

Committee on Banking and Insurance

CS/HB 1125 — Health and Human Services

by Health and Human Services Quality Subcommittee; and Rep. Corcoran (CS/SB 1922 by Banking and Insurance Committee; and Senator Garcia)

In 2008, the Florida Legislature created the Florida Health Choices Program (program). The program is designed to provide a centralized marketplace for the sale and purchase of health care products. These products would include, but are not limited to, health insurance plans, health maintenance organizations (HMOs) plans, prepaid services, service contracts, and flexible spending accounts. The bill makes the following changes to the program:

- Expands the products, vendors, employers, and individuals that may participate in the program;
- Streamlines and clarifies the process by which new products are approved and offered; and
- Requires the Office of Insurance Regulation (OIR) to approve risk-bearing products offered by the program.

The bill also contains the following provisions:

- Exempts specified Medicaid psychiatric facilities and Level III neonatal intensive care units from the certificate-of-need provisions if certain conditions are met;
- Revises the eligibility requirements for health flex plans by eliminating the requirement that an enrollee must be 64 years of age or younger; and
- Adds licensed orthotists and prosthetists to the current definition of “health care provider,” under s. 766.202, F.S., for purposes of medical malpractice actions pursuant to ch. 766, F.S.

If approved by the Governor, these provisions take effect July 1, 2011.

Vote: Senate 35-4; House 117-0