

**By Senator Martin**

33-00690-26

20261460

A bill to be entitled

An act relating to the Florida Health Choices Program; amending s. 408.910, F.S.; renaming the "Florida Health Choices Program" as the "Florida Employee Health Choices Program"; revising legislative findings and intent; revising definitions; revising the purpose and components of the program; revising eligibility and participation requirements for vendors under the program; revising the types of health insurance products that are available for purchase through the program; deleting certain pricing transparency requirements to conform to changes made by the act; revising the structure of the insurance marketplace process under the program; deleting the option for risk pooling under the program; deleting exemptions from certain requirements of the Florida Insurance Code under the program; renaming the corporation administering the program as "Florida Employee Health Choices, Inc."; revising membership of the board of directors; authorizing the corporation to exercise certain powers; revising duties of the board and the corporation; revising the fiscal year in which the corporation's annual report is due; amending ss. 409.821, 409.9122, and 409.977, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

33-00690-26

20261460

30       Section 1. Section 408.910, Florida Statutes, is amended to  
31       read:

32       408.910 Florida Employee Health Choices Program.—

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

51       (a) Expand opportunities for employers and employees  
52       Floridians to access purchase affordable health insurance in  
53       this state and health services.

54       (b) Create a platform that streamlines the purchase of  
55       individual coverage for employees enrolled in individual  
56       coverage health reimbursement arrangements Preserve the benefits  
57       of employment-sponsored insurance while easing the  
58       administrative burden for employers who offer these benefits.

33-00690-26

20261460

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

61       (d) Provide for the purchase of individual, portable health  
62 care coverage.

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

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

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

72       (a) "Corporation" means ~~the~~ Florida Employee Health  
73 Choices, Inc., established under this section.

74       (b) "Corporation's marketplace" means the ~~single,~~  
75 centralized market established by the program which ~~that~~  
76 facilitates the purchase of products made available in the  
77 marketplace.

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

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

33-00690-26

20261460

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

90       (3) PROGRAM PURPOSE AND COMPONENTS.—The Florida Employee  
91 Health Choices Program is created as a ~~single~~, centralized  
92 marketplace ~~market~~ for the sale and purchase of individual  
93 health insurance plans by employees enrolled in an individual  
94 coverage health reimbursement arrangement ~~various products that~~  
95 enable individuals to pay for health care. These products  
96 ~~include, but are not limited to, health insurance plans, health~~  
97 ~~maintenance organization plans, prepaid services, service~~  
98 ~~contracts, and flexible spending accounts.~~ The components of the  
99 program include:

100       (a) Enrollment of employers.  
101       (b) Administrative services for participating employers,  
102 including:  
103           1. Assistance in seeking federal approval of cafeteria  
104 plans.  
105           2. Collection of premiums and other payments.  
106           3. Management of individual benefit accounts.  
107           4. Distribution of premiums to insurers and payments to  
108 other eligible vendors.  
109           5. Assistance for participants in complying with reporting  
110 requirements.

111       (c) Services to individual participants, including:  
112           1. Information about available products and participating  
113 vendors.  
114           2. Assistance with assessing the benefits and limits of  
115 each product, ~~including information necessary to distinguish~~  
116 ~~between policies offering creditable coverage and other products~~

33-00690-26

20261460

117 ~~available through the program.~~

118 3. Account information to assist individual participants  
119 with managing available resources.

120 4. Services that promote healthy behaviors.

121 (d) Recruitment of vendors, including insurers and, health  
122 maintenance organizations, ~~prepaid clinic service providers,~~  
123 ~~provider service networks, and other providers.~~

124 (e) Certification of vendors to ensure capability,  
125 reliability, and validity of offerings.

126 (f) Collection of data, monitoring, assessment, and  
127 reporting of vendor performance.

128 (g) Information services for individuals and employers.

129 (h) Program evaluation.

130 (4) ELIGIBILITY AND PARTICIPATION.—Participation in the  
131 program is voluntary and shall be available to employers,  
132 individuals, vendors, and health insurance agents as specified  
133 in this subsection.

134 (a) Employers eligible to enroll in the program include  
135 those employers that meet criteria established by the  
136 corporation and elect to make their employees eligible through  
137 the program.

138 (b) Individuals eligible to participate in the program  
139 include:

140 1. Individual employees of enrolled employers.

141 2. Other individuals that meet criteria established by the  
142 corporation.

143 (c) Employers who choose to participate in the program may  
144 enroll by complying with the procedures established by the  
145 corporation. The procedures must include, but are not limited

33-00690-26

20261460

146 to:

147 1. Submission of required information.  
148 2. Compliance with federal tax requirements for the  
149 establishment of a cafeteria plan, pursuant to s. 125 of the  
150 Internal Revenue Code, including designation of the employer's  
151 plan as a premium payment plan, a salary reduction plan that has  
152 flexible spending arrangements, or a salary reduction plan that  
153 has a premium payment and flexible spending arrangements.

154 3. Determination of the employer's contribution, if any,  
155 per employee, provided that such contribution is equal for each  
156 eligible employee.

157 4. Establishment of payroll deduction procedures, subject  
158 to the agreement of each individual employee who voluntarily  
159 participates in the program.

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

162 6. Identification of eligible employees.

163 7. Arrangement for periodic payments.

164 8. Employer notification to employees of the intent to  
165 transfer from an existing employee health plan to the program at  
166 least 90 days before the transition.

167 (d) All eligible vendors who choose to participate and the  
168 products and services that the vendors are permitted to sell are  
169 as follows:

170 1. Insurers licensed under chapter 624 may sell health  
171 insurance policies, ~~limited benefit policies, other risk bearing~~  
172 ~~coverage, and other products or services.~~

173 2. Health maintenance organizations licensed under part I  
174 of chapter 641 may sell health maintenance contracts, ~~limited~~

33-00690-26

20261460

175 benefit policies, other risk bearing products, and other  
176 products or services.

177 3. Prepaid limited health service organizations may sell  
178 products and services as authorized under part I of chapter 636,  
179 and discount plan organizations may sell products and services  
180 as authorized under part II of chapter 636.

181 4. Prepaid health clinic service providers licensed under  
182 part II of chapter 641 may sell prepaid service contracts and  
183 other arrangements for a specified amount and type of health  
184 services or treatments.

185 5. Health care providers, including hospitals and other  
186 licensed health facilities, health care clinics, licensed health  
187 professionals, pharmacies, and other licensed health care  
188 providers, may sell service contracts and arrangements for a  
189 specified amount and type of health services or treatments.

190 6. Provider organizations, including service networks,  
191 group practices, professional associations, and other  
192 incorporated organizations of providers, may sell service  
193 contracts and arrangements for a specified amount and type of  
194 health services or treatments.

195 7. Corporate entities providing specific health services in  
196 accordance with applicable state law may sell service contracts  
197 and arrangements for a specified amount and type of health  
198 services or treatments.

199  
200 A vendor described in subparagraphs 3.-7. may not sell products  
201 that provide risk bearing coverage unless that vendor is  
202 authorized under a certificate of authority issued by the Office  
203 of Insurance Regulation and is authorized to provide coverage in

33-00690-26

20261460

204 the relevant geographic area. Otherwise Eligible vendors may be  
205 excluded from participating in the program for deceptive or  
206 predatory practices, financial insolvency, or failure to comply  
207 with the terms of the participation agreement or other standards  
208 set by the corporation.

209 (e) Eligible individuals may participate in the program  
210 voluntarily. Individuals who join the program may participate by  
211 complying with the procedures established by the corporation.  
212 These procedures must include, but are not limited to:

- 213 1. Submission of required information.
- 214 2. Authorization for payroll deduction.
- 215 3. Compliance with federal tax requirements.
- 216 4. Arrangements for payment.
- 217 5. Selection of products and services.

218 (f) Vendors who choose to participate in the program may  
219 enroll by complying with the procedures established by the  
220 corporation. These procedures may include, but are not limited  
221 to:

222 1. Submission of required information, including a complete  
223 description of the coverage, services, provider network, payment  
224 restrictions, and other requirements of each product offered  
225 through the program.

226 2. Execution of an agreement to comply with requirements  
227 established by the corporation.

228 3. Execution of an agreement that prohibits refusal to sell  
229 any offered product or service to a participant who elects to  
230 buy it.

231 4. ~~Establishment of product prices based on applicable~~  
232 ~~criteria.~~

33-00690-26

20261460

233        5. Arrangements for receiving payment for enrolled  
234 participants.

235        5.6. Participation in ongoing reporting processes  
236 established by the corporation.

237        6.7. Compliance with grievance procedures established by  
238 the corporation.

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

254        1. Completion of training requirements.

255        2. Execution of a participation agreement specifying the  
256 terms and conditions of participation.

257        3. Disclosure of any appointments to solicit insurance or  
258 procure applications for vendors participating in the program.

259        4. Arrangements to receive payment from the corporation for  
260 services as a buyer's representative.

261        (5) PRODUCTS.—

33-00690-26

20261460

262       (a) The products that may be made available for purchase  
263 through the program include, ~~but are not limited to:~~  
264       1. health insurance policies and.  
265       2. health maintenance contracts.  
266       3. ~~Limited benefit plans.~~  
267       4. ~~Prepaid clinic services.~~  
268       5. ~~Service contracts.~~  
269       6. ~~Arrangements for purchase of specific amounts and types~~  
270 ~~of health services and treatments.~~  
271       7. ~~Flexible spending accounts.~~

272       (b) ~~Health insurance policies, health maintenance~~  
273 ~~contracts, limited benefit plans, prepaid service contracts, and~~  
274 ~~other contracts for services must ensure the availability of~~  
275 ~~covered services.~~

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

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

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

286       (6) SURCHARGE PRICING. ~~Prices for the products and services~~  
287 ~~sold through the program must be transparent to participants and~~  
288 ~~established by the vendors.~~ The corporation shall annually  
289 assess a surcharge for each premium or price set by a  
290 participating vendor. The surcharge may not be more than 2.5

33-00690-26

20261460

291 percent of the price and must shall be used to generate funding  
292 for administrative services provided by the corporation and  
293 payments to buyers' representatives.

294 (7) ~~THE MARKETPLACE PROCESS.~~—The program shall provide a  
295 ~~single, centralized marketplace market for access to purchase of~~  
296 ~~health insurance and, health maintenance contracts by an~~  
297 ~~employee enrolled in an individual coverage health reimbursement~~  
298 ~~arrangement, and other health products and services.~~ Purchases  
299 may be made by participating individuals over the Internet or  
300 through the services of a participating health insurance agent.  
301 Information about each product and service available through the  
302 program must shall be made available through printed material  
303 and an interactive Internet website. A participant needing  
304 personal assistance to select products and services must shall  
305 be referred to a participating agent in his or her area.

306 (a) Participation in the program may begin at any time  
307 during a year after the employer completes enrollment and meets  
308 the requirements specified by the corporation pursuant to  
309 paragraph (4) (c).

310 (b) Initial selection of products and services must be made  
311 by an individual participant within the applicable open  
312 enrollment period.

313 ~~(c) Initial enrollment periods for each product selected by~~  
314 ~~an individual participant must last at least 12 months, unless~~  
315 ~~the individual participant specifically agrees to a different~~  
316 ~~enrollment period.~~

317 ~~(d) If an individual has selected one or more products and~~  
318 ~~enrolled in those products for at least 12 months or any other~~  
319 ~~period specifically agreed to by the individual participant,~~

33-00690-26

20261460

320 changes in selected products and services may only be made  
321 during the annual enrollment period established by the  
322 corporation.

323 (e) The limits established in paragraphs (b)-(d) apply to  
324 any risk-bearing product that promises future payment or  
325 coverage for a variable amount of benefits or services. The  
326 limits do not apply to initiation of flexible spending plans if  
327 those plans are not associated with specific high deductible  
328 insurance policies or the use of spending accounts for any  
329 products offering individual participants specific amounts and  
330 types of health services and treatments at a contracted price.

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

332 (a) Establish a secure website to facilitate the purchase  
333 of products and services by participating individuals. The  
334 website must provide information about each product or service  
335 available through the program.

336 (b) Inform individuals about other public health care  
337 programs.

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

33-00690-26

20261460

349        (10) EXEMPTION EXEMPTIONS.—

350        (a) ~~Products, other than the products set forth in~~  
351 ~~subparagraphs (4)(d)1.-4., sold as part of the program are not~~  
352 ~~subject to the licensing requirements of the Florida Insurance~~  
353 ~~Code, as defined in s. 624.01 or the mandated offerings or~~  
354 ~~coverages established in part VI of chapter 627 and chapter 641.~~

355        (b) The corporation may act as an administrator as defined  
356 in s. 626.88 but is not required to be certified pursuant to  
357 part VII of chapter 626. However, a third party administrator  
358 used by the corporation must be certified under part VII of  
359 chapter 626.

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

365        (10) CORPORATION.—There is created Florida Employee Health  
366 Choices, Inc., which shall be registered, incorporated,  
367 organized, and operated in compliance with part III of chapter  
368 112 and chapters 119, 286, and 617. The purpose of the  
369 corporation is to administer the program created in this section  
370 and to conduct such other business as may further the  
371 administration of the program. The Department of Management  
372 Services shall facilitate the formation of the corporation and  
373 provide administrative support for the corporation until January  
374 1, 2029. The corporation must be self-sustaining and no longer  
375 require administrative assistance from the Department of  
376 Management Services by January 1, 2029.

377        (a) The corporation shall be governed by an eight-member

33-00690-26

20261460

378 board of directors. Board members shall be appointed for terms  
379 of up to 3 years and shall be eligible for reappointment. A  
380 vacancy on the board shall be filled for the unexpired portion  
381 of the term in the same manner as the original appointment.  
382 Board members may not include an individual who is affiliated  
383 with or employed by an eligible vendor or a subsidiary of an  
384 eligible vendor. Board members shall serve without compensation,  
385 but are entitled to receive, from funds of the corporation,  
386 reimbursement for per diem and travel expenses as provided in s.  
387 112.061. The membership of the board shall consist of:

388 1. Three members appointed by the Governor.  
389 2. Two members appointed by the President of the Senate.  
390 3. Two members appointed by the Speaker of the House of  
391 Representatives.

392 4. The Secretary of Management Services or a designee with  
393 expertise in state employee benefits and procurement, as an ex  
394 officio nonvoting member.

395 (b) The corporation may exercise all powers granted to it  
396 under chapter 617 necessary to carry out the purposes of this  
397 section, including, but not limited to, the power to receive and  
398 accept grants, loans, or advances of funds from any public or  
399 private agency and to receive and accept from any source  
400 contributions of money, property, labor, or any other thing of  
401 value to be held, used, and applied for the purposes of this  
402 section.

403 (c) There is no liability on the part of, and a cause of  
404 action may not arise against, any member of the board or its  
405 employees or agents for any action taken by them in exercising  
406 their powers and performing their duties under this section.

33-00690-26

20261460

407        (d) The board shall develop and adopt bylaws and other  
408 corporate procedures necessary for the operation of the  
409 corporation and carrying out the purposes of this section. At a  
410 minimum, the bylaws must:

411        1. Specify procedures for selection of officers and  
412 qualifications for reappointment, provided that a board member  
413 may not serve more than 9 consecutive years.

414        2. Require an annual membership meeting that provides an  
415 opportunity for input and interaction with individual  
416 participants in the program.

417        3. Specify policies and procedures regarding conflicts of  
418 interest, including part III of chapter 112, which prohibit a  
419 member from participating in any decision that would inure to  
420 the benefit of the member or the organization that employs the  
421 member. The policies and procedures must also require public  
422 disclosure of the interest that prevents the member from  
423 participating in a decision on a particular matter.

424        4. Specify procedures for adopting an annual budget.

425        5. Specify procedures for selecting a chief executive  
426 officer for the corporation who shall be responsible for  
427 securing staff and consultant services necessary for the  
428 operation of the program as may be authorized by the  
429 corporation's operating budget.

430        (e) The corporation shall establish policies and procedures  
431 for application, enrollment, plan administration, performance  
432 monitoring, and consumer education, and other policies and  
433 procedures necessary for the operation of the program,  
434 including, but not limited to:

435        1. Criteria for participation in the program and procedures

33-00690-26

20261460

436 for determining the eligibility of employers, vendors,  
437 individuals, and health insurance agents and their employers to  
438 participate in the program.

439 2. Exclusion of vendors pursuant to paragraph (4) (d).  
440 3. Collection of contributions from participating employers  
441 and individuals.

442 4. Payment of premiums and other appropriate disbursements  
443 based on the selections of products and services by  
444 participating individuals.

445 5. Disenrollment of participating individuals based on  
446 failure to pay the individual's share of any contribution  
447 required to maintain enrollment in selected products.

448 (f) The corporation shall procure a vendor to facilitate a  
449 platform that streamlines the purchase of individual coverage  
450 for employees enrolled in individual coverage health  
451 reimbursement arrangements.

452 1. Within 90 days after the formation of the corporation,  
453 the department shall, as directed by the board, issue an  
454 invitation to negotiate to procure the vendor. Responsive  
455 bidders must demonstrate the ability to establish a platform  
456 fully operational for open enrollment by January 1, 2028, and  
457 provide for initial, open, and special enrollment periods.

458 2. The department shall evaluate and score the procurement  
459 bids, enter into negotiations at the direction of the board, and  
460 make recommendations to the board related to the contract award.  
461 The corporation shall select the vendor and execute the contract  
462 within 180 days after the issuance of the invitation to  
463 negotiate.

464 (g) The corporation shall develop and implement a plan for

33-00690-26

20261460

465 promoting public awareness of and participation in the program  
466 and shall establish a toll-free hotline to respond to requests  
467 for assistance from employers and plan enrollees.

468 (h) The corporation may evaluate and implement additional  
469 options for employer participation which conform with common  
470 insurance practices.

471 ~~(11) CORPORATION. There is created the Florida Health~~  
472 ~~Choices, Inc., which shall be registered, incorporated,~~  
473 ~~organized, and operated in compliance with part III of chapter~~  
474 ~~112 and chapters 119, 286, and 617. The purpose of the~~  
475 ~~corporation is to administer the program created in this section~~  
476 ~~and to conduct such other business as may further the~~  
477 ~~administration of the program.~~

478 ~~(a) The corporation shall be governed by a 15 member board~~  
479 ~~of directors consisting of:~~

480 ~~1. Three ex officio, nonvoting members to include:~~

481 ~~a. The Secretary of Health Care Administration or a~~  
482 ~~designee with expertise in health care services.~~

483 ~~b. The Secretary of Management Services or a designee with~~  
484 ~~expertise in state employee benefits.~~

485 ~~c. The commissioner of the Office of Insurance Regulation~~  
486 ~~or a designee with expertise in insurance regulation.~~

487 ~~2. Four members appointed by and serving at the pleasure of~~  
488 ~~the Governor.~~

489 ~~3. Four members appointed by and serving at the pleasure of~~  
490 ~~the President of the Senate.~~

491 ~~4. Four members appointed by and serving at the pleasure of~~  
492 ~~the Speaker of the House of Representatives.~~

493 ~~5. Board members may not include insurers, health insurance~~

33-00690-26

20261460

494 ~~agents or brokers, health care providers, health maintenance~~  
495 ~~organizations, prepaid service providers, or any other entity,~~  
496 ~~affiliate or subsidiary of eligible vendors.~~

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

501 (c) ~~The board shall select a chief executive officer for~~  
502 ~~the corporation who shall be responsible for the selection of~~  
503 ~~such other staff as may be authorized by the corporation's~~  
504 ~~operating budget as adopted by the board.~~

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

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

512 (f) ~~The board shall develop and adopt bylaws and other~~  
513 ~~corporate procedures as necessary for the operation of the~~  
514 ~~corporation and carrying out the purposes of this section. The~~  
515 ~~bylaws shall:~~

516 1. ~~Specify procedures for selection of officers and~~  
517 ~~qualifications for reappointment, provided that no board member~~  
518 ~~shall serve more than 9 consecutive years.~~

519 2. ~~Require an annual membership meeting that provides an~~  
520 ~~opportunity for input and interaction with individual~~  
521 ~~participants in the program.~~

522 3. ~~Specify policies and procedures regarding conflicts of~~

33-00690-26

20261460

523 interest, including the provisions of part III of chapter 112,  
524 which prohibit a member from participating in any decision that  
525 would inure to the benefit of the member or the organization  
526 that employs the member. The policies and procedures shall also  
527 require public disclosure of the interest that prevents the  
528 member from participating in a decision on a particular matter.

529 (g) The corporation may exercise all powers granted to it  
530 under chapter 617 necessary to carry out the purposes of this  
531 section, including, but not limited to, the power to receive and  
532 accept grants, loans, or advances of funds from any public or  
533 private agency and to receive and accept from any source  
534 contributions of money, property, labor, or any other thing of  
535 value to be held, used, and applied for the purposes of this  
536 section.

537 (h) The corporation shall:

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

540 2. Establish procedures necessary for the operation of the  
541 program, including, but not limited to, procedures for  
542 application, enrollment, risk assessment, risk adjustment, plan  
543 administration, performance monitoring, and consumer education.

544 3. Arrange for collection of contributions from  
545 participating employers and individuals.

546 4. Arrange for payment of premiums and other appropriate  
547 disbursements based on the selections of products and services  
548 by the individual participants.

549 5. Establish criteria for disenrollment of participating  
550 individuals based on failure to pay the individual's share of  
551 any contribution required to maintain enrollment in selected

33-00690-26

20261460

552 products.

553 6. Establish criteria for exclusion of vendors pursuant to  
554 paragraph (4)(d).555 7. Develop and implement a plan for promoting public  
556 awareness of and participation in the program.557 8. Secure staff and consultant services necessary to the  
558 operation of the program.559 9. Establish policies and procedures regarding  
560 participation in the program for individuals, vendors, health  
561 insurance agents, and employers.562 10. Provide for the operation of a toll-free hotline to  
563 respond to requests for assistance.564 11. Provide for initial, open, and special enrollment  
565 periods.566 12. Evaluate options for employer participation which may  
567 conform with common insurance practices.568 (11)(12) REPORT.—Beginning in the 2027-2028 2009-2010  
569 fiscal year, the corporation shall submit by February 1 an  
570 annual report to the Governor, the President of the Senate, and  
571 the Speaker of the House of Representatives documenting the  
572 corporation's activities in compliance with the duties  
573 delineated in this section.574 (12)(13) PROGRAM INTEGRITY.—To ensure program integrity and  
575 to safeguard the financial transactions made under the auspices  
576 of the program, the corporation is authorized to establish  
577 qualifying criteria and certification procedures for vendors,  
578 require performance bonds or other guarantees of ability to  
579 complete contractual obligations, monitor the performance of  
580 vendors, and enforce the agreements of the program through

33-00690-26

20261460

581 financial penalty or disqualification from the program.

582 (13) (14) EXEMPTION FROM PUBLIC RECORDS REQUIREMENTS.—

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

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

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

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

590 4. “Proprietary confidential business information” means  
591 information, regardless of form or characteristics, that is  
592 owned or controlled by a vendor requesting confidentiality under  
593 this section; that is intended to be and is treated by the  
594 vendor as private in that the disclosure of the information  
595 would cause harm to the business operations of the vendor; that  
596 has not been disclosed unless disclosed pursuant to a statutory  
597 provision, an order of a court or administrative body, or a  
598 private agreement providing that the information may be released  
599 to the public; and that is information concerning:

600 a. Business plans.

601 b. Internal auditing controls and reports of internal  
602 auditors.

603 c. Reports of external auditors for privately held  
604 companies.

605 d. Client and customer lists.

606 e. Potentially patentable material.

607 f. A trade secret as defined in s. 688.002.

608 5. “Vendor” means a participating insurer or other provider  
609 of services as described in paragraph (4) (d).

33-00690-26

20261460

610 (b) *Public record exemptions.*—611 1. Personal identifying information of an enrollee or  
612 participant who has applied for or participates in the Florida  
613 Employee Health Choices Program is confidential and exempt from  
614 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.615 2. Client and customer lists of a buyer's representative  
616 held by the corporation are confidential and exempt from s.  
617 119.07(1) and s. 24(a), Art. I of the State Constitution.618 3. Proprietary confidential business information held by  
619 the corporation is confidential and exempt from s. 119.07(1) and  
620 s. 24(a), Art. I of the State Constitution.621 (c) *Retroactive application.*—The public record exemptions  
622 provided for in paragraph (b) apply to information held by the  
623 corporation before, on, or after the effective date of this  
624 exemption.625 (d) *Authorized release.*—626 1. Upon request, information made confidential and exempt  
627 pursuant to this subsection must shall be disclosed to:628 a. Another governmental entity in the performance of its  
629 official duties and responsibilities.630 b. Any person who has the written consent of the program  
631 applicant.632 c. The Florida Kidcare program for the purpose of  
633 administering the program authorized in ss. 409.810-409.821.634 2. Paragraph (b) does not prohibit a participant's legal  
635 guardian from obtaining confirmation of coverage, dates of  
636 coverage, the name of the participant's health plan, and the  
637 amount of premium being paid.638 (e) *Penalty.*—A person who knowingly and willfully violates

33-00690-26

20261460

639 this subsection commits a misdemeanor of the second degree,  
640 punishable as provided in s. 775.082 or s. 775.083.

641 Section 2. Paragraph (a) of subsection (2) of section  
642 409.821, Florida Statutes, is amended to read:

643 409.821 Florida Kidcare program public records exemption.—

644 (2) (a) Upon request, such information shall be disclosed  
645 to:

646 1. Another governmental entity in the performance of its  
647 official duties and responsibilities;

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

650 3. The Florida Employee Health Choices, Inc., for the  
651 purpose of administering the program authorized pursuant to s.  
652 408.910; or

653 4. Any person who has the written consent of the program  
654 applicant.

655 Section 3. Subsection (3) of section 409.9122, Florida  
656 Statutes, is amended to read:

657 409.9122 Medicaid managed care enrollment; HIV/AIDS  
658 patients; procedures; data collection; accounting; information  
659 system; medical loss ratio.—

660 (3) The agency shall develop a process to enable any  
661 recipient with access to employer-sponsored health care coverage  
662 to opt out of all eligible plans in the Medicaid program and to  
663 use Medicaid financial assistance to pay for the recipient's  
664 share of cost in any such employer-sponsored coverage.  
665 Contingent on federal approval, the agency shall also enable  
666 recipients with access to other insurance or related products  
667 that provide access to health care services created pursuant to

33-00690-26

20261460

668 state law, including any plan or product available pursuant to  
669 the Florida Employee Health Choices Program or any health  
670 exchange, to opt out. The amount of financial assistance  
671 provided for each recipient may not exceed the amount of the  
672 Medicaid premium that would have been paid to a plan for that  
673 recipient.

674 Section 4. Subsection (4) of section 409.977, Florida  
675 Statutes, is amended to read:

676 409.977 Enrollment.—

677 (4) The agency shall develop a process to enable a  
678 recipient with access to employer-sponsored health care coverage  
679 to opt out of all managed care plans and to use Medicaid  
680 financial assistance to pay for the recipient's share of the  
681 cost in such employer-sponsored coverage. The agency shall also  
682 enable recipients with access to other insurance or related  
683 products providing access to health care services created  
684 pursuant to state law, including any product available under the  
685 Florida Employee Health Choices Program, or any health exchange,  
686 to opt out. The amount of financial assistance provided for each  
687 recipient may not exceed the amount of the Medicaid premium that  
688 would have been paid to a managed care plan for that recipient.  
689 The agency shall require Medicaid recipients with access to  
690 employer-sponsored health care coverage to enroll in that  
691 coverage and use Medicaid financial assistance to pay for the  
692 recipient's share of the cost for such coverage. The amount of  
693 financial assistance provided for each recipient may not exceed  
694 the amount of the Medicaid premium that would have been paid to  
695 a managed care plan for that recipient. The agency may exceed  
696 this amount for a high-cost patient if it determines it would be

33-00690-26

20261460

697 cost effective to do so. The agency shall annually, beginning  
698 June 30, 2026, submit an annual report on the program to the  
699 Legislature including, but not limited to, the level of  
700 participation; participant demographics, income levels, type of  
701 employer-based coverage, and amount of health care utilization;  
702 and a cost-effectiveness analysis both in the aggregate and on  
703 an individual patient basis.

704 Section 5. This act shall take effect July 1, 2026.