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A bill to be entitled An act relating to trust funds; creating s. 641.76, F.S.; creating the Florida Health Fund for the Florida Health Plan; providing for the administration of the fund; providing for sources of funds and purpose; requiring claims for health care services to be made to the fund; providing for disbursement from the fund; providing for the accounts in the fund; requiring moneys received by the fund to be paid to a specified person; prohibiting such person from commingling the funds with other moneys; requiring necessary waivers, exemptions, agreements, and legislation to be obtained for federal payments for the fund; providing for future review and termination or re-creation of the fund; amending s. 641.73, F.S.; defining the term "fund"; amending s. 641.74, F.S.; providing eligibility of certain retirees for the plan under certain circumstances; amending s. 641.77, F.S.; providing that the Florida Health Plan's responsibility for providing health care is secondary to existing Federal Government programs if funding for these programs is not transferred to the fund; amending s. 641.78, F.S.; requiring collateral sources to pay a certain sum to the fund under certain circumstances; amending s. 641.793, F.S.; providing

Page 1 of 10

duties of the Florida Health Board relating to the fund; amending s. 641.796, F.S.; providing applicability of the Code of Ethics for Public Officers and Employees to the employees and the director of the fund; amending s. 641.798, F.S.; providing duties of the plan auditor relating to the fund; providing an appropriation; providing a contingent effective date.

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

Section 1. Section 641.76, Florida Statutes, is created to read:

641.76 Florida Health Fund.—

- (1) The Florida Health Fund, a revolving fund, is established under the jurisdiction and control of the Florida Health Board to implement the Florida Health Plan and to receive premiums and other sources of revenue. The fund shall be administered by a director appointed by the board.
- (a) All moneys collected, received, and transferred according to this section shall be deposited in the fund. Moneys deposited in the fund shall be used exclusively to finance the plan.
- (b) All claims for health care services rendered shall be made to the fund. Payments made for health care services shall

Page 2 of 10

be disbursed from the fund.

- (c) Revenues collected each year must be sufficient to cover that year's projected costs for the plan.
- (2) (a) The fund shall have operating, capital, and reserve accounts.
- 1. The operating account in the fund comprises the following accounts:
- <u>a. Medical services account. The medical services account</u>

 <u>must be used to provide for all medical services and benefits</u>

 covered under the plan.
- b. Prevention account. The prevention account must be used to establish and maintain primary community prevention programs, including preventive screening tests.
- c. Program administration, evaluation, planning, and assessment account. The program administration, evaluation, planning, and assessment account must be used to monitor and improve the plan's effectiveness and operations. The board may establish grant programs, including demonstration projects, for the account's purpose.
- d. Training and development account. The training and development account must be used to incentivize the training and development of health care providers and the health care workforce needed to meet the health care needs of the population.
 - e. Health service research account. The health service

Page 3 of 10

research account must be used to support research and innovation as determined by the board and recommended by the Office of
Health Quality and Planning and the Ombudsman Office for Patient Advocacy.

2. The capital account must be used to pay for capital expenditures for institutional providers.

- 3. The reserve account must at all times hold an amount estimated in the aggregate to provide for the payment of all losses and claims for which the plan may be liable and to provide for the expense of adjustment or settlement of losses and claims.
- (b) Money currently held in reserve by state, city, and county health programs must be transferred to the fund when the plan replaces those programs.
- (c) The board shall have provisions in place to insure the plan against unforeseen expenditures or revenue shortfalls not covered by the reserve account. The board may borrow money to cover temporary shortfalls.
- (3) (a) All moneys received by the fund shall be paid to the Director of the Office of Finance and Budget as agent of the board, who may not commingle these funds with any other money.

 The moneys in these accounts shall be paid out on warrants drawn by the commissioner on requisition by the board.
- (b) The fund shall be separate from the State Treasury.

 The board shall manage the fund and has exclusive authority over

101 the fund.

- (4) (a) The board shall:
- 1. Determine the aggregate cost of providing health care according to this part.
- 2. Coordinate with existing, ongoing funding sources from federal and state programs.
- (b) All federal funding received by this state shall be appropriated to the fund to be used to administer the plan under this part. Federal funding that is received for implementing and administering the plan shall be used to provide health care for residents of this state.
- (c) The chief executive officer of the Florida Health Plan and, if required under federal law, the Secretary of Commerce shall seek waivers, exemptions, agreements, or legislation necessary for all current federal payments to this state to be sent directly to the fund. If any required waiver, exemption, agreement, or legislation is obtained, the plan must assume responsibility for all health care benefits and health care services previously paid for with federal funds. In obtaining the waivers, exemptions, agreements, or legislation, the chief executive officer and, if required, the secretary shall seek from the Federal Government a contribution for health care services in this state which:
- 1. Reflects medical inflation, the state gross domestic product, the size and age of the population, the number of

Page 5 of 10

126	residents living below the poverty level, and the number of
127	individuals eligible for Medicare and veterans' benefits.
128	2. Does not decrease in relation to the federal
129	contribution to other states as a result of the waivers,
130	exemptions, agreements, or savings from implementation of the
131	plan.
132	(5) In accordance with s. 19(f)(2), Art. III of the State
133	Constitution, the Florida Health Fund shall, unless terminated
134	sooner, be terminated on July 1, 2029. Before its scheduled
135	termination, the trust fund shall be reviewed as provided in s.
136	215.3206(1) and (2).
137	Section 2. Subsections (2) through (6) of section 641.73,
138	Florida Statutes, as created by HB 1603, 2025 Regular Session,
139	are renumbered as subsections (3) through (7), respectively, and
140	a new subsection (2) is added to that section, to read:
141	641.73 Definitions.—As used in this part, the term:
142	(2) "Fund" means the Florida Health Fund established in s.
143	<u>641.76.</u>
144	Section 3. Paragraph (f) of subsection (1) of section
145	641.74, Florida Statutes, as created by HB 1603, 2025 Regular
146	Session, is amended to read:
147	641.74 Eligibility for and enrollment in the Florida
148	Health Plan
149	(1) ELIGIBILITY.—
150	(f) All persons who are eligible for retiree health care

Page 6 of 10

benefits under an employer-employee contract remain eligible for	
those benefits if the contractually mandated payments for those	
benefits are made to the Florida Health Fund. The fund must	
assume financial responsibility for care provided under the	
terms of the contract along with additional health benefits	
covered by the plan. A retiree who is covered under the plan and	
who elects to reside outside of this state is eligible for	
benefits under the terms and conditions of the retiree's	
employer-employee contract.	

Section 4. Paragraph (c) of subsection (2) of section 641.77, Florida Statutes, as created by HB 1603, 2025 Regular Session, is amended to read:

- 641.77 Federal preemption.—
- 164 (2)

- (c) The Florida Health Plan's responsibility for providing health care is secondary to existing Federal Government programs for health care services to the extent that funding for these programs is not transferred to the Florida Health Fund or that the transfer is delayed beyond the date on which initial benefits are provided under the plan.
- Section 5. Paragraph (a) of subsection (4) of section 641.78, Florida Statutes, as created by HB 1603, 2025 Regular Session, is amended to read:
 - 641.78 Subrogation.
 - (4) If a person who receives health care services under

Page 7 of 10

the plan is entitled to coverage, reimbursement, indemnity, or other compensation from a collateral source, the person must notify the health care provider and provide information identifying the collateral source, the nature and extent of coverage or entitlement, and other relevant information. The health care provider shall forward this information to the board. The person entitled to coverage, reimbursement, indemnity, or other compensation from a collateral source must provide additional information as requested by the board.

- (a) The plan shall seek reimbursement from the collateral source for services provided to the person and may take appropriate action, including legal proceedings, to recover the reimbursement. Upon demand, the collateral source shall pay to the Florida Health Fund the sum that it would have paid or spent on behalf of the person for the health care services provided by the plan.
- Section 6. Paragraphs (d) through (o) of subsection (3) of section 641.793, Florida Statutes, as created by HB 1603, 2025 Regular Session, are redesignated as paragraphs (e) through (p) of that subsection, subsection (1) is amended, a new paragraph (d) is added to subsection (3), and paragraph (h) is added to subsection (5) of that section, to read:
 - 641.793 Florida Health Board.-

(1) By December 1, 2025, the Florida Health Board shall be established to promote the delivery of high-quality, coordinated

Page 8 of 10

health care services that enhance health; prevent illness,
disease, and disability; slow the progression of chronic
diseases; and improve personal health management. The board
shall administer the Florida Health Plan. The board shall
oversee:

- 206 (a) The Office of Health Quality and Planning established 207 in s. 641.795.
 - (b) The Florida Health Fund.
 - (3) The board shall:

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- (d) Hire a director for the Florida Health Fund, who must take the oath described in paragraph (2)(b).
 - (5) The board has the following financial duties:
- (h) Administer the Florida Health Fund, annually determine the appropriate level for the plan reserve account, and implement policies needed to establish the appropriate reserve.
- Section 7. Subsection (1) of section 641.796, Florida Statutes, as created by HB 1603, 2025 Regular Session, is amended to read:
- 641.796 Ethics and conflicts of interest; Conflict of Interest Committee.—
- (1) The Code of Ethics for Public Officers and Employees under part III of chapter 112 applies to the employees and the chief executive officer of the Florida Health Plan, the employees and members of the Florida Health Board, the employees and members of the regional planning boards and the regional

Page 9 of 10

health planning directors, the employees and the director of the Florida Health Fund, the employees and the director of the Office of Health Quality and Planning, the employees and the ombudsman of the Ombudsman Office for Patient Advocacy, and the auditor for the Florida Health Plan. Failure to comply with the code of ethics under part III of chapter 112 is grounds for disciplinary action, which may include termination of employment or removal from the board.

Section 8. Paragraph (a) of subsection (2) of section 641.798, Florida Statutes, as created by HB 1603, 2025 Regular Session, is amended to read:

- 641.798 Auditor for the Florida Health Plan.-
- (2) The auditor for the Florida Health Plan shall:
- (a) Investigate, audit, and review the financial and business records of the plan and the Florida Health Fund.

Section 9. For the 2025-2026 fiscal year, an adequate sum is appropriated from the General Revenue Fund to the Florida Health Fund under the Florida Health Plan to provide startup funding for the provisions of this act and the immediate establishment of an exploratory staff to pursue the foundation of this act.

Section 10. This act shall take effect July 1, 2025, but only if HB 1603 or similar legislation is adopted in the same legislative session or an extension thereof and becomes a law.

Page 10 of 10