

President Office – Press Release

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SENATE RELEASES FHIX FACTS, ADDRESSES MISCONCEPTIONS REGARDING SENATE BILL 2-A

Tallahassee –

As the Florida House of Representatives considers Senate Bill 2-A, legislation which creates the Florida Health Insurance Affordability Exchange Program (FHIX), the Florida Senate released the following FHIX Facts to address common misconceptions regarding this bipartisan solution to the critical health care challenges facing Florida.

“Over the last several months, the Senate has worked tirelessly to address every single question, concern and critique raised by those who oppose developing a state-based alternative to Obamacare Medicaid Expansion that would help the working poor purchase affordable private health services and coverage,” said Senate President Andy Gardiner (R-Orlando).

“We welcome a diverse discussion about extending health care coverage and whether or not it is the right choice for our state. It is important to focus that debate on a clear set of facts regarding the content of the bill language, rather than some of the stark inaccuracies and politically-motivated rhetoric we have often seen as an attempt to overshadow core facts,” continued President Gardiner. “We hope the information we have provided will add some clarity to what we believe will be a dynamic and thoughtful debate in the Florida House over the next two days.”

FHIX FACTS:

- **State-Based Marketplace**

The FHIX program is a consumer-driven approach to providing access to high-quality, affordable health care coverage while promoting personal responsibility. On January 1, 2016, enrollees will proceed straight to the state-based FHIX marketplace for coverage and other options for purchasing health services.

- **Work Requirements**

Enrollees must provide proof of employment, on-the-job training or job placement activities (through registration with CareerSource Florida), or pursuit of education opportunities. Parents are required to meet a minimum requirement of 20 hours per week and childless adults are required to meet a

minimum of 30 hours per week. Exceptions to the work requirement are included for individuals who are disabled or caregivers of a person with disabilities.

- **Cost Sharing**

Participants will be assessed mandatory monthly premiums from \$3-\$25 based on their income. If a full premium payment is not received after a 30-day grace period, the premium assistance will be suspended and the participant may not re-activate coverage for a minimum of 6 months.

With private coverage obtained in the FHIX marketplace, participants will be able to access primary care and other routine services. Those who use emergency departments inappropriately will face additional charges, \$8 for the first visit and up to \$25 for subsequent visits.

- **Consumer Choice Options**

FHIX creates a state exchange to offer a variety of coverage plans and other ways to purchase health care including prepaid contracts and bundled health services purchased directly from providers. Additionally, participants are allowed to use FHIX financial assistance to get enrolled or stay enrolled in plans available on the federal exchange.

- **Triggers for Expiration**

The plan includes strong provisions that require the FHIX program to be terminated if the federal match ever falls below the levels that the federal government is responsible for paying under current federal law - without any further action by the Legislature.

If the federal government ever pays less than they are supposed to, the bill provides that the program will terminate at the end of the state fiscal year in which that happens - period.

Additionally, the FHIX program will sunset on July 1, 2018, unless reviewed and reenacted by the Legislature. The bill establishes the Health Outcomes Review Commission (HORC). The HORC will assess outcomes, fiscal impacts and access to care. The HORC must review the FHIX program and provide a final report by January 1, 2018.

- **Preserve State Control**

AHCA is prohibited from implementing any waiver with the federal government that varies substantially from the provisions of FHIX under state law. Additional legislative approval is required before implementation.

As with any negotiation, Florida will not get 100 percent of what we want, but neither will Washington. This legislation responsibly preserves state control, requiring state approval of any significant federal changes to our plan.

- **Healthy Kids Enrollees**

Healthy Kids enrollees who transition to the FHIX will continue to fall under the provisions of the Healthy Kids statute and do not lose benefits, disenrollment rights, or see an increase in rates. Healthy Kids cost sharing and other enrollment criteria does not change when Healthy Kids enrollees move into FHIX.

- **Medically Needy**

The bill contains a provision for persons with disabilities to be exempt from work/education/job-seeking requirements and expands the disability exemptions so that 38,000 additional persons will be exempt from the work requirements in the first year alone.

- **Premium Credits**

The premium credit for each enrollee will be calculated by AHCA based on the bronze metal standard. AHCA will determine the premium credit amount for FHIX enrollees based on the price of the FHIX benchmark plan minus the enrollee's required premium. Additionally, there is a retroactive process to adjust premiums based on the risk profile of each plan's enrollees.

For more information on the FHIX program, please visit the Florida Senate [online](#).

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