A bill to be entitled
An act relating to student access to health insurance;
creating s. 1006.72, F.S.; providing a short title;
providing legislative intent; requiring state
universities that have student health centers to seek
reimbursement from a student's private health
insurance for services and prescriptions and ensure
that the student health center is an in-network
provider for certain health insurance companies;
providing that it is the student's responsibility to
resolve outstanding balances owed to a student health
center before registering for a subsequent school
term; authorizing a state university to require
students to provide proof of health insurance coverage
as a nonacademic condition of enrollment under certain
circumstances; authorizing universities to offer
university-sponsored student health insurance coverage
for students who do not otherwise have proof of health
insurance; providing for acceptable, alternative
health insurance; providing requirements for proof of
health insurance coverage; providing criteria to be
eligible as a university-sponsored health insurance
provider for student health care services; requiring
universities to report certain information related to
student health insurance; requiring the Board of
Governors to work with state universities, the Office
of Insurance Regulation within the Department of
Financial Services, and the health insurance providers
to reduce premiums and enhance benefits; requiring the
Board of Governors to review student access to health care services and provide a report to the Legislature by a specified date; providing an effective date.

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) SHORT TITLE.—This act may be cited as the "Student Health Insurance Protection Act."
(2) INTENT.—It is the intent of the Legislature that:
(a) University students are provided high-quality health services;
(b) State universities ensure that students, the majority of whom have private health insurance coverage, have access to health care services through reimbursement from this private insurance for services received at the student health center;
(c) State universities that require mandatory health insurance coverage recognize private health insurance as an alternative to the university health insurance coverage; and
(d) State universities maximize revenues by collecting funds from students' private health insurance to subsidize the operations of the student health center, reduce health fees to the greatest extent possible, and create health insurance scholarships for those students without private health insurance.
(3) STUDENT HEALTH INSURANCE.—State universities that have student health centers that employee at least one full-time
physician must:

(a) Seek reimbursement from a student’s private health insurance for services, prescriptions, or other items provided by the student health center for which the student is assessed a charge.

(b) Ensure that the student health center is considered an in-network provider with at least five of the 10 largest health insurance companies or managed care organizations providing coverage in this state.

Notwithstanding the provisions of this subsection, a student is responsible for resolving any outstanding balances owed to the student health center, subject to health insurer or managed care agreements between the university and health insurance companies or managed care organizations, before 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. These universities may offer student health insurance coverage and may require 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, a state university shall:

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

3. Seek reimbursement from a student’s private or university-sponsored health insurance for services, prescriptions, or other items provided by the student health center for which the student is assessed a charge.

4. Ensure that the student 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 this 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, a deductible, or payment for noncovered services, subject to provisions in any managed care agreement that expressly prohibits such prepayment.

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

Notwithstanding the provisions of this subsection, a student is responsible for resolving any outstanding balances owed to the student health center, subject to the health insurer or managed
care agreements between the university and health insurance companies or managed care organizations, before registering for a subsequent term unless other arrangements are approved by the university. 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 calculations of financial aid awards for students.

(5) ACCEPTABLE ALTERNATIVE INSURANCE.—A student’s health insurance policy is 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 student 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 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 university or the university may require the student to purchase the university-sponsored health insurance as indicated in subsection (4) or acceptable alternative insurance pursuant to subsection (5).

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

(a) Fulfill the requirements to serve as an insurance
carrier, including an entity that provides health benefit plans in this state, such 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 by s. 627.6699.

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

(8) REPORTING REQUIREMENTS.—By August 1 of each year, each university shall report to the Office of Insurance Regulation within the Department of Financial Services all revenue generated through private, acceptable alternative, and university-sponsored 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 health insurance, including fiscal status and the loss ratios of each and in aggregate for the university-sponsored plans offered as defined by the Office of Insurance Regulation; 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 as defined by
paragraph (4)(b)7.; and any other information deemed necessary to ensure student access to health care services through student health insurance.

(9) PREMIUM REDUCTIONS AND ENHANCED BENEFITS.—The Board of Governors shall work with the state universities, the Office of Insurance Regulation within the Department of Financial Services, and the health insurance providers in this 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, including the scope and use of services of uninsured students, means to improve access to health care for students, use of revenues from billing health insurance carriers, success of student health centers becoming in-network provider with major insurance carriers in the state, as well as proposals to improve the benefits and efficiency of the program and provide a report to the Legislature by January 31, 2012.

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