

By Senator Martin

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1 A bill to be entitled
2 An act relating to the Florida Employee Health Choices
3 Program; amending s. 408.910, F.S.; renaming the
4 Florida Health Choices Program as the "Florida
5 Employee Health Choices Program"; revising legislative
6 intent; revising definitions; revising the purpose and
7 components of the program; revising eligibility and
8 participation requirements for vendors under the
9 program; revising the types of health insurance
10 products that are available for purchase through the
11 program; deleting certain pricing transparency
12 requirements to conform to changes made by the act;
13 revising the structure of the insurance marketplace
14 process under the program; deleting the option for
15 risk pooling under the program; deleting exemptions
16 from certain requirements of the Florida Insurance
17 Code under the program; renaming the corporation
18 administering the program as the "Florida Employee
19 Health Choices, Inc."; conforming provisions to
20 changes made by the act; amending s. 409.821, F.S.;
21 conforming a provision to changes made by the act;
22 providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

25
26 Section 1. Section 408.910, Florida Statutes, is amended to
27 read:

28 408.910 Florida Employee Health Choices Program.—

29 (1) LEGISLATIVE INTENT.—The Legislature finds that a

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30 significant number of employers and employees in the residents
31 ~~of~~ this state do not have adequate access to affordable, quality
32 health insurance that meets their needs care. The Legislature
33 further finds that individual coverage health reimbursement
34 arrangements offer a novel way for employers of any size to give
35 health care dollars directly to employees to empower them to
36 choose their own health plan in a broad marketplace based on
37 individual financial needs and health factors. The Legislature
38 further finds that increasing access to affordable, quality
39 health care through individual coverage health reimbursement
40 arrangements can be best accomplished by establishing a
41 competitive marketplace market for employers that receive
42 employer premium contributions through individual coverage
43 health reimbursement arrangements purchasing health insurance
44 ~~and health services~~. It is therefore the intent of the
45 Legislature to create the Florida Employee Health Choices
46 Program to:

47 (a) Expand opportunities for employers and employees to
48 access Floridians to purchase affordable health insurance in
49 this state and health services.

50 (b) Create a platform that streamlines the purchase of
51 individual coverage for employees enrolled in individual health
52 coverage reimbursement arrangements Preserve the benefits of
53 ~~employment sponsored insurance while easing the administrative~~
54 ~~burden for employers who offer these benefits~~.

55 (c) Enable individual choice in both the manner and amount
56 of health care purchased.

57 (d) Provide for the purchase of individual, portable health
58 care coverage.

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59 (e) Disseminate information to employers and employees
 60 about individual coverage health reimbursement arrangements
 61 ~~consumers on the price and quality of health services.~~

62 (f) Sponsor a competitive marketplace ~~market~~ that
 63 stimulates product innovation, quality improvement, and
 64 efficiency in the production and delivery of individual health
 65 insurance plans to employees enrolled in individual coverage
 66 health reimbursement arrangements ~~health services.~~

67 (2) DEFINITIONS.—As used in this section, the term:

68 (a) "Corporation" means the Florida Employee Health
 69 Choices, Inc., established under this section.

70 (b) "Corporation's marketplace" means the ~~single,~~
 71 centralized market established by the program that facilitates
 72 the purchase of products made available in the marketplace.

73 (c) "Health insurance agent" means an agent licensed under
 74 part IV of chapter 626.

75 (d) "Insurer" means an entity licensed under chapter 624
 76 which offers an individual health insurance policy ~~or a group~~
 77 ~~health insurance policy~~, a preferred provider organization as
 78 defined in s. 627.6471, an exclusive provider organization as
 79 defined in s. 627.6472, or a health maintenance organization
 80 licensed under part I of chapter 641, ~~or a prepaid limited~~
 81 ~~health service organization or discount plan organization~~
 82 ~~licensed under chapter 636.~~

83 (e) "Program" means the Florida Employee Health Choices
 84 Program established by this section.

85 (3) PROGRAM PURPOSE AND COMPONENTS.—The Florida Employee
 86 Health Choices Program is created as a ~~single,~~ centralized
 87 market for the sale and purchase of individual health benefit

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88 plans by employees enrolled in an individual coverage health
89 reimbursement arrangement ~~various products that enable~~
90 ~~individuals to pay for health care. These products include, but~~
91 ~~are not limited to, health insurance plans, health maintenance~~
92 ~~organization plans, prepaid services, service contracts, and~~
93 ~~flexible spending accounts.~~ The components of the program
94 include:

95 (a) Enrollment of employers.

96 (b) Administrative services for participating employers,
97 including:

98 1. Assistance in seeking federal approval of cafeteria
99 plans.

100 2. Collection of premiums and other payments.

101 3. Management of individual benefit accounts.

102 4. Distribution of premiums to insurers and payments to
103 other eligible vendors.

104 5. Assistance for participants in complying with reporting
105 requirements.

106 (c) Services to individual participants, including:

107 1. Information about available products and participating
108 vendors.

109 2. Assistance with assessing the benefits and limits of
110 each product, ~~including information necessary to distinguish~~
111 ~~between policies offering creditable coverage and other products~~
112 ~~available through the program.~~

113 3. Account information to assist individual participants
114 with managing available resources.

115 4. Services that promote healthy behaviors.

116 (d) Recruitment of vendors, including insurers and, health

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117 maintenance organizations, ~~prepaid clinic service providers,~~
118 ~~provider service networks, and other providers.~~

119 (e) Certification of vendors to ensure capability,
120 reliability, and validity of offerings.

121 (f) Collection of data, monitoring, assessment, and
122 reporting of vendor performance.

123 (g) Information services for individuals and employers.

124 (h) Program evaluation.

125 (4) ELIGIBILITY AND PARTICIPATION.—Participation in the
126 program is voluntary and shall be available to employers,
127 individuals, vendors, and health insurance agents as specified
128 in this subsection.

129 (a) Employers eligible to enroll in the program include
130 those employers that meet criteria established by the
131 corporation and elect to make their employees eligible through
132 the program.

133 (b) Individuals eligible to participate in the program
134 include:

135 1. Individual employees of enrolled employers.

136 2. Other individuals that meet criteria established by the
137 corporation.

138 (c) Employers who choose to participate in the program may
139 enroll by complying with the procedures established by the
140 corporation. The procedures must include, but are not limited
141 to:

142 1. Submission of required information.

143 2. Compliance with federal tax requirements for the
144 establishment of a cafeteria plan, pursuant to s. 125 of the
145 Internal Revenue Code, including designation of the employer's

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146 plan as a premium payment plan, a salary reduction plan that has
147 flexible spending arrangements, or a salary reduction plan that
148 has a premium payment and flexible spending arrangements.

149 3. Determination of the employer's contribution, if any,
150 per employee, provided that such contribution is equal for each
151 eligible employee.

152 4. Establishment of payroll deduction procedures, subject
153 to the agreement of each individual employee who voluntarily
154 participates in the program.

155 5. Designation of the corporation as the third-party
156 administrator for the employer's health benefit plan.

157 6. Identification of eligible employees.

158 7. Arrangement for periodic payments.

159 8. Employer notification to employees of the intent to
160 transfer from an existing employee health plan to the program at
161 least 90 days before the transition.

162 (d) All eligible vendors who choose to participate and the
163 products and services that the vendors are permitted to sell are
164 as follows:

165 1. Insurers licensed under chapter 624 may sell health
166 insurance policies, ~~limited benefit policies, other risk-bearing~~
167 ~~coverage, and other products or services.~~

168 2. Health maintenance organizations licensed under part I
169 of chapter 641 may sell health maintenance contracts, ~~limited~~
170 ~~benefit policies, other risk-bearing products, and other~~
171 ~~products or services.~~

172 ~~3. Prepaid limited health service organizations may sell~~
173 ~~products and services as authorized under part I of chapter 636,~~
174 ~~and discount plan organizations may sell products and services~~

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175 ~~as authorized under part II of chapter 636.~~

176 ~~4. Prepaid health clinic service providers licensed under~~
177 ~~part II of chapter 641 may sell prepaid service contracts and~~
178 ~~other arrangements for a specified amount and type of health~~
179 ~~services or treatments.~~

180 ~~5. Health care providers, including hospitals and other~~
181 ~~licensed health facilities, health care clinics, licensed health~~
182 ~~professionals, pharmacies, and other licensed health care~~
183 ~~providers, may sell service contracts and arrangements for a~~
184 ~~specified amount and type of health services or treatments.~~

185 ~~6. Provider organizations, including service networks,~~
186 ~~group practices, professional associations, and other~~
187 ~~incorporated organizations of providers, may sell service~~
188 ~~contracts and arrangements for a specified amount and type of~~
189 ~~health services or treatments.~~

190 ~~7. Corporate entities providing specific health services in~~
191 ~~accordance with applicable state law may sell service contracts~~
192 ~~and arrangements for a specified amount and type of health~~
193 ~~services or treatments.~~

194

195 ~~A vendor described in subparagraphs 3.-7. may not sell products~~
196 ~~that provide risk-bearing coverage unless that vendor is~~
197 ~~authorized under a certificate of authority issued by the Office~~
198 ~~of Insurance Regulation and is authorized to provide coverage in~~
199 ~~the relevant geographic area. Otherwise eligible vendors may be~~
200 ~~excluded from participating in the program for deceptive or~~
201 ~~predatory practices, financial insolvency, or failure to comply~~
202 ~~with the terms of the participation agreement or other standards~~
203 ~~set by the corporation.~~

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204 (e) Eligible individuals may participate in the program
205 voluntarily. Individuals who join the program may participate by
206 complying with the procedures established by the corporation.
207 These procedures must include, but are not limited to:

- 208 1. Submission of required information.
- 209 2. Authorization for payroll deduction.
- 210 3. Compliance with federal tax requirements.
- 211 4. Arrangements for payment.
- 212 5. Selection of products and services.

213 (f) Vendors who choose to participate in the program may
214 enroll by complying with the procedures established by the
215 corporation. These procedures may include, but are not limited
216 to:

217 1. Submission of required information, including a complete
218 description of the coverage, services, provider network, payment
219 restrictions, and other requirements of each product offered
220 through the program.

221 2. Execution of an agreement to comply with requirements
222 established by the corporation.

223 3. Execution of an agreement that prohibits refusal to sell
224 any offered product or service to a participant who elects to
225 buy it.

226 4. ~~Establishment of product prices based on applicable~~
227 ~~criteria.~~

228 ~~5.~~ Arrangements for receiving payment for enrolled
229 participants.

230 5.6. Participation in ongoing reporting processes
231 established by the corporation.

232 6.7. Compliance with grievance procedures established by

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233 the corporation.

234 (g) Health insurance agents licensed under part IV of
235 chapter 626 are eligible to voluntarily participate as buyers'
236 representatives. A buyer's representative acts on behalf of an
237 individual purchasing health insurance and health services
238 through the program by providing information about products and
239 services available through the program and assisting the
240 individual with both the decision and the procedure of selecting
241 specific products. Serving as a buyer's representative does not
242 constitute a conflict of interest with continuing
243 responsibilities as a health insurance agent if the relationship
244 between each agent and any participating vendor is disclosed
245 before advising an individual participant about the products and
246 services available through the program. In order to participate,
247 a health insurance agent shall comply with the procedures
248 established by the corporation, including:

- 249 1. Completion of training requirements.
- 250 2. Execution of a participation agreement specifying the
251 terms and conditions of participation.
- 252 3. Disclosure of any appointments to solicit insurance or
253 procure applications for vendors participating in the program.
- 254 4. Arrangements to receive payment from the corporation for
255 services as a buyer's representative.

256 (5) PRODUCTS.—

257 ~~(a)~~ The products that may be made available for purchase
258 through the program include, ~~but are not limited to:~~

- 259 ~~1.~~ health insurance policies and.
- 260 ~~2.~~ health maintenance contracts.
- 261 ~~3. Limited benefit plans.~~

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262 ~~4. Prepaid clinic services.~~

263 ~~5. Service contracts.~~

264 ~~6. Arrangements for purchase of specific amounts and types~~
265 ~~of health services and treatments.~~

266 ~~7. Flexible spending accounts.~~

267 ~~(b) Health insurance policies, health maintenance~~
268 ~~contracts, limited benefit plans, prepaid service contracts, and~~
269 ~~other contracts for services must ensure the availability of~~
270 ~~covered services.~~

271 ~~(c) Products may be offered for multiyear periods provided~~
272 ~~the price of the product is specified for the entire period or~~
273 ~~for each separately priced segment of the policy or contract.~~

274 ~~(d) The corporation shall provide a disclosure form for~~
275 ~~consumers to acknowledge their understanding of the nature of,~~
276 ~~and any limitations to, the benefits provided by the products~~
277 ~~and services being purchased by the consumer.~~

278 ~~(e) The corporation must determine that making the plan~~
279 ~~available through the program is in the interest of eligible~~
280 ~~individuals and eligible employers in the state.~~

281 (6) SURCHARGE PRICING. ~~Prices for the products and services~~
282 ~~sold through the program must be transparent to participants and~~
283 ~~established by the vendors.~~ The corporation shall annually
284 assess a surcharge for each premium or price set by a
285 participating vendor. The surcharge may not be more than 2.5
286 percent of the price and must ~~shall~~ be used to generate funding
287 for administrative services provided by the corporation and
288 payments to buyers' representatives.

289 (7) THE MARKETPLACE PROCESS.—The program shall provide a
290 ~~single,~~ centralized market for purchase of health insurance and~~,~~

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291 health maintenance contracts by an employee enrolled in an
292 individual coverage health reimbursement arrangement, ~~and other~~
293 ~~health products and services.~~ Purchases may be made by
294 participating individuals over the Internet or through the
295 services of a participating health insurance agent. Information
296 about each product and service available through the program
297 must ~~shall~~ be made available through printed material and an
298 interactive Internet website. A participant needing personal
299 assistance to select products and services must ~~shall~~ be
300 referred to a participating agent in his or her area.

301 (a) Participation in the program may begin at any time
302 during a year after the employer completes enrollment and meets
303 the requirements specified by the corporation pursuant to
304 paragraph (4) (c).

305 (b) Initial selection of products and services must be made
306 by an individual participant within the applicable open
307 enrollment period.

308 ~~(c) Initial enrollment periods for each product selected by~~
309 ~~an individual participant must last at least 12 months, unless~~
310 ~~the individual participant specifically agrees to a different~~
311 ~~enrollment period.~~

312 ~~(d) If an individual has selected one or more products and~~
313 ~~enrolled in those products for at least 12 months or any other~~
314 ~~period specifically agreed to by the individual participant,~~
315 ~~changes in selected products and services may only be made~~
316 ~~during the annual enrollment period established by the~~
317 ~~corporation.~~

318 ~~(e) The limits established in paragraphs (b) - (d) apply to~~
319 ~~any risk-bearing product that promises future payment or~~

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320 ~~coverage for a variable amount of benefits or services. The~~
321 ~~limits do not apply to initiation of flexible spending plans if~~
322 ~~those plans are not associated with specific high-deductible~~
323 ~~insurance policies or the use of spending accounts for any~~
324 ~~products offering individual participants specific amounts and~~
325 ~~types of health services and treatments at a contracted price.~~

326 (8) CONSUMER INFORMATION.—The corporation shall:

327 (a) Establish a secure website to facilitate the purchase
328 of products and services by participating individuals. The
329 website must provide information about each product or service
330 available through the program.

331 (b) Inform individuals about other public health care
332 programs.

333 (9) ~~RISK POOLING.~~ The program may use methods for pooling
334 the risk of individual participants and preventing selection
335 bias. These methods may include, but are not limited to, a
336 ~~postenrollment risk adjustment of the premium payments to the~~
337 ~~vendors. The corporation may establish a methodology for~~
338 ~~assessing the risk of enrolled individual participants based on~~
339 ~~data reported annually by the vendors about their enrollees.~~
340 ~~Distribution of payments to the vendors may be adjusted based on~~
341 ~~the assessed relative risk profile of the enrollees in each~~
342 ~~risk-bearing product for the most recent period for which data~~
343 ~~is available.~~

344 (10) EXEMPTION EXEMPTIONS.—

345 (a) ~~Products, other than the products set forth in~~
346 ~~subparagraphs (4) (d) 1.-4., sold as part of the program are not~~
347 ~~subject to the licensing requirements of the Florida Insurance~~
348 ~~Code, as defined in s. 624.01 or the mandated offerings or~~

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349 ~~coverages established in part VI of chapter 627 and chapter 641.~~

350 ~~(b)~~ The corporation may act as an administrator as defined
351 in s. 626.88 but is not required to be certified pursuant to
352 part VII of chapter 626. However, a third party administrator
353 used by the corporation must be certified under part VII of
354 chapter 626.

355 ~~(c) Any standard forms, website design, or marketing~~
356 ~~communication developed by the corporation and used by the~~
357 ~~corporation, or any vendor that meets the requirements of~~
358 ~~paragraph (4) (f) is not subject to the Florida Insurance Code,~~
359 ~~as established in s. 624.01.~~

360 ~~(10) (11)~~ CORPORATION.—There is created the Florida Employee
361 Health Choices, Inc., which shall be registered, incorporated,
362 organized, and operated in compliance with part III of chapter
363 112 and chapters 119, 286, and 617. The purpose of the
364 corporation is to administer the program created in this section
365 and to conduct such other business as may further the
366 administration of the program.

367 (a) The corporation shall be governed by a 15-member board
368 of directors composed ~~consisting~~ of:

369 1. Three ex officio, nonvoting members to include:

370 a. The Secretary of Health Care Administration, or his or
371 her ~~a~~ designee with expertise in health care services.

372 b. The Secretary of Management Services, or his or her ~~a~~
373 designee with expertise in state employee benefits.

374 c. The commissioner of the Office of Insurance Regulation, or
375 his or her ~~a~~ designee with expertise in insurance regulation.

376 2. Four members appointed by and serving at the pleasure of
377 the Governor.

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378 3. Four members appointed by and serving at the pleasure of
379 the President of the Senate.

380 4. Four members appointed by and serving at the pleasure of
381 the Speaker of the House of Representatives.

382 5. Board members may not include insurers, health insurance
383 agents or brokers, health care providers, health maintenance
384 organizations, prepaid service providers, or any other entity,
385 affiliate or subsidiary of eligible vendors.

386 (b) Members shall be appointed for terms of up to 3 years.
387 Any member is eligible for reappointment. A vacancy on the board
388 must ~~shall~~ be filled for the unexpired portion of the term in
389 the same manner as the original appointment.

390 (c) The board shall select a chief executive officer for
391 the corporation who shall be responsible for the selection of
392 such other staff as may be authorized by the corporation's
393 operating budget as adopted by the board.

394 (d) Board members are entitled to receive, from funds of
395 the corporation, reimbursement for per diem and travel expenses
396 as provided by s. 112.061. No other compensation is authorized.

397 (e) There is no liability on the part of, and no cause of
398 action shall arise against, any member of the board or its
399 employees or agents for any action taken by them in the
400 performance of their powers and duties under this section.

401 (f) The board shall develop and adopt bylaws and other
402 corporate procedures as necessary for the operation of the
403 corporation and carrying out the purposes of this section. The
404 bylaws must ~~shall~~:

405 1. Specify procedures for selection of officers and
406 qualifications for reappointment, provided that no board member

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407 shall serve more than 9 consecutive years.

408 2. Require an annual membership meeting that provides an
409 opportunity for input and interaction with individual
410 participants in the program.

411 3. Specify policies and procedures regarding conflicts of
412 interest, including the provisions of part III of chapter 112,
413 which prohibit a member from participating in any decision that
414 would inure to the benefit of the member or the organization
415 that employs the member. The policies and procedures must ~~shall~~
416 also require public disclosure of the interest that prevents the
417 member from participating in a decision on a particular matter.

418 (g) The corporation may exercise all powers granted to it
419 under chapter 617 necessary to carry out the purposes of this
420 section, including, but not limited to, the power to receive and
421 accept grants, loans, or advances of funds from any public or
422 private agency and to receive and accept from any source
423 contributions of money, property, labor, or any other thing of
424 value to be held, used, and applied for the purposes of this
425 section.

426 (h) The corporation shall:

427 1. Determine eligibility of employers, vendors,
428 individuals, and agents in accordance with subsection (4).

429 2. Establish procedures necessary for the operation of the
430 program, including, but not limited to, procedures for
431 application, enrollment, ~~risk assessment, risk adjustment,~~ plan
432 administration, performance monitoring, and consumer education.

433 3. Arrange for collection of contributions from
434 participating employers and individuals.

435 4. Arrange for payment of premiums and other appropriate

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436 disbursements based on the selections of products and services
437 by the individual participants.

438 5. Establish criteria for disenrollment of participating
439 individuals based on failure to pay the individual's share of
440 any contribution required to maintain enrollment in selected
441 products.

442 6. Establish criteria for exclusion of vendors pursuant to
443 paragraph (4) (d).

444 7. Develop and implement a plan for promoting public
445 awareness of and participation in the program.

446 8. Secure staff and consultant services necessary to the
447 operation of the program.

448 9. Establish policies and procedures regarding
449 participation in the program for individuals, vendors, health
450 insurance agents, and employers.

451 10. Provide for the operation of a toll-free hotline to
452 respond to requests for assistance.

453 11. Provide for initial, open, and special enrollment
454 periods.

455 12. Evaluate options for employer participation which may
456 conform with common insurance practices.

457 (11) ~~(12)~~ REPORT.—Beginning in the 2026-2027 ~~2009-2010~~
458 fiscal year, submit by February 1 an annual report to the
459 Governor, the President of the Senate, and the Speaker of the
460 House of Representatives documenting the corporation's
461 activities in compliance with the duties delineated in this
462 section.

463 (12) ~~(13)~~ PROGRAM INTEGRITY.—To ensure program integrity and
464 to safeguard the financial transactions made under the auspices

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465 of the program, the corporation is authorized to establish
466 qualifying criteria and certification procedures for vendors,
467 require performance bonds or other guarantees of ability to
468 complete contractual obligations, monitor the performance of
469 vendors, and enforce the agreements of the program through
470 financial penalty or disqualification from the program.

471 (13)~~(14)~~ EXEMPTION FROM PUBLIC RECORDS REQUIREMENTS.—

472 (a) *Definitions.*—For purposes of this subsection, the term:

473 1. “Buyer’s representative” means a participating insurance
474 agent as described in paragraph (4) (g).

475 2. “Enrollee” means an employer who is eligible to enroll
476 in the program pursuant to paragraph (4) (a).

477 3. “Participant” means an individual who is eligible to
478 participate in the program pursuant to paragraph (4) (b).

479 4. “Proprietary confidential business information” means
480 information, regardless of form or characteristics, that is
481 owned or controlled by a vendor requesting confidentiality under
482 this section; that is intended to be and is treated by the
483 vendor as private in that the disclosure of the information
484 would cause harm to the business operations of the vendor; that
485 has not been disclosed unless disclosed pursuant to a statutory
486 provision, an order of a court or administrative body, or a
487 private agreement providing that the information may be released
488 to the public; and that is information concerning:

489 a. Business plans.

490 b. Internal auditing controls and reports of internal
491 auditors.

492 c. Reports of external auditors for privately held
493 companies.

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- 494 d. Client and customer lists.
- 495 e. Potentially patentable material.
- 496 f. A trade secret as defined in s. 688.002.
- 497 5. "Vendor" means a participating insurer or other provider
498 of services as described in paragraph (4) (d).
- 499 (b) *Public record exemptions.*—
- 500 1. Personal identifying information of an enrollee or
501 participant who has applied for or participates in the Florida
502 Employee Health Choices Program is confidential and exempt from
503 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
- 504 2. Client and customer lists of a buyer's representative
505 held by the corporation are confidential and exempt from s.
506 119.07(1) and s. 24(a), Art. I of the State Constitution.
- 507 3. Proprietary confidential business information held by
508 the corporation is confidential and exempt from s. 119.07(1) and
509 s. 24(a), Art. I of the State Constitution.
- 510 (c) *Retroactive application.*—The public record exemptions
511 provided for in paragraph (b) apply to information held by the
512 corporation before, on, or after the effective date of this
513 exemption.
- 514 (d) *Authorized release.*—
- 515 1. Upon request, information made confidential and exempt
516 pursuant to this subsection must ~~shall~~ be disclosed to:
- 517 a. Another governmental entity in the performance of its
518 official duties and responsibilities.
- 519 b. Any person who has the written consent of the program
520 applicant.
- 521 c. The Florida Kidcare program for the purpose of
522 administering the program authorized in ss. 409.810-409.821.

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523 2. Paragraph (b) does not prohibit a participant's legal
524 guardian from obtaining confirmation of coverage, dates of
525 coverage, the name of the participant's health plan, and the
526 amount of premium being paid.

527 (e) *Penalty.*—A person who knowingly and willfully violates
528 this subsection commits a misdemeanor of the second degree,
529 punishable as provided in s. 775.082 or s. 775.083.

530 Section 2. Paragraph (a) of subsection (2) of section
531 409.821, Florida Statutes, is amended to read:

532 409.821 Florida Kidcare program public records exemption.—

533 (2) (a) Upon request, such information shall be disclosed
534 to:

535 1. Another governmental entity in the performance of its
536 official duties and responsibilities;

537 2. The Department of Revenue for purposes of administering
538 the state Title IV-D program;

539 3. The Florida Employee Health Choices, Inc., for the
540 purpose of administering the program authorized pursuant to s.
541 408.910; or

542 4. Any person who has the written consent of the program
543 applicant.

544 Section 3. This act shall take effect July 1, 2025.