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1 A bill to be entitled  
2 An act relating to Florida Health Choices Program;  
3 amending s. 408.910, F.S.; providing and revising  
4 definitions; revising eligibility requirements for  
5 participation in the Florida Health Choices Program;  
6 providing that statutory rural hospitals are eligible as  
7 employers rather than participants under the program;  
8 permitting specified eligible vendors to sell health  
9 maintenance contracts; requiring certain risk-bearing  
10 products offered by insurers to be approved by the Office  
11 of Insurance Regulation; providing requirements for  
12 product certification; providing duties of the Florida  
13 Health Choices, Inc., including maintenance of a toll-free  
14 telephone hotline to respond to requests for assistance;  
15 providing for enrollment periods; providing for certain  
16 risk pooling data used by the corporation to be reported  
17 annually; amending s. 409.821, F.S.; authorizing personal  
18 identifying information of a Florida Kidcare program  
19 applicant to be disclosed to the Florida Health Choices,  
20 Inc., to administer the program; providing an effective  
21 date.

22  
23 Be It Enacted by the Legislature of the State of Florida:

24  
25 Section 1. Section 408.910, Florida Statutes, is amended  
26 to read:

27 408.910 Florida Health Choices Program.—

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

29 | significant number of the residents of this state do not have  
 30 | adequate access to affordable, quality health care. The  
 31 | Legislature further finds that increasing access to affordable,  
 32 | quality health care can be best accomplished by establishing a  
 33 | competitive market for purchasing health insurance and health  
 34 | services. It is therefore the intent of the Legislature to  
 35 | create the Florida Health Choices Program to:

36 |       (a) Expand opportunities for Floridians to purchase  
 37 | affordable health insurance and health services.

38 |       (b) Preserve the benefits of employment-sponsored  
 39 | insurance while easing the administrative burden for employers  
 40 | who offer these benefits.

41 |       (c) Enable individual choice in both the manner and amount  
 42 | of health care purchased.

43 |       (d) Provide for the purchase of individual, portable  
 44 | health care coverage.

45 |       (e) Disseminate information to consumers on the price and  
 46 | quality of health services.

47 |       (f) Sponsor a competitive market that stimulates product  
 48 | innovation, quality improvement, and efficiency in the  
 49 | production and delivery of health services.

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

51 |       (a) "Corporation" means the Florida Health Choices, Inc.,  
 52 | established under this section.

53 |       **(b) "Corporation's marketplace" means the single,**  
 54 | **centralized market established by the program that facilitates**  
 55 | **the purchase of products made available in the marketplace.**

56 |       ~~(c)~~ ~~(b)~~ "Health insurance agent" means an agent licensed

57 | under part IV of chapter 626.

58 |       ~~(d)~~ (e) "Insurer" means an entity licensed under chapter  
 59 | 624 which offers an individual health insurance policy or a  
 60 | group health insurance policy, a preferred provider organization  
 61 | as defined in s. 627.6471, ~~or~~ an exclusive provider organization  
 62 | as defined in s. 627.6472, or a health maintenance organization  
 63 | licensed under part I of chapter 641.

64 |       ~~(e)~~ (d) "Program" means the Florida Health Choices Program  
 65 | established by this section.

66 |       (3) PROGRAM PURPOSE AND COMPONENTS.—The Florida Health  
 67 | Choices Program is created as a single, centralized market for  
 68 | the sale and purchase of various products that enable  
 69 | individuals to pay for health care. These products include, but  
 70 | are not limited to, health insurance plans, health maintenance  
 71 | organization plans, prepaid services, service contracts, and  
 72 | flexible spending accounts. The components of the program  
 73 | include:

74 |           (a) Enrollment of employers.

75 |           (b) Administrative services for participating employers,  
 76 | including:

77 |               1. Assistance in seeking federal approval of cafeteria  
 78 | plans.

79 |               2. Collection of premiums and other payments.

80 |               3. Management of individual benefit accounts.

81 |               4. Distribution of premiums to insurers and payments to  
 82 | other eligible vendors.

83 |               5. Assistance for participants in complying with reporting  
 84 | requirements.

- 85 (c) Services to individual participants, including:
- 86 1. Information about available products and participating
- 87 vendors.
- 88 2. Assistance with assessing the benefits and limits of
- 89 each product, including information necessary to distinguish
- 90 between policies offering creditable coverage and other products
- 91 available through the program.
- 92 3. Account information to assist individual participants
- 93 with managing available resources.
- 94 4. Services that promote healthy behaviors.
- 95 (d) Recruitment of vendors, including insurers, health
- 96 maintenance organizations, prepaid clinic service providers,
- 97 provider service networks, and other providers.
- 98 (e) Certification of vendors to ensure capability,
- 99 reliability, and validity of offerings.
- 100 (f) Collection of data, monitoring, assessment, and
- 101 reporting of vendor performance.
- 102 (g) Information services for individuals and employers.
- 103 (h) Program evaluation.

104 (4) ELIGIBILITY AND PARTICIPATION.—Participation in the  
 105 program is voluntary and shall be available to employers,  
 106 individuals, vendors, and health insurance agents as specified  
 107 in this subsection.

- 108 (a) Employers eligible to enroll in the program include:
- 109 1. Employers meeting criteria established by the
- 110 corporation and that elect to make employees of such employer
- 111 eligible for one or more of the health plans offered through the
- 112 program ~~have 1 to 50 employees.~~

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113 2. Fiscally constrained counties described in s. 218.67.

114 3. Municipalities having populations of fewer than 50,000  
115 residents.

116 4. School districts in fiscally constrained counties.

117 5. Statutory rural hospitals.

118 (b) Individuals eligible to participate in the program  
119 include:

120 1. Individual employees of enrolled employers.

121 2. State employees not eligible for state employee health  
122 benefits.

123 3. State retirees.

124 4. Medicaid ~~reform~~ participants who opt out ~~select the~~  
125 ~~opt-out provision of reform.~~

126 ~~5. Statutory rural hospitals.~~

127 (c) Employers who choose to participate in the program may  
128 enroll by complying with the procedures established by the  
129 corporation. The procedures must include, but are not limited  
130 to:

131 1. Submission of required information.

132 2. Compliance with federal tax requirements for the  
133 establishment of a cafeteria plan, pursuant to s. 125 of the  
134 Internal Revenue Code, including designation of the employer's  
135 plan as a premium payment plan, a salary reduction plan that has  
136 flexible spending arrangements, or a salary reduction plan that  
137 has a premium payment and flexible spending arrangements.

138 3. Determination of the employer's contribution, if any,  
139 per employee, provided that such contribution is equal for each  
140 eligible employee.

141 4. Establishment of payroll deduction procedures, subject  
 142 to the agreement of each individual employee who voluntarily  
 143 participates in the program.

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

146 6. Identification of eligible employees.

147 7. Arrangement for periodic payments.

148 8. Employer notification to employees of the intent to  
 149 transfer from an existing employee health plan to the program at  
 150 least 90 days before the transition.

151 (d) Eligible vendors and the products and services that  
 152 the vendors are permitted to sell are as follows:

153 1. Insurers licensed under chapter 624 may sell health  
 154 insurance policies, limited benefit policies, other risk-bearing  
 155 coverage, and other products or services.

156 2. Health maintenance organizations licensed under part I  
 157 of chapter 641 may sell health maintenance contracts ~~insurance~~  
 158 ~~policies~~, limited benefit policies, other risk-bearing products,  
 159 and other products or services.

160 3. Prepaid health clinic service providers licensed under  
 161 part II of chapter 641 may sell prepaid service contracts and  
 162 other arrangements for a specified amount and type of health  
 163 services or treatments.

164 4. Health care providers, including hospitals and other  
 165 licensed health facilities, health care clinics, licensed health  
 166 professionals, pharmacies, and other licensed health care  
 167 providers, may sell service contracts and arrangements for a  
 168 specified amount and type of health services or treatments.

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169           5. Provider organizations, including service networks,  
170 group practices, professional associations, and other  
171 incorporated organizations of providers, may sell service  
172 contracts and arrangements for a specified amount and type of  
173 health services or treatments.

174           6. Corporate entities providing specific health services  
175 in accordance with applicable state law may sell service  
176 contracts and arrangements for a specified amount and type of  
177 health services or treatments.

178

179 A vendor described in subparagraphs 3.-6. may not sell products  
180 that provide risk-bearing coverage unless that vendor is  
181 authorized under a certificate of authority issued by the Office  
182 of Insurance Regulation under the provisions of the Florida  
183 Insurance Code. Otherwise eligible vendors may be excluded from  
184 participating in the program for deceptive or predatory  
185 practices, financial insolvency, or failure to comply with the  
186 terms of the participation agreement or other standards set by  
187 the corporation.

188           (e) Any risk-bearing product available under subparagraph  
189 (d)1. or subparagraph (d)2. must be approved by the Office of  
190 Insurance Regulation.

191           (f)~~(e)~~ Eligible individuals may voluntarily continue  
192 participation in the program regardless of subsequent changes in  
193 job status or Medicaid eligibility. Individuals who join the  
194 program may participate by complying with the procedures  
195 established by the corporation. These procedures must include,  
196 but are not limited to:

- 197 | 1. Submission of required information.
- 198 | 2. Authorization for payroll deduction.
- 199 | 3. Compliance with federal tax requirements.
- 200 | 4. Arrangements for payment in the event of job changes.
- 201 | 5. Selection of products and services.

202 | (g)~~(f)~~ Vendors who choose to participate in the program  
 203 | may enroll by complying with the procedures established by the  
 204 | corporation. These procedures may ~~must~~ include, but are not  
 205 | limited to:

206 | 1. Submission of required information, including a  
 207 | complete description of the coverage, services, provider  
 208 | network, payment restrictions, and other requirements of each  
 209 | product offered through the program.

210 | 2. Execution of an agreement to make all risk-bearing  
 211 | products offered through the program guaranteed-issue policies,  
 212 | subject to preexisting condition exclusions established by the  
 213 | corporation.

214 | 3. Execution of an agreement that prohibits refusal to  
 215 | sell any offered non-risk-bearing product to a participant who  
 216 | elects to buy it.

217 | 4. Establishment of product prices based on age, gender,  
 218 | and location of the individual participant, which may include  
 219 | medical underwriting.

220 | 5. Arrangements for receiving payment for enrolled  
 221 | participants.

222 | 6. Participation in ongoing reporting processes  
 223 | established by the corporation.

224 | 7. Compliance with grievance procedures established by the



225 corporation.

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

- 241 1. Completion of training requirements.
- 242 2. Execution of a participation agreement specifying the
- 243 terms and conditions of participation.
- 244 3. Disclosure of any appointments to solicit insurance or
- 245 procure applications for vendors participating in the program.
- 246 4. Arrangements to receive payment from the corporation
- 247 for services as a buyer's representative.

248 (5) PRODUCTS.—

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

- 251 1. Health insurance policies.
- 252 2. Health maintenance contracts.

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253 ~~3.2.~~ Limited benefit plans.

254 ~~4.3.~~ Prepaid clinic services.

255 ~~5.4.~~ Service contracts.

256 ~~6.5.~~ Arrangements for purchase of specific amounts and  
257 types of health services and treatments.

258 ~~7.6.~~ Flexible spending accounts.

259 (b) Health insurance policies, health maintenance  
260 contracts, limited benefit plans, prepaid service contracts, and  
261 other contracts for services must ensure the availability of  
262 covered services ~~and benefits to participating individuals for~~  
263 ~~at least 1 full enrollment year.~~

264 (c) Products may be offered for multiyear periods provided  
265 the price of the product is specified for the entire period or  
266 for each separately priced segment of the policy or contract.

267 (d) The corporation shall provide a disclosure form for  
268 consumers to acknowledge their understanding of the nature of,  
269 and any limitations to, the benefits provided by the products  
270 and services being purchased by the consumer.

271 (e) Any non-risk-bearing product other than those set  
272 forth in paragraph (a) must be approved by the corporation.

273 (f) The corporation must determine that making the plan  
274 available through the program is in the interest of eligible  
275 individuals and eligible employers in the state.

276 (6) PRICING.—Prices for the products sold through the  
277 program must be transparent to participants and established by  
278 the vendors based on age, gender, and location of participants.  
279 ~~The corporation shall develop a methodology for evaluating the~~  
280 ~~actuarial soundness of products offered through the program. The~~

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281 ~~methodology shall be reviewed by the Office of Insurance~~  
282 ~~Regulation prior to use by the corporation. Before making the~~  
283 ~~product available to individual participants, the corporation~~  
284 ~~shall use the methodology to compare the expected health care~~  
285 ~~costs for the covered services and benefits to the vendor's~~  
286 ~~price for that coverage. The results shall be reported to~~  
287 ~~individuals participating in the program. Once established, the~~  
288 ~~price set by the vendor must remain in force for at least 1 year~~  
289 ~~and may only be redetermined by the vendor at the next annual~~  
290 ~~enrollment period. The corporation shall annually assess a~~  
291 ~~surcharge for each premium or price set by a participating~~  
292 ~~vendor. The surcharge may not be more than 2.5 percent of the~~  
293 ~~price and shall be used to generate funding for administrative~~  
294 ~~services provided by the corporation and payments to buyers'~~  
295 ~~representatives.~~

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

307 (a) Participation in the program may begin at any time  
308 during a year after the employer completes enrollment and meets

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309 the requirements specified by the corporation pursuant to  
310 paragraph (4) (c).

311 (b) Initial selection of products and services must be  
312 made by an individual participant within 60 days after the date  
313 the individual's employer qualified for participation. An  
314 individual who fails to enroll in products and services by the  
315 end of this period is limited to participation in flexible  
316 spending account services until the next annual enrollment  
317 period.

318 (c) Initial enrollment periods for each product selected  
319 by an individual participant must last at least 12 months,  
320 unless the individual participant specifically agrees to a  
321 different enrollment period.

322 (d) If an individual has selected one or more products and  
323 enrolled in those products for at least 12 months or any other  
324 period specifically agreed to by the individual participant,  
325 changes in selected products and services may only be made  
326 during the annual enrollment period established by the  
327 corporation.

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

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

337        (a) Establish a secure website to facilitate the purchase  
338 of products and services by participating individuals. The  
339 website must provide information about each product or service  
340 available through the program.

341        (b) Inform individuals about other public health care  
342 programs.

343        ~~(a) Prior to making a risk-bearing product available~~  
344 ~~through the program, the corporation shall provide information~~  
345 ~~regarding the product to the Office of Insurance Regulation. The~~  
346 ~~office shall review the product information and provide consumer~~  
347 ~~information and a recommendation on the risk-bearing product to~~  
348 ~~the corporation within 30 days after receiving the product~~  
349 ~~information.~~

350        ~~1. Upon receiving a recommendation that a risk-bearing~~  
351 ~~product should be made available in the marketplace, the~~  
352 ~~corporation may include the product on its website. If the~~  
353 ~~consumer information and recommendation is not received within~~  
354 ~~30 days, the corporation may make the risk-bearing product~~  
355 ~~available on the website without consumer information from the~~  
356 ~~office.~~

357        ~~2. Upon receiving a recommendation that a risk-bearing~~  
358 ~~product should not be made available in the marketplace, the~~  
359 ~~risk-bearing product may be included as an eligible product in~~  
360 ~~the marketplace and on its website only if a majority of the~~  
361 ~~board of directors vote to include the product.~~

362        ~~(b) If a risk-bearing product is made available on the~~  
363 ~~website, the corporation shall make the consumer information and~~  
364 ~~office recommendation available on the website and in print~~

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365 ~~format. The corporation shall make late submitted and ongoing~~  
366 ~~updates to consumer information available on the website and in~~  
367 ~~print format.~~

368 (9) RISK POOLING.—The program shall utilize methods for  
369 pooling the risk of individual participants and preventing  
370 selection bias. These methods shall include, but are not limited  
371 to, a postenrollment risk adjustment of the premium payments to  
372 the vendors. The corporation shall establish a methodology for  
373 assessing the risk of enrolled individual participants based on  
374 data reported annually by the vendors about their enrollees.  
375 Monthly distributions of payments to the vendors shall be  
376 adjusted based on the assessed relative risk profile of the  
377 enrollees in each risk-bearing product for the most recent  
378 period for which data is available.

379 (10) EXEMPTIONS.—

380 (a) Products, other than the risk-bearing products set  
381 forth in subparagraph (4)(d)1. or subparagraph (4)(d)2.,  
382 ~~Policies~~ sold as part of the program are not subject to the  
383 licensing requirements of the Florida Insurance Code, as defined  
384 in s. 624.01 chapter 641, or the mandated offerings or coverages  
385 established in part VI of chapter 627 and chapter 641.

386 (b) The corporation may act as an administrator as defined  
387 in s. 626.88 but is not required to be certified pursuant to  
388 part VII of chapter 626. However, a third party administrator  
389 used by the corporation must be certified under part VII of  
390 chapter 626.

391 (11) CORPORATION.—There is created the Florida Health  
392 Choices, Inc., which shall be registered, incorporated,

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393 organized, and operated in compliance with part III of chapter  
394 112 and chapters 119, 286, and 617. The purpose of the  
395 corporation is to administer the program created in this section  
396 and to conduct such other business as may further the  
397 administration of the program.

398 (a) The corporation shall be governed by a 15-member board  
399 of directors consisting of:

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

401 a. The Secretary of Health Care Administration or a  
402 designee with expertise in health care services.

403 b. The Secretary of Management Services or a designee with  
404 expertise in state employee benefits.

405 c. The commissioner of the Office of Insurance Regulation  
406 or a designee with expertise in insurance regulation.

407 2. Four members appointed by and serving at the pleasure  
408 of the Governor.

409 3. Four members appointed by and serving at the pleasure  
410 of the President of the Senate.

411 4. Four members appointed by and serving at the pleasure  
412 of the Speaker of the House of Representatives.

413 5. Board members may not include insurers, health  
414 insurance agents or brokers, health care providers, health  
415 maintenance organizations, prepaid service providers, or any  
416 other entity, affiliate or subsidiary of eligible vendors.

417 (b) Members shall be appointed for terms of up to 3 years.  
418 Any member is eligible for reappointment. A vacancy on the board  
419 shall be filled for the unexpired portion of the term in the  
420 same manner as the original appointment.

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

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

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

432 (f) The board shall develop and adopt bylaws and other  
433 corporate procedures as necessary for the operation of the  
434 corporation and carrying out the purposes of this section. The  
435 bylaws shall:

436 1. Specify procedures for selection of officers and  
437 qualifications for reappointment, provided that no board member  
438 shall serve more than 9 consecutive years.

439 2. Require an annual membership meeting that provides an  
440 opportunity for input and interaction with individual  
441 participants in the program.

442 3. Specify policies and procedures regarding conflicts of  
443 interest, including the provisions of part III of chapter 112,  
444 which prohibit a member from participating in any decision that  
445 would inure to the benefit of the member or the organization  
446 that employs the member. The policies and procedures shall also  
447 require public disclosure of the interest that prevents the  
448 member from participating in a decision on a particular matter.



449 (g) The corporation may exercise all powers granted to it  
450 under chapter 617 necessary to carry out the purposes of this  
451 section, including, but not limited to, the power to receive and  
452 accept grants, loans, or advances of funds from any public or  
453 private agency and to receive and accept from any source  
454 contributions of money, property, labor, or any other thing of  
455 value to be held, used, and applied for the purposes of this  
456 section.

457 (h) The corporation may establish technical advisory  
458 panels consisting of interested parties, including consumers,  
459 health care providers, individuals with expertise in insurance  
460 regulation, and insurers.

461 (i) The corporation shall:

- 462 1. Determine eligibility of employers, vendors,  
463 individuals, and agents in accordance with subsection (4).
- 464 2. Establish procedures necessary for the operation of the  
465 program, including, but not limited to, procedures for  
466 application, enrollment, risk assessment, risk adjustment, plan  
467 administration, performance monitoring, and consumer education.
- 468 3. Arrange for collection of contributions from  
469 participating employers and individuals.
- 470 4. Arrange for payment of premiums and other appropriate  
471 disbursements based on the selections of products and services  
472 by the individual participants.
- 473 5. Establish criteria for disenrollment of participating  
474 individuals based on failure to pay the individual's share of  
475 any contribution required to maintain enrollment in selected  
476 products.

477           6. Establish criteria for exclusion of vendors pursuant to  
478 paragraph (4) (d).

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

481           8. Secure staff and consultant services necessary to the  
482 operation of the program.

483           9. Establish policies and procedures regarding  
484 participation in the program for individuals, vendors, health  
485 insurance agents, and employers.

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

488           11. Provide for initial, open, and special enrollment  
489 periods.

490           ~~10. Develop a plan, in coordination with the Department of~~  
491 ~~Revenue, to establish tax credits or refunds for employers that~~  
492 ~~participate in the program. The corporation shall submit the~~  
493 ~~plan to the Governor, the President of the Senate, and the~~  
494 ~~Speaker of the House of Representatives by January 1, 2009.~~

495           (12) REPORT.—Beginning in the 2009-2010 fiscal year,  
496 submit by February 1 an annual report to the Governor, the  
497 President of the Senate, and the Speaker of the House of  
498 Representatives documenting the corporation's activities in  
499 compliance with the duties delineated in this section.

500           (13) PROGRAM INTEGRITY.—To ensure program integrity and to  
501 safeguard the financial transactions made under the auspices of  
502 the program, the corporation is authorized to establish  
503 qualifying criteria and certification procedures for vendors,  
504 require performance bonds or other guarantees of ability to

505 complete contractual obligations, monitor the performance of  
 506 vendors, and enforce the agreements of the program through  
 507 financial penalty or disqualification from the program.

508 Section 2. Section 409.821, Florida Statutes, is amended  
 509 to read:

510 409.821 Florida Kidcare program public records exemption.—

511 (1) Personal identifying information of a Florida Kidcare  
 512 program applicant or enrollee, as defined in s. 409.811, held by  
 513 the Agency for Health Care Administration, the Department of  
 514 Children and Family Services, the Department of Health, or the  
 515 Florida Healthy Kids Corporation is confidential and exempt from  
 516 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

517 (2) (a) Upon request, such information shall be disclosed  
 518 to:

519 1. Another governmental entity in the performance of its  
 520 official duties and responsibilities;

521 2. The Department of Revenue for purposes of administering  
 522 the state Title IV-D program; ~~or~~

523 3. The Florida Health Choices, Inc., for the purpose of  
 524 administering the program authorized pursuant to s. 408.910; or

525 ~~4.3.~~ Any person who has the written consent of the program  
 526 applicant.

527 (b) This section does not prohibit an enrollee's legal  
 528 guardian from obtaining confirmation of coverage, dates of  
 529 coverage, the name of the enrollee's health plan, and the amount  
 530 of premium being paid.

531 (3) This exemption applies to any information identifying  
 532 a Florida Kidcare program applicant or enrollee held by the

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533 Agency for Health Care Administration, the Department of  
534 Children and Family Services, the Department of Health, or the  
535 Florida Healthy Kids Corporation before, on, or after the  
536 effective date of this exemption.

537 (4) A knowing and willful violation of this section is a  
538 misdemeanor of the second degree, punishable as provided in s.  
539 775.082 or s. 775.083.

540 Section 3. This act shall take effect July 1, 2011.