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A bill to be entitled
An act relating to Florida Health Plan trust fund; 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 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

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26 duties of the Florida Health Board relating to the
27 fund; amending s. 641.797, F.S.; providing duties of
28 the plan auditor relating to the fund; providing an
29 appropriation; amending s. 641.798, F.S.; providing
30 applicability of the Code of Ethics for Public
31 Officers and Employees to the employees and the
32 director of the fund; providing an appropriation;
33 providing a contingent effective date.

34

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

36

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

39 641.76 Florida Health Fund.—

40 (1) The Florida Health Fund, a revolving fund, is
41 established under the jurisdiction and control of the Florida
42 Health Board to implement the Florida Health Plan and to receive
43 premiums and other sources of revenue. The fund shall be
44 administered by a director appointed by the board.

45 (a) All moneys collected, received, and transferred
46 according to this section shall be deposited in the fund. Moneys
47 deposited in the fund shall be used exclusively to finance the
48 plan.

49 (b) All claims for health care services rendered shall be
50 made to the fund. Payments made for health care services shall

51 be disbursed from the fund.

52 (c) Revenues collected each year must be sufficient to
53 cover that year's projected costs for the plan.

54 (2) (a) The fund shall have operating, capital, and reserve
55 accounts.

56 1. The operating account in the fund comprises the
57 following accounts:

58 a. Medical services account. The medical services account
59 must be used to provide for all medical services and benefits
60 covered under the plan.

61 b. Prevention account. The prevention account must be used
62 to establish and maintain primary community prevention programs,
63 including preventive screening tests.

64 c. Program administration, evaluation, planning, and
65 assessment account. The program administration, evaluation,
66 planning, and assessment account must be used to monitor and
67 improve the plan's effectiveness and operations. The board may
68 establish grant programs, including demonstration projects, for
69 the account's purpose.

70 d. Training and development account. The training and
71 development account must be used to incentivize the training and
72 development of health care providers and the health care
73 workforce needed to meet the health care needs of the
74 population.

75 e. Health service research account. The health service

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

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

82 3. The reserve account must at all times hold an amount
83 estimated in the aggregate to provide for the payment of all
84 losses and claims for which the plan may be liable and to
85 provide for the expense of adjustment or settlement of losses
86 and claims.

87 (b) Money currently held in reserve by state, city, and
88 county health programs must be transferred to the fund when the
89 plan replaces those programs.

90 (c) The board shall have provisions in place to insure the
91 plan against unforeseen expenditures or revenue shortfalls not
92 covered by the reserve account. The board may borrow money to
93 cover temporary shortfalls.

94 (3) (a) All moneys received by the fund shall be paid to
95 the Director of the Office of Finance and Budget as agent of the
96 board, who may not commingle these funds with any other money.
97 The moneys in these accounts shall be paid out on warrants drawn
98 by the commissioner on requisition by the board.

99 (b) The fund shall be separate from the State Treasury.
100 The board shall manage the fund and has exclusive authority over

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101 the fund.

102 (4) (a) The board shall:

103 1. Determine the aggregate cost of providing health care
104 according to this part.

105 2. Coordinate with existing, ongoing funding sources from
106 federal and state programs.

107 (b) All federal funding received by this state shall be
108 appropriated to the fund to be used to administer the plan under
109 this part. Federal funding that is received for implementing and
110 administering the plan shall be used to provide health care for
111 residents of this state.

112 (c) The chief executive officer of the Florida Health Plan
113 and, if required under federal law, the Secretary of Commerce
114 shall seek waivers, exemptions, agreements, or legislation
115 necessary for all current federal payments to this state to be
116 sent directly to the fund. If any required waiver, exemption,
117 agreement, or legislation is obtained, the plan must assume
118 responsibility for all health care benefits and health care
119 services previously paid for with federal funds. In obtaining
120 the waivers, exemptions, agreements, or legislation, the chief
121 executive officer and, if required, the secretary shall seek
122 from the Federal Government a contribution for health care
123 services in this state which:

124 1. Reflects medical inflation, the state gross domestic
125 product, the size and age of the population, the number of

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, 2030. 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 1489, 2026 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.
143 641.76.

144 **Section 3. Paragraph (f) of subsection (1) of section**
145 **641.74, Florida Statutes, as created by HB 1489, 2026 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

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

160 **Section 4. Paragraph (c) of subsection (2) of section**
161 **641.77, Florida Statutes, as created by HB 1489, 2026 Regular**
162 **Session, is amended to read:**

163 641.77 Federal preemption.—

164 (2)

165 (c) The Florida Health Plan's responsibility for providing
166 health care is secondary to existing federal programs for health
167 care services to the extent that funding for these programs is
168 not transferred to the Florida Health Fund or that the transfer
169 is delayed beyond the date on which initial benefits are
170 provided under the plan.

171 **Section 5. Paragraph (a) of subsection (4) of section**
172 **641.78, Florida Statutes, as created by HB 1489, 2026 Regular**
173 **Session, is amended to read:**

174 641.78 Subrogation.—

175 (4) If a person who receives health care services under

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

185 (a) The plan shall seek reimbursement from the collateral
186 source for services provided to the person and may take
187 appropriate action, including legal proceedings, to recover the
188 reimbursement. Upon demand, the collateral source shall pay to
189 the Florida Health Fund the sum that it would have paid or spent
190 on behalf of the person for the health care services provided by
191 the plan.

192 **Section 6. Paragraphs (d) through (o) of subsection (3) of**
193 **section 641.793, Florida Statutes, as created by HB 1489, 2026**
194 **Regular Session, are redesignated as paragraphs (e) through (p),**
195 **respectively, subsection (1) is amended, a new paragraph (d) is**
196 **added to subsection (3), and paragraph (h) is added to**
197 **subsection (5) of that section, to read:**

198 641.793 Florida Health Board.—

199 (1) By December 1, 2026, the Florida Health Board shall be
200 established to promote the delivery of high-quality, coordinated

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

206 (a) The Office of Health Quality and Planning established
207 in s. 641.795.

208 (b) The Florida Health Fund.

209 (3) The board shall:

210 (d) Hire a director for the Florida Health Fund, who must
211 take the oath described in paragraph (2) (b).

212 (5) The board has the following financial duties:

213 (h) Administer the Florida Health Fund, annually determine
214 the appropriate level for the plan reserve account, and
215 implement policies needed to establish the appropriate reserve.

216 **Section 7. Paragraph (a) of subsection (2) of section**
217 **641.797, Florida Statutes, as created by HB 1489, 2026 Regular**
218 **Session, is amended to read:**

219 641.797 Auditor for the Florida Health Plan.—

220 (2) The auditor for the Florida Health Plan shall:

221 (a) Investigate, audit, and review the financial and
222 business records of the plan and the Florida Health Fund.

223 **Section 8. Subsection (1) of section 641.798, Florida**
224 **Statutes, as created by HB 1489, 2026 Regular Session, is**
225 **amended to read:**

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226 641.798 Ethics and conflicts of interest; Conflict of
227 Interest Committee.—

228 (1) The Code of Ethics for Public Officers and Employees
229 under part III of chapter 112 applies to the employees and the
230 chief executive officer of the Florida Health Plan, the
231 employees and members of the Florida Health Board, the employees
232 and members of the regional planning boards and the regional
233 health planning directors, the employees and the director of the
234 Florida Health Fund, the employees and the director of the
235 Office of Health Quality and Planning, the employees and the
236 ombudsman of the Ombudsman Office for Patient Advocacy, and the
237 auditor for the Florida Health Plan. Failure to comply with the
238 code of ethics under part III of chapter 112 is grounds for
239 disciplinary action, which may include termination of employment
240 or removal from the board.

241 **Section 9.** For the 2026-2027 fiscal year, an adequate sum
242 is appropriated from the General Revenue Fund to the Florida
243 Health Fund under the Florida Health Plan to provide startup
244 funding for the provisions of this act and the immediate
245 establishment of an exploratory staff to pursue the foundation
246 of this act.

247 **Section 10.** This act shall take effect July 1, 2026, but
248 only if HB 1489 or similar legislation is adopted in the same
249 legislative session or an extension thereof and becomes a law.