

1 A bill to be entitled
 2 An act relating to the state group insurance program;
 3 amending s. 110.107, F.S.; defining the term
 4 "reference-based pricing"; amending s. 110.12303,
 5 F.S.; authorizing cost savings to be paid in cash to
 6 an enrollee; requiring certain contracted entities to
 7 use a reference-based pricing program to set
 8 reimbursement rates; providing an effective date.

9

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

11

12 Section 1. Subsections (27) through (32) of section
 13 110.107, Florida Statutes, are renumbered as subsections (28)
 14 through (33), respectively, and a new subsection (27) is added
 15 to that section, to read:

16 110.107 Definitions.—As used in this chapter, the term:
 17 (27) "Reference-based pricing" means a flat payment paid
 18 by the department in compensation for specific procedures or
 19 services performed by a healthcare provider.

20 Section 2. Paragraph (a) of subsection (2) and paragraph
 21 (d) of subsection (3) of section 110.12303, Florida Statutes,
 22 are amended to read:

23 110.12303 State group insurance program; additional
 24 benefits; price transparency program; reporting.—

25 (2)(a) The department shall contract with at least one

26 | entity that provides comprehensive pricing and inclusive
 27 | services for surgery and other medical procedures which may be
 28 | accessed at the option of the enrollee. The contract shall
 29 | require the entity to:

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

32 | 2. Provide assistance to the enrollee in accessing and
 33 | coordinating care.

34 | 3. Provide cost savings to the state group insurance
 35 | program to be shared with both the state and the enrollee. Cost
 36 | savings payable to an enrollee may be:

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

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

39 | c. Credited to the enrollee's health reimbursement
 40 | account; ~~or~~

41 | d. Paid as additional health plan reimbursements not
 42 | exceeding the amount of the enrollee's out-of-pocket medical
 43 | expenses; or

44 | e. Paid in cash to the enrollee.

45 | 4. Provide an educational campaign for enrollees to learn
 46 | about the services offered by the entity.

47 | 5. Use a reference-based pricing program based on paid
 48 | market claims to set reimbursement rates that are not solely
 49 | based on a percentage of Medicare rates.

50 | (3) The department shall contract with an entity that

51 provides enrollees with online information on the cost and
52 quality of health care services and providers, allows an
53 enrollee to shop for health care services and providers, and
54 rewards the enrollee by sharing savings generated by the
55 enrollee's choice of services or providers. The contract shall
56 require the entity to:

57 (d) Identify the savings realized to the enrollee and
58 state if the enrollee chooses high-quality, lower-cost health
59 care services or providers, and facilitate a shared savings
60 payment to the enrollee. The amount of shared savings shall be
61 determined by a methodology approved by the department and shall
62 maximize value-based purchasing by enrollees. The amount payable
63 to the enrollee may be:

- 64 1. Credited to the enrollee's flexible spending account;
- 65 2. Credited to the enrollee's health savings account;
- 66 3. Credited to the enrollee's health reimbursement
67 account; ~~or~~
- 68 4. Paid as additional health plan reimbursements not
69 exceeding the amount of the enrollee's out-of-pocket medical
70 expenses; or
- 71 5. Paid in cash to the enrollee.

72 Section 3. This act shall take effect July 1, 2022.