THE HRSA STATE PLANNING GRANT PROGRAM INTERIM REPORT

Florida Health Insurance Study 2004

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Submitted by:

Agency for Health Care Administration
Bureau of Medicaid Research

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

FLORIDA MEDICAID

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EXECUTIVE SUMMARY

The HRSA State Planning Grant (SPG) is enabling the state of Florida to learn more about people in the state who lack health insurance and to develop workable proposals for extending coverage to all uninsured Floridians. This grant comes at an opportune time, when many Florida policymakers are focused on the issue of health care coverage. In Summer 2003, the Governor's Task Force on Access to Affordable Health Care for Floridians was formed; the 2004 legislative session also saw considerable debate over coverage-related bills.

Progress to date on the SPG is as follows:

- **Data about uninsured individuals and families** are being collected by means of a statewide telephone survey and focus groups with the uninsured. While data collection per se has been completed at the time of this report, findings are not yet available. Analysis and report preparation are in progress. Florida had conducted a *statewide telephone survey* in 1999, providing a baseline for comparison five years later. The 2004 telephone survey was conducted from April to August 2004, including interviews with 17,436 Florida households, including 46,920 individuals. The design oversampled for those at risk of uninsurance: Blacks, Hispanics and low-income people, with interviews were conducted in English, Spanish and Haitian Creole. The sample was also designed to facilitate reliable estimate at various sub-state geographic areas, for 17 districts and as many counties as possible. Preliminary results will be available in October. A series of seven *focus groups* with uninsured individuals were held between from July to September 2004 at various locations throughout the state, and included focus groups targeted to various groups such as Haitian immigrants and Hippanics. The focus groups were intended to augment and enhance the survey data, providing information about the impact of health insurance circumstances on day-to-day life as well as opinions regarding proposed coverage options.

- As in most other states, **employer-based coverage** is critical to Florida's health insurance system. Information about employer-based coverage was compiled for the Task Force. Further data collection enabled by the SPG includes focus groups with employers, key informant interviews with employers, and input on employer-based coverage from the household telephone survey.

- **The health care marketplace** will be described by focus groups with insurers, key informant interviews with insurance companies, and a review of Florida's health insurance regulatory system including recent legislation impacting the types of insurance products that can be offered in Florida.

- **Options and progress in expanding coverage** were explored initially by the Task Force. The discussion during the task force meetings helped set some parameters to rule out possible options that would not be acceptable to Florida's public or policymakers. The

Task Force developed some recommendations for possible expansions of coverage regarding health insurance options, options designed to address cost drivers, and options to strengthen the safety-net. Coverage options were incorporated into the SPG focus groups, allowing discussion of these possible programs by the uninsured, employers and insurance industry representatives.

- **Consensus building** for expanding health insurance coverage in Florida began with the Task Force meetings, each of which included time for public input and comment. As part of the SPG process, a Policy and Technical Advisory Council has also been formed, with meetings scheduled for October 13, 2004, January 18, 2005 and June 7, 2005. The Council is comprised of Floridians from across the state who represent the key stakeholders who would be impacted by health insurance reform.

In summary, the SPG process in Florida is well on track. The data collection phase is complete, and research findings will provide detailed information about Florida individuals and families without health insurance. The focus groups and key informant interviews will yield both facts and opinions about the current status of employer-based coverage as well as the possible reception of potential expansion options. The involvement of an advisory body that includes key stakeholders will help ensure that expansion options are amenable to the people who will offer and use them.

SECTION 1. SUMMARY OF FINDINGS: UNINSURED INDIVIDUALS AND FAMILIES

Data about Floridians without health insurance are being collected via two research endeavors: A statewide telephone survey about health insurance and a series of focus groups. For both modes of data collection, fieldwork has been completed at the time of this report, and focus is currently on data preparation, analysis and reporting.

Telephone Survey

Florida was among the states that conducted major statewide surveys about health insurance coverage prior to the inception of the HRSA SPG program. The initial Florida Health Insurance Study (FHIS) household survey was conducted in 1999. Detailed information regarding the methodology, instrumentation, sampling plan, weighting and the resulting findings were widely disseminated in a series of reports.[1] Key information on the FHIS 1999 can be found at (http://www.fdhc.state.fl.us/Publications/Technical_Reports/index.shtml). The current HRSA SPG provides the resources necessary replicate that same study five years later. The questionnaire used for the HRSA SPG-supported FHIS 2004 survey is a slightly modified version of that developed for the FHIS1999.).

In the FHIS 2004 survey interviews were conducted with 17,436 households, yielding data about 46,920 individuals. The interviews were conducted in English, Spanish, and Haitian Creole, at

the respondent's preference: 16,434 were conducted in English, 956 in Spanish and 46 in Haitian Creole.

The sample was a stratified random-digit dialing (RDD) sample. In stratified random sampling, various strata are defined around key population characteristics, with disproportionate sampling within each stratum. The sample was designed to allow more precise estimates of insurance coverage within key populations while retaining the ability to produce meaningful estimates. Specifically, the sample was designed to oversample those at most risk of uninsurance: Blacks, Hispanics, and low-income households. Overall, this design worked well. For example, while Non-HispanicWhites make up 78 percent of the Florida population,[2] our sample was only 66 percent White non-Hispanics. About 20 percent of the survey sample was foreign born, compared to 17 percent in the Florida population.

The sample was also designed to allow estimates by geographic region. For FHIS 1999, the state was divided into 17 geographic districts; the seven major metropolitan areas comprised a district, and the other 60 counties were grouped according to similar attributes to make up the other 10 districts. However, after FHIS 1999 there was such a clamor for reliable county-level estimates across the state, that FHIS 2004 addressed this issue in three ways:

(1) Allowing counties to purchase additional sample to ensure that reliable direct estimates for their county will be available;
(2) Designing the sample to accommodate direct estimates from the survey data for as many counties as possible (at this writing, reliable direct estimates should be available for 20-30 Florida counties), and
(3) Generating synthetic small area estimates using Bayesian statistical techniques.

The telephone survey fieldwork was conducted by the University of Florida's Bureau of Economic and Business Research (BEBR) Survey Research Center (SRC) under the direction of Dr. Chris McCarty. This is the same contractor that conducted the FHIS telephone survey in 1999. The fieldwork was conducted between April 1 and August 29, 2004. An interview was conducted in households in which at least one person was age 18 to 64. The respondent was the person who was most knowledgeable about the household's health care and health insurance coverage.

The SRC uses Sawtooth WinCATI software, a computer-assisted telephone interviewing (CATI) system to speed the delivery of clean, machine-readable data following completion of the fieldwork. Most interviewers are undergraduate students at UF. Interviewers represented a wide range of ethnicity, gender and race categories. Bilingual interviewers must demonstrate a proficiency at speaking without a strong accent in either language. Interviews are conducted during three-hour shifts on each day of the week, never earlier than 9 a.m. or later than 9 p.m., respondents' local time.

All of the interviewers selected to work on this study were experienced in other surveys, and received training in the FHIS survey instrument. BEBR procedures included multiple callbacks

for phone calls that were busy or unanswered in order to enhance the response rate. Each case was dialed 10 times, including calls at different times of the day. Additionally, callback appointments were scheduled for a future time that was more convenient for the respondent.

During each shift, at least one interviewer was monitored. Without prior notice, a supervisor listened in from a reception-only phone line in another room. The supervisor noted the interviewer's performance and met with the interviewer afterward, offering suggestions for improvement if needed. Additionally, the FHIS project coordinator visited the lab during the first few days of interviewing, monitoring several interviews.

For cases where no contact had been made after 10 dialing attempts, a follow-up letter was sent to explain the nature of the survey and provide respondents with a toll-free number that they could dial at their convenience.[3]

Preliminary findings from the survey will be available for the FHIS Advisory Committee meeting on October 13. A series of reports and issue briefs will be issued regarding the survey findings, and participation in the Multi-State Integrated Database will facilitate compilation of custom reports needed by health planners, stakeholders and legislators. Dissemination will be accomplished by both electronic means and printed materials. The following core reports are currently being drafted:

- Replication of FHIS 1999 Survey Report
- Profile of the Uninsured in 2004
- Comparison 1999/2004 Survey Findings
- Synthetic Small Area Estimates for 2004

Focus Groups

Research associated with the FHIS 2004 included conducting ten focus groups. These group sessions were held between July 1 and September 30, 2004 at locations throughout the state. A number of community groups and other stakeholders were instrumental in determining optimal times and locations for the focus groups, and in some instances assisted in the identification of potential participants. It is noted that various hurricanes impacted attendance at one of the groups, and caused multiple postponements of another.

The focus groups were intended to augment and enhance the FHIS 2004 survey data. As has been noted in other settings, surveys provide a valuable means of estimating the absolute and relative numbers of people with various characteristics who are without health insurance. Focus groups provide means for enriching the survey data by adding information about the impact of health insurance circumstances on one’s day-to-day life, the diverse coping responses people employ, and the like.

Focus groups of four types were organized, where key participant characteristics were the determining factor for participant selection:

(1) Uninsured Floridians (seven groups);
(2) Employers who don't offer health insurance (one group);
(3) Employers offering health insurance (one group), and
(4) Representatives of the health insurance industry (one group)

Findings from the groups with employers and insurance industry representatives are described in the report sections appropriate to those issues.

The seven focus groups of uninsured Floridians were held at various locations around the state, including health departments, free clinics, hospital conference rooms, and local ethnic support group centers. These seven groups were held in Jacksonville (urban Northeast Florida), Panama City (Northern Panhandle), Tampa Bay (West Coast), South Florida Hispanic Residents, South Florida Uninsured Haitian Residents, Uninsured African American Residents (Miami-Dade County), and Uninsured Anglo/White Non-Hispanic (Palm Beach County).

In order to find and recruit qualified (uninsured) participants, Local Health Planning Councils, free clinics, County Health Departments, and ethnic coalition personnel were contacted in the target area. These individuals had or were aware of clientele who were currently uninsured and thus candidates for participation in the focus group. Materials were sent describing the purpose of the study and objectives of the focus group, providing an overview of the goals and benefits of joining the focus group and contact information for obtaining further information, including how to sign up for the sessions.

A sufficient number of participants were recruited for each focus group in order to create a manageable group size, where there could be a free flow of ideas concerning the issues surrounding healthcare and health insurance coverage. Groups were usually worked around dinner or lunch time, with meals provided. In addition, a $20 cash honorarium was provided.

The issues explored in the focus group discussions covered two basic areas:

(1) Why the participants did not have health insurance, how they coped without health insurance, where they got medical care; and
(2) What their reactions were and likelihood of participation in several of the program initiatives recently passed by the state legislature and/or proposed by the Governor's Task Force on Access to Affordable Health Insurance.

Sessions were recorded and transcripts are currently being produced for subsequent analysis. In addition to the normal descriptive materials that derive from effective focus groups, careful attention will be paid to key themes or other items that reflect differences among these various groups of uninsured people.

SECTION 2. SUMMARY OF FINDINGS: EMPLOYER-BASED COVERAGE

Both national and state-specific information concerning employer-based coverage was presented to or compiled by the Governor's Task Force on Access to Affordable Health Insurance and the House Select Committee on Affordable Health Care for Floridians during their meetings and as part of each groups final report. This information will be summarized, updated and supplemented in the final HRSA report as a result of additional research, interviews, findings from the FHIS 2004 and focus group outcomes.

Survey results are not yet available for analysis but will provide insight into changes in employer-based coverage between 1999 and 2004. Not only does the instrument allow calculation of rates of employer-based coverage, but also information about whether employers offer to any employees, and reasons why eligible employees do not enroll, as well as firm size and type of industry. Key informant interviews of employers and insurers will be conducted toward the end of 2004 and employer, insurer and uninsured focus group information is being compiled to identify areas of agreement and areas where potential barriers exist specific to the health insurance options Florida plans to pursue to reduce the level of uninsurance. Some of the focus group information now being compiled is specific to employer-based coverage.

SECTION 3. SUMMARY OF FINDINGS: HEALTH CARE MARKETPLACE

The Florida Office of Insurance Regulation is currently addressing implementation of recently enacted state and national health insurance reforms. As part of the HRSA SPG project, a focus group with insurers was conducted to gather information about their current and potential offerings in the marketplace and their assessment of new products authorize this legislative session. The findings from this focus group are now being compiled.

The 2004-2005 legislative session included a variety of proposed programs and policy changes designed to either increase access to health insurance, address cost drivers, or offer alternative, health products. Most of the proposals encompassed the recommendations of the Governor's Task Force on Access to Affordable Health Insurance and the House Select Committee on Affordable Health Care for Floridians. While not all of this proposed legislation was adopted, a number of provisions aimed at increasing the variety of insurance and health coverage-related products and informing consumers were enacted, including:

1. Provisions designed to encourage the use of Health Savings Accounts and qualifying plans;

2. A requirement for completion of a feasibility analysis of the creation of a new high-risk pool— the Florida Health Insurance Plan – and potential implementation following actuarial analysis.
3. Authorization permitting insurers to provide premium rebates for health lifestyles;
4. A requirement concerning reporting of hospital charges and pharmacy retail price information to the Agency for Health Care Administration for publication on a website for consumers;
5. Authorization for the development of additional products under the HealthFlex authority, including development of catastrophic plans; and
6. The development of insurance products (including pooled purchasing arrangements) and alternative benefit packages for small employers under the Small Employers Access Program.

SECTION 4. OPTIONS AND PROGRESS IN EXPANDING COVERAGE

The Governor's Task Force on Access to Affordable Health Insurance (Task Force) was created by Governor Jeb Bush on August 25, 2003 through Executive Order 03-160. The Task Force was comprised of 17 members from varied areas of the state and represented a wide range of expertise including business leaders, health policy experts, health care providers, and consumers. Lieutenant Governor Toni Jennings and Chief Financial Officer Tom Gallagher chaired the Task Force. The Task Force recommendations were finalized February 2, 2004. The Draft Interim Task Force Report was provided to the Governor, Speaker of the House, and President of the Senate, for their review on January 15, 2004, and a final report was presented on February 13, 2004. The Task Force final report is available on the Internet at: http://www.fdhc.state.fl.us/affordable_health_insurance/PDFs/task_force_report_021504_final.pdf.

House Speaker Johnnie Byrd created the House Select Committee on Affordable Health Care for Floridians (Select Committee) August 14, 2003. Committee Chairman, Representative Frank Farkas, D.C., (R-St. Petersburg) led seven public hearings around the State from October through November 2003. The public hearings offered an opportunity for consumers, advocates, health care providers, insurers and other stakeholders to submit recommendations to the Task Force specific to improving access to health care coverage. After reviewing the policy options presented to the Select Committee, 12 options were approved for presentation to the Speaker. The Select Committee's final report is available online at: http://www.myfloridahouse.com/custFiles/39/2220.pdf.

During the course of public input and expert speaker presentations, a variety of coverage options were discussed some of which were not ultimately selected for recommended implementation in Florida. The following options were identified as either inconsistent with State objectives concerning health insurance options or not applicable to Florida:

(1) Vouchers for Individual Purchase of Health Insurance

(2) Subsidized Buy-in to the State employees' plan

(3) Individual Tax Credits

(4) Employer Tax Credits

(5) Employer "Play or Pay" Mandates

(6) Mandated Individual Coverage

(7) The "Single Payor" or Social Insurance Approach

The Governor's Task Force on Access to Affordable Health Insurance and the House Select Committee on Affordable Health Care for Floridians adopted recommendations designed to improve access to health insurance, access to health care services, and to reduce the incidence of factors associated with rising health insurance costs. The recommendations are, grouped by category:

- Health Insurance Options
  - Establish purchasing pools for small employer groups.
  - Develop a premium assistance program for employer-sponsored coverage.
  - Expand the Health Flex Plan Program statewide.
  - Encourage enrollment in the KidCare program and consider what can be done to fund it in recognition that the program will need to be reauthorized by Congress in three years.
  - Create a new, appropriately designed health insurance residual market ("risk-pool".)
  - Focusing on federal Health Insurance Flexibility and Accountability (HIFA) waivers, explore a comprehensive plan to restructure the Medicaid program to improve access to health care coverage for Florida residents.

- Options designed to address cost drivers;
  - Minimize inappropriate utilization of emergency services.
  - Provide for consumer protection and information ("transparency".)
  - Promote initiatives that increase the use of evidence based medicine by physicians and health care institutions.
  - Allow more flexibility in tailoring plans based on individual needs.
  - Encourage the development of electronic medical records by providing financial incentives and promoting the use of digital technology and information systems.

  - Allow insurance agents and brokers to act as true insurance consultants serving the consumer's needs.
  - Promote healthy lifestyles.

- Options designed to strengthen the safety-net:
  - Encourage the development of local health care programs for individuals lacking health insurance.
  - Determine if there are additional ways, within available resources, to further support the viability of the crucial safety-net providers.
- Other:
  - Develop mechanisms for tracking the success of efforts to reduce the percentage of the uninsured.

Many of these recommendations were carried forward in legislation during the 2004-2005 legislative session. The following recommendations specific to health insurance were included in enacted legislation:

1. Small Employers Access Program.

During the public meetings of the Governor's Task Force on Access to Affordable Health Insurance, Florida's prior experience with purchasing pools and information concerning purchasing pools was addressed. The final report contains the background analysis and considerations. The Governor's Task Force and the House Select Committee recommended that Florida establish purchasing pools for small employer groups of 2-25 and this recommendation was implemented as a result of passage of House Bill 1629. The Small Employers Access Program authorizes the Office of Insurance Regulation to solicit and competitively bid by geographic region for standard and alternative benefit packages. The Florida Legislature also provided a $250,000 appropriation to fund the Small Employers Access Program.

The Task Force recommended a provision for this program that would have allowed the wining bidder the exclusive opportunity to provide coverage to groups of 25 and under in the geographic region. Unfortunately, this provision was not included in the final legislation. This is seen as significantly weakening the market for a potential bidder and reduces the capacity to obtain the lowest price.

Currently, the Office of Insurance Regulation is developing an RFI (Request for Information) for the purpose of soliciting ideas from small group carriers regarding implementation and interest in this program. The Office of Insurance Regulation is also holding meetings with groups who have had experience with innovative approaches to health care cost containment. A number of influential carriers in Florida made disparaging remarks during a recent focus group conducted as part of the HRSA project concerning the program, including a general

unwillingness to participate and skepticism concerning the viability of pooled purchasing arrangements.

2. Health Flex Program

The 2002 Florida Legislature authorized the establishment of the Florida Health Flex Pilot Program. This program was designed to allow less than full-benefit plans for the adult population with incomes under 200% percent of the federal poverty level. This program will be fully described in the final HRSA project report. Consistent with recommendation from the Governor's Task Force and the House Select Committee, the 2004 session of the Legislature passed several important changes to the Health Flex program in HB 1629, including statewide expansion, requirements concerning use of "standardized grievance procedures similar to those required of health maintenance organizations," and "oversight of Health Flex plan advertisement and marketing procedures." In addition, this law provided that "a health flex plan offering may include the option of a catastrophic plan supplementing the health flex plan."

The Office of Insurance Regulation is currently revising the Health Flex plan application package to add standards required by HB 1629 for plan marketing and advertising. The Agency for Health Care Administration has not yet finished the work necessary for implementation of a new policy and procedure for grievances. Currently there are four providers with the following enrollment: JaxCare, 58; American Care, 100; Preferred Medical plan, 17; and Jackson Memorial (just beginning enrollment).

2004 legislation included a provision permitting development of a Medicaid waiver in Palm Beach and Miami-Dade Counties designed to support the provision of health care benefits to previously uninsured persons matched through the Medicaid program, including access to services provided under the authority of Health Flex. The AHCA has provided technical assistance to each county. The counties are currently developing program designs that will utilize a Section 1115 Waiver to access Federal financing and restructure existing public benefits, including county-funded benefits.

3. Florida Health Insurance Plan

The Governor's Task Force and the House Select Committee recommended the creation of health plans for uninsurables and HIPAA eligibles. HB 1629 creates the Florida Health Insurance Plan for people with no other option for coverage. It establishes the governing board and procedures, along with the requirement that the plan administrator be selected by competitive bidding. The bill further requires and funds an actuarial study to be completed by December 1, 2004 concerning the funding impact. Premium cost will be capped at 300 percent of the standard risk rate. Members will be eligible based upon a surcharge on an income sliding scale.

Upon completion of the study and further analysis by OIR, the Legislature will need to appropriate funds for the program in the 2005-2006 term. Once the plan is implemented, enrollees of Florida's current risk-pool (closed to enrollment since 1992) will transfer to the new

risk-pool. (Florida's prior experience with the risk-pool will be described fully in the final report.) OIR is currently writing the RFP for an actuarial study to determine projected enrollment and plan cost. The recommendations for the FHIP Board members have been submitted to the Governor's office and the first meeting is scheduled for September 1 to approve the RFP.

In addition, OIR reports that they have met with Florida Association of Health Underwriters, a key agent group that "has strongly supported the establishment of a medical high-risk pool, to update them on the implementation of the FHIP and to urge them to continue to be active on this issue."

4. KidCare

The Governor's Task Force recommended that Florida "encourage enrollment in the KidCare program and consider what can be done to fund it in recognition that the program will need to be reauthorized by Congress in three years." This recommendation was developed following much controversy concerning a freeze in enrollment instituted in 2003. The Florida Legislature funded a "no growth" policy for FY 2003-04, based on March 2003 KidCare Estimating Conference projections. Spring actual enrollments exceeded these projections, with a significant increase occurring from June 2003 to July 2003. Applications received by the Healthy Kids third party administrator during the spring were processed, with a wait list developed for new applications received on or after July 1, 2003. As of December 11, 2003, the waiting list grew to 73,992 children and by January 26, 2004, to 110,402 children. In order to stay within the KidCare budget, the state anticipated implementation of a "hard cap", which would not only prevent new children from enrolling in the program, but would also move to the wait list children ready to transition to another program component if the receiving component is closed. Implementation of a "hard cap" will result in more children becoming uninsured. A number of program changes have been considered including:

The 2004-2005 Florida Legislature provided sufficient funding to enroll a portion of the waiting list as it existed in March 2004. A number of changes were made to the program as specified in HB 1837. The waiting list was discontinued and the Legislature established open-enrollment periods for future enrollments "if the Social Services Estimating Conference determines that sufficient federal and state funds will be available to finance increased enrollment through federal fiscal year 2007." Enrollment will be on a first come, first served, basis. Family income must be supported by additional documentation and eligibility for certain children will be denied if they have access to health insurance through a family member's group health plan or employer health plan. These changes continue to generate controversy in Florida and additional legislative activity specific to KidCare is anticipated next session.

5. Medicaid Restructuring

The Governor's Task Force recommended that Florida focus "on federal Health Insurance Flexibility and Accountability (HIFA) waivers, [and] explore a comprehensive plan to restructure the Medicaid program to improve access to health care coverage for Florida residents." While the Agency for Health Care Administration has solicited input from stakeholders, they have yet to formulate a plan or a core set of policies for a restructured program. The Agency will need to seek authorization to implement a Medicaid waiver from the Florida Legislature in the spring of 2005.

The impetus for Medicaid restructuring follows a series of major increases in the proportion of its size in the Florida state budget and in the absolute growth rate for the past three to four years during which there was a major economic recession. With a current baseline of $15.4 billion projected for the Florida Medicaid Program in State Fiscal Year 2005-06, and projecting a trend line for ten years at a growth rate of 10 percent a year, Florida's Medicaid program would reach $36.4 billion in 2014-15.

Considerable interest surrounds the development and strengthening of employer-based coverage as a vehicle to reduce the level of uninsurance in Florida. It remains unclear how the State will seek to coordinate public and employer-based coverage as part of a restructuring effort.

Other Medicaid changes were enacted this session. Two changes that will increase the number of uninsured Floridians are the restriction of benefits for the Medically Needy to prescribed drug services only and the reduction of the income limit from 188% FPL to 150% FPL for pregnant women. Florida is seeking to address the rising cost of public insurance (Medicaid) through a variety of efforts including:

- Use of a utilization management program for home health and private duty nursing services
- A required hospitalist program in larger hospitals
- Use of a utilization management program for hospital neonatal intensive care stays
- Pharmacy utilization reforms
- Prohibition of value-added programs as a substitution for supplemental rebates
- A behavioral health drug management system

Section 5. Consensus Building Strategy

The Task Force met monthly from September 2003 through February 2004. Meetings were held in different locations across the state to accommodate the geographical diversity of Task Force members and to permit broader public input across the state.

- September 22, 2003
  The Biltmore Hotel
  Coral Gables, FL
- October 13, 2003
  The Knott Building
  Tallahassee, FL
- November 17, 2003
  Airport Marriott Hotel
  Tampa, FL
- December 3, 2003
  Florida Community College
  Jacksonville, FL
- December 17, 2003
  Miami-Dade College
  Miami, FL
- January 9, 2004
  University of Central Florida
  Orlando, FL
- February 2, 2004
  412 Knott Building
  Tallahassee, FL

Time was provided during each Task Force meeting for public input and comment. Due to the anticipated number of speakers at each meeting, persons providing remarks were encouraged to submit written comments to ensure that the Task Force received comments in their entirety. Stakeholder presentations were heard at several Task Force meetings. Also, as the Task Force meeting locations moved across the state, the Task Force received presentations and remarks from significant local programs in the communities. As interest to provide public input increased, a determination was made to allocate additional time for public comment and stakeholder presentations at the December 3, 2003 meeting. A second December meeting was added on December 17, 2003 to enable the Task Force to discuss the public input and carry out its other business.

Meeting schedules and agendas were published and posted on the Task Force's web site. In addition to the formal agenda, time was provided at each meeting for public input. Meeting materials, including speaker materials were also posted on the web site.

House Speaker Johnnie Byrd created the House Select Committee on Affordable Health Care for Floridians (Select Committee) August 14, 2003. Committee Chairman, Representative Frank Farkas, D.C., (R-St. Petersburg) led seven public hearings around the State from October through November 2003. The public hearings offered an opportunity for consumers, advocates, health

care providers, insurers and other stakeholders to submit recommendations to the Task Force specific to improving access to employer sponsored health care coverage.

The options to increase access to health insurance delineated by the Governor's Task Force and the House Select Committee, and further refined by the Florida legislature are included in this report as current coverage options for Florida. Some additional coverage options may be possible, depending on the direction the State takes in regard to Medicaid restructuring and additional initiatives that may develop during the next legislative session.

The Florida Health Insurance Study Policy and Technical Advisory Council Members have been selected and meetings are scheduled for October 13, 2004, January 18, 2005 and June 7, 2005. The Council is comprised of Floridians who represent, at the state level, the key stakeholders impacted by health insurance reforms, including associations representing the health care industry, employers, insurers, local government and affiliated programs, and an advocacy group that provides legal services addressing access to public benefits, housing, child support, and other services.

The Council will be asked to provide their comments concerning both the findings of the FHIS 2004 and coverage options. These comments will be used to inform the project. The HRSA SPG project team staffs the FHIS Advisory Council and each meeting is publicly noticed in the Florida Administrative Weekly and on the FHIS website at http://www.fdhc.state.fl.us/Medicaid/Research/Projects/fhis2004/index.shtml.

Key informant interviews will be conducted toward the end of 2004 and employer, insurer and uninsured focus group information is being compiled to identify areas of agreement and areas where potential barriers exist specific to the health insurance options Florida plans to pursue to reduce the level of uninsurance.

The HRSA State Planning Grant Project: "The Florida Health Insurance Study 2004" information is posted on the Internet at http://www.fdhc.state.fl.us/Medicaid/Research/Projects/fhis2004/index.shtml.

SECTION 6. LESSONS LEARNED AND RECOMMENDATIONS TO STATES

Lessons learned and recommendations to states are not available at this time.

SECTION 7. RECOMMENDATIONS TO THE FEDERAL GOVERNMENT

Recommendations to the federal government are not available at this time.

APPENDIX I: BASELINE INFORMATION

Baseline information is not available at this time.

APPENDIX II: LINKS TO RESEARCH FINDINGS AND METHODOLOGIES

Data are not yet available. These will be provided for the final report.

[1] Available online at http://www.fdhc.state.fl.us/Publications/Technical_Reports/index.shtml
[2] Census 2000 data, http://quickfacts.census.gov/qfd/states/12000.html
[3] C.K. Porter, R.P. Duncan & C. Garvan, 2001. "Using an Explanatory Mail Follow-up to Boost Response Rate in an RDD Survey," poster presentation, American Association for Public Opinion Research annual conference, Montreal, Canada.