

Supplemental Bill Analysis: PCS for House Bill 885

A number of State University System student health center directors were able to provide feedback in the past two days on PCS for HB 885 in order to supplement the original analysis of HB 885.

Overview

Each of the 11 institutions in the State University System has a unique student population, based on its size, geographic location, academic program offerings, and history, and each campus has unique health care needs that may extend beyond the basic, primary care services. Accordingly, health insurance needs for specific student populations will vary.

The distinctiveness of each state university dictates the health care services provided by that institution. These services range from student health centers with comprehensive and extended services at the large universities to clinics with limited services at the smaller institutions. As examples, one university has efficiently implemented a mandatory health insurance program, one university effectively utilizes a negative balance system with a health insurance provider, and one institution must design its health services to meet the needs of an enrollment with 35-40% uninsured students.

Specific comments on the PCS for HB 885 are summarized below.

- The revisions that appear in the proposed committee substitute have improved upon the language in the original HB 885 by extending the time parameters for implementation and deleting the 10 % subsidy requirement for scholarships and the cost of attendance language.
- There is concern that while HB 885 was framed by an emphasis on “high quality student health services,” this language has been removed in the PCS bill. The PCS strengthens the billing requirement by adding language that mandates universities that “charge a health fee and charge fees for services provided in the university health center” must bill a student’s insurance provider. Students should be the primary focus of any proposed legislation that deals with student health care.
- The potential fiscal impact associated with the implementation of a billing system at each of the 11 institutions in the SUS is critically important in light of the current budget reductions being made to all university functions. Each institution would need to individually respond to such a mandate to put in place a business system to seek reimbursement from insurance providers. For most institutions, a significant investment in resources would be required. Specifically, an institution would need to redesign and receive approval for a new student health center budget in order to hire and train staff to code, bill, and complete insurance

- processing, and to acquire physical space and enhanced computer support.
- The requirement that a student health center have a contractual relationship with “at least five of the ten largest health insurance companies or managed care plans providing coverage in Florida” may not meet the needs of specific campuses and their student populations. The task of procuring contracts with health insurance companies is tedious and costly. Contract negotiation expertise would be needed, and system-wide negotiation should be considered.
The small institutions have found that many insurance providers have limited interest in contracting with them due to the small size of their student enrollment. Additionally, universities are unable to “ensure” that they are in-network providers of a private HMO, as this would be a company decision over which an institution would have no control. If state law were to require university health centers to be in-network providers, companies would have little incentive to negotiate fairly with individual institutions.
 - The reporting requirements stated in section (8) are excessive, with a significant fiscal impact. The report required in section (10) is sufficient for monitoring the progress of this initiative.
 - All state universities currently have the authority, upon university board approval, to establish a health insurance requirement and to put in place the requisite administrative support functions. The value of the specific requirements in this PCS to the delivery of university student health services is unclear.
 - The mandates in the PCS are out of sequence. An insurance billing requirement should not be considered until the state can offer improved insurance coverage, reduced premium rates, and enhanced benefits that are accessible for all students. A shared agreement for health insurance among multiple institutions, with a large pool of insured to spread the risk would accomplish this.