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

Section 1. Section 1006.72, Florida Statutes, is created to read:

1006.72 State university student health insurance.--
(1) TITLE.--This section may be cited as the "Student Health Insurance Protection Act."

(2) INTENT.--It is the intent of the Legislature that:
   (a) State university students be provided high-quality health services.
   (b) State universities ensure that students who have private health insurance coverage have access to health care services through billing the private insurer for services received at the university health center.
   (c) State universities that require mandatory health insurance coverage recognize private health insurance as an alternative to the university health insurance coverage.
   (d) State universities maximize revenues by collecting funds from student private health insurers to subsidize the operations of the university health center, to reduce health fees to the greatest extent possible, and to create student health insurance scholarships for those students without private health insurance coverage.

(3) STUDENT HEALTH INSURANCE.--State universities that have university health centers that employ at least one full-time physician must:
   (a) Bill a student's private health insurer for services, prescriptions, or other items provided by the university health center for which the student is charged.
   (b) Ensure that the university health center is considered an in-network provider with at least five of the 10 largest health insurance companies or managed care plans providing coverage in the state.
Notwithstanding the provisions of this subsection, a student is responsible for resolving any outstanding balances owed the university health center, subject to the health insurer or managed care agreement between the university and the health insurance company or managed care plan, prior to registering for a subsequent term unless other arrangements are approved by the university.

(4) MANDATORY HEALTH INSURANCE COVERAGE.--

(a) Each state university that meets the conditions provided in this subsection may require students to provide proof of health insurance coverage as a nonacademic condition of enrollment. Such universities may offer student health insurance coverage and may require domestic students who do not otherwise provide proof of acceptable health insurance coverage to purchase the university-sponsored or other acceptable insurance as a nonacademic condition of enrollment.

(b) In order to require proof of health insurance coverage as a nonacademic condition of enrollment, state universities shall:


2. Establish policies that outline acceptable alternative insurance policies as provided in subsection (5).

3. Bill a student's private or university-sponsored health insurer for services, prescriptions, or other items provided by the university health center for which the student is charged.
4. Ensure that the university health center is considered an in-network provider with at least five of the 10 largest health insurance companies or managed care plans providing coverage in the state.

5. Ensure that the university-sponsored insurance and acceptable alternative insurance policies as provided in subsection (5) cover, at a minimum, the level of services in the standard health benefit plan as described in s. 627.6699(12)(b)4.

6. In order to prevent double billing, accept the student health fee as a prepaid copayment, deductible, or noncovered service, subject to provisions in any managed care agreement that expressly prohibits such prepayment.

7. Use at least 10 percent of all net revenues generated through insurance collections to provide subsidies for uninsured students to purchase university-sponsored insurance or an alternative insurance policy as provided in subsection (5).

(c) Notwithstanding this subsection, a student is responsible for resolving any outstanding balances owed the university health center, subject to the health insurer or managed care agreement between the university and the health insurance company or managed care plan, prior to registering for a subsequent term unless other arrangements are approved by the university.

(d) The cost of health insurance shall be deemed a "cost of attendance" as that term is used in financial aid determinations and shall be included in the calculation of financial aid awards for students.
(5) ACCEPTABLE ALTERNATIVE INSURANCE.--A domestic student's health insurance policy is considered to be acceptable for purposes of this section if:

(a) The policy meets the level of services in the standard health benefit plan as described in s. 627.6699(12)(b)4.

(b) The policy provides, at a minimum, coverage from the beginning of a semester, 24 hours a day, until the beginning of the next semester.

(c) The university health center is included in the network of providers covered by the policy or there are network providers covered by the policy in reasonable geographic proximity to the state university campus where the student is enrolled.

(6) PROOF OF COVERAGE.--Proof of health insurance coverage must be provided in the manner and by the date prescribed by the state university or the university may require the student to purchase the university-sponsored health insurance pursuant to subsection (4) or acceptable alternative insurance pursuant to subsection (5).

(7) UNIVERSITY-SPONSORED INSURANCE PROVIDERS.--To be eligible to be considered a university-sponsored insurance provider for student health care services, the insurance company or managed care plan must:

(a) Fulfill the requirements to serve as an insurance carrier, including an entity that provides health benefit plans in this state, an authorized insurer, a health maintenance organization, or any other person providing a health benefit
plan that is subject to insurance regulation in this state as defined in s. 627.6699.

(b) Comply with the loss ratios established by the Office of Insurance Regulation of the Department of Financial Services, which require that at least 75 percent of the premiums students pay from any insurance purchased through the university must be spent on medical services. The loss ratio shall be assessed under the Office of Insurance Regulation's processes to measure loss ratios in the small group carrier insurance programs.

(8) REPORTING REQUIREMENTS.--By August 1 of each year, each state university shall report all revenue generated through private, university-sponsored, and acceptable alternative student health insurance billing; expenses associated with insurance billing from the previous fiscal year; information on health insurance and managed care plans offered by the university as university-sponsored student health insurance, including fiscal status and the loss ratios of each and in the aggregate for the university-sponsored plans, as defined by the Office of Insurance Regulation of the Department of Financial Services; the number of uninsured students each university has enrolled; the subsidies provided to uninsured students for health insurance, including the total dollar amount and the percentage of revenue, through insurance collections used to subsidize insurance purchase pursuant to subparagraph (4)(b)7.; and any other information deemed necessary by the Office of Insurance Regulation to ensure student access to health care services through health insurance.
(9) PREMIUM REDUCTIONS AND ENHANCED BENEFITS.--The Board of Governors shall work with the state universities, the Office of Insurance Regulation of the Department of Financial Services, and the health insurance providers in the state to reduce premiums and enhance benefits for the health insurance coverage available to students attending state universities.

(10) REVIEW AND REPORT.--The Board of Governors shall review student access to health care services as implemented according to this section, including the scope and use of services of uninsured students, the means to improve access to health care for students, the use of revenues from billing health insurance carriers, the success of university health centers in becoming in-network providers with major health insurance carriers in the state, and proposals to improve the benefits and efficiency of student access to health care services, and shall provide a report to the President of the Senate and the Speaker of the House of Representatives by January 31, 2012.

Section 2. This act shall take effect July 1, 2009.