiring the division to make a certain
609 recommendation to the Governor and the Legislature by
610 a certain date; providing effective dates.