1 A bill to be entitled
2 An act relating to the Florida Health Choices Program;
3 amending s. 408.910, F.S.; revising the name of the
4 "Florida Health Choices Program" to the "Florida
5 Employee Health Choices Program"; revising legislative
6 intent; revising definitions; revising program purpose
7 and components to provide for the sale and purchase of
8 individual health insurance plans to employees
9 enrolled in individual coverage health reimbursement
10 arrangements; removing provisions relating to certain
11 health care service providers, organizations,
12 entities, and vendors, vendor procedures, products
13 available for purchase through the program, pricing,
14 risk pooling, and exemptions; revising the marketplace
15 process; revising corporation responsibilities;
16 revising the fiscal year in which the corporation's
17 annual report is due; amending ss. 409.821, 409.9122,
18 and 409.977, F.S.; conforming provisions to changes
19 made by the act; providing an effective date.
20
21 Be It Enacted by the Legislature of the State of Florida:
22
23 **Section 1. Section 408.910, Florida Statutes, is amended**
24 **to read:**
25 408.910 Florida Employee Health Choices Program.—

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

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51 ~~administrative burden for employers who offer these benefits~~.
52 (c) Enable individual choice in both the manner and amount
53 of health care purchased.
54 (d) Provide for the purchase of individual, portable
55 health care coverage.
56 (e) Disseminate information to employers and employees
57 about individual coverage health reimbursement arrangements
58 ~~consumers on the price and quality of health services~~.
59 (f) Sponsor a competitive market that stimulates product
60 innovation, quality improvement, and efficiency in the
61 production and delivery of individual health insurance plans to
62 employees enrolled in individual coverage health reimbursement
63 arrangements ~~health services~~.
64 (2) DEFINITIONS.—As used in this section, the term:
65 (a) "Corporation" means the Florida Employee Health
66 Choices, Inc., established under this section.
67 (b) "Corporation's marketplace" means the ~~single,~~
68 centralized market established by the program that facilitates
69 the purchase of products made available in the marketplace.
70 (c) "Health insurance agent" means an agent licensed under
71 part IV of chapter 626.
72 (d) "Insurer" means an entity licensed under chapter 624
73 which offers an individual health insurance policy ~~or a group~~
74 ~~health insurance policy~~, a preferred provider organization as
75 defined in s. 627.6471, an exclusive provider organization as

76 defined in s. 627.6472, or a health maintenance organization
77 licensed under part I of chapter 641~~, or a prepaid limited~~
78 ~~health service organization or discount plan organization~~
79 ~~licensed under chapter 636~~.
80 (e) "Program" means the Florida Employee Health Choices
81 Program established by this section.
82 (3) PROGRAM PURPOSE AND COMPONENTS.—The Florida Employee
83 Health Choices Program is created as a ~~single,~~ centralized
84 market for the sale and purchase of individual health insurance
85 plans to employees enrolled in individual coverage health
86 reimbursement arrangements ~~various products that enable~~
87 ~~individuals to pay for health care. These products include, but~~
88 ~~are not limited to, health insurance plans, health maintenance~~
89 ~~organization plans, prepaid services, service contracts, and~~
90 ~~flexible spending accounts~~. The components of the program
91 include:
92 (a) Enrollment of employers.
93 (b) Administrative services for participating employers,
94 including:
95 1. Assistance in seeking federal approval of cafeteria
96 plans.
97 2. Collection of premiums and other payments.
98 3. Management of individual benefit accounts.
99 4. Distribution of premiums to insurers and payments to
100 other eligible vendors.

101 5. Assistance for participants in complying with reporting
102 requirements.
103 (c) Services to individual participants, including:
104 1. Information about available products and participating
105 vendors.
106 2. Assistance with assessing the benefits and limits of
107 each product~~, including information necessary to distinguish~~
108 ~~between policies offering creditable coverage and other products~~
109 ~~available through the program~~.
110 3. Account information to assist individual participants
111 with managing available resources.
112 4. Services that promote healthy behaviors.
113 (d) Recruitment of vendors, including insurers and~~,~~ health
114 maintenance organizations~~, prepaid clinic service providers,~~
115 ~~provider service networks, and other providers~~.
116 (e) Certification of vendors to ensure capability,
117 reliability, and validity of offerings.
118 (f) Collection of data, monitoring, assessment, and
119 reporting of vendor performance.
120 (g) Information services for individuals and employers.
121 (h) Program evaluation.
122 (4) ELIGIBILITY AND PARTICIPATION.—Participation in the
123 program is voluntary and shall be available to employers,
124 individuals, vendors, and health insurance agents as specified
125 in this subsection.

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126 (a) Employers eligible to enroll in the program include
127 those employers that meet criteria established by the
128 corporation and elect to make their employees eligible through
129 the program.
130 (b) Individuals eligible to participate in the program
131 include:
132 1. Individual employees of enrolled employers.
133 2. Other individuals that meet criteria established by the
134 corporation.
135 (c) Employers who choose to participate in the program may
136 enroll by complying with the procedures established by the
137 corporation. The procedures must include, but are not limited
138 to:
139 1. Submission of required information.
140 2. Compliance with federal tax requirements for the
141 establishment of a cafeteria plan, pursuant to s. 125 of the
142 Internal Revenue Code, including designation of the employer's
143 plan as a premium payment plan, a salary reduction plan that has
144 flexible spending arrangements, or a salary reduction plan that
145 has a premium payment and flexible spending arrangements.
146 3. Determination of the employer's contribution, if any,
147 per employee, provided that such contribution is equal for each
148 eligible employee.
149 4. Establishment of payroll deduction procedures, subject
150 to the agreement of each individual employee who voluntarily

151 participates in the program.
152 5. Designation of the corporation as the third-party
153 administrator for the employer's health benefit plan.
154 6. Identification of eligible employees.
155 7. Arrangement for periodic payments.
156 8. Employer notification to employees of the intent to
157 transfer from an existing employee health plan to the program at
158 least 90 days before the transition.
159 (d) All eligible vendors who choose to participate and the
160 products and services that the vendors are permitted to sell are
161 as follows:
162 1. Insurers licensed under chapter 624 may sell health
163 insurance policies~~, limited benefit policies, other risk-bearing~~
164 ~~coverage, and other products or services~~.
165 2. Health maintenance organizations licensed under part I
166 of chapter 641 may sell health maintenance contracts~~, limited~~
167 ~~benefit policies, other risk-bearing products, and other~~
168 ~~products or services~~.
169 ~~3. Prepaid limited health service organizations may sell~~
170 ~~products and services as authorized under part I of chapter 636,~~
171 ~~and discount plan organizations may sell products and services~~
172 ~~as authorized under part II of chapter 636.~~
173 ~~4. Prepaid health clinic service providers licensed under~~
174 ~~part II of chapter 641 may sell prepaid service contracts and~~
175 ~~other arrangements for a specified amount and type of health~~

176 ~~services or treatments.~~
177 ~~5. Health care providers, including hospitals and other~~
178 ~~licensed health facilities, health care clinics, licensed health~~
179 ~~professionals, pharmacies, and other licensed health care~~
180 ~~providers, may sell service contracts and arrangements for a~~
181 ~~specified amount and type of health services or treatments.~~
182 ~~6. Provider organizations, including service networks,~~
183 ~~group practices, professional associations, and other~~
184 ~~incorporated organizations of providers, may sell service~~
185 ~~contracts and arrangements for a specified amount and type of~~
186 ~~health services or treatments.~~
187 ~~7. Corporate entities providing specific health services~~
188 ~~in accordance with applicable state law may sell service~~
189 ~~contracts and arrangements for a specified amount and type of~~
190 ~~health services or treatments.~~
191
192 ~~A vendor described in subparagraphs 3.-7. may not sell products~~
193 ~~that provide risk-bearing coverage unless that vendor is~~
194 ~~authorized under a certificate of authority issued by the Office~~
195 ~~of Insurance Regulation and is authorized to provide coverage in~~
196 ~~the relevant geographic area. Otherwise~~ Eligible vendors may be
197 excluded from participating in the program for deceptive or
198 predatory practices, financial insolvency, or failure to comply
199 with the terms of the participation agreement or other standards
200 set by the corporation.

201 (e) Eligible individuals may participate in the program
202 voluntarily. Individuals who join the program may participate by
203 complying with the procedures established by the corporation.
204 These procedures must include, but are not limited to:
205 1. Submission of required information.
206 2. Authorization for payroll deduction.
207 3. Compliance with federal tax requirements.
208 4. Arrangements for payment.
209 5. Selection of products and services.
210 (f) Vendors who choose to participate in the program may
211 enroll by complying with the procedures established by the
212 corporation. These procedures may include, but are not limited
213 to:
214 1. Submission of required information, including a
215 complete description of the coverage, services, provider
216 network, payment restrictions, and other requirements of each
217 product offered through the program.
218 2. Execution of an agreement to comply with requirements
219 established by the corporation.
220 3. Execution of an agreement that prohibits refusal to
221 sell any offered product or service to a participant who elects
222 to buy it.
223 ~~4. Establishment of product prices based on applicable~~
224 ~~criteria.~~
225 4.~~5.~~ Arrangements for receiving payment for enrolled

226 participants.
227 5.~~6.~~ Participation in ongoing reporting processes
228 established by the corporation.
229 6.~~7.~~ Compliance with grievance procedures established by
230 the corporation.
231 (g) Health insurance agents licensed under part IV of
232 chapter 626 are eligible to voluntarily participate as buyers'
233 representatives. A buyer's representative acts on behalf of an
234 individual purchasing health insurance and health services
235 through the program by providing information about products and
236 services available through the program and assisting the
237 individual with both the decision and the procedure of selecting
238 specific products. Serving as a buyer's representative does not
239 constitute a conflict of interest with continuing
240 responsibilities as a health insurance agent if the relationship
241 between each agent and any participating vendor is disclosed
242 before advising an individual participant about the products and
243 services available through the program. In order to participate,
244 a health insurance agent shall comply with the procedures
245 established by the corporation, including:
246 1. Completion of training requirements.
247 2. Execution of a participation agreement specifying the
248 terms and conditions of participation.
249 3. Disclosure of any appointments to solicit insurance or
250 procure applications for vendors participating in the program.

251 4. Arrangements to receive payment from the corporation
252 for services as a buyer's representative.
253 (5) PRODUCTS.—
254 ~~(a)~~ The products that may be made available for purchase
255 through the program include~~, but are not limited to~~:
256 (a)~~1.~~ Health insurance policies.
257 (b)~~2.~~ Health maintenance contracts.
258 ~~3. Limited benefit plans.~~
259 ~~4. Prepaid clinic services.~~
260 ~~5. Service contracts.~~
261 ~~6. Arrangements for purchase of specific amounts and types~~
262 ~~of health services and treatments.~~
263 ~~7. Flexible spending accounts.~~
264 ~~(b) Health insurance policies, health maintenance~~
265 ~~contracts, limited benefit plans, prepaid service contracts, and~~
266 ~~other contracts for services must ensure the availability of~~
267 ~~covered services.~~
268 ~~(c) Products may be offered for multiyear periods provided~~
269 ~~the price of the product is specified for the entire period or~~
270 ~~for each separately priced segment of the policy or contract.~~
271 ~~(d) The corporation shall provide a disclosure form for~~
272 ~~consumers to acknowledge their understanding of the nature of,~~
273 ~~and any limitations to, the benefits provided by the products~~
274 ~~and services being purchased by the consumer.~~
275 ~~(e) The corporation must determine that making the plan~~

276 ~~available through the program is in the interest of eligible~~
277 ~~individuals and eligible employers in the state.~~
278 (6) SURCHARGE ~~PRICING~~.~~—Prices for the products and~~
279 ~~services sold through the program must be transparent to~~
280 ~~participants and established by the vendors.~~ The corporation
281 shall annually assess a surcharge for each premium or price set
282 by a participating vendor. The surcharge may not be more than
283 2.5 percent of the price and shall be used to generate funding
284 for administrative services provided by the corporation and
285 payments to buyers' representatives.
286 (7) THE MARKETPLACE PROCESS.—The program shall provide a
287 ~~single,~~ centralized market for access to ~~purchase of~~ health
288 insurance and~~,~~ health maintenance contracts by an employee
289 enrolled in an individual coverage health reimbursement
290 arrangement~~, and other health products and services~~. Purchases
291 may be made by participating individuals over the Internet or
292 through the services of a participating health insurance agent.
293 Information about each product and service available through the
294 program shall be made available through printed material and an
295 interactive Internet website. A participant needing personal
296 assistance to select products and services shall be referred to
297 a participating agent in his or her area.
298 (a) Participation in the program may begin at any time
299 during a year after the employer completes enrollment and meets
300 the requirements specified by the corporation pursuant to

301 paragraph (4)(c).
302 (b) Initial selection of products and services must be
303 made by an individual participant within the applicable open
304 enrollment period.
305 ~~(c) Initial enrollment periods for each product selected~~
306 ~~by an individual participant must last at least 12 months,~~
307 ~~unless the individual participant specifically agrees to a~~
308 ~~different enrollment period.~~
309 ~~(d) If an individual has selected one or more products and~~
310 ~~enrolled in those products for at least 12 months or any other~~
311 ~~period specifically agreed to by the individual participant,~~
312 ~~changes in selected products and services may only be made~~
313 ~~during the annual enrollment period established by the~~
314 ~~corporation.~~
315 ~~(e) The limits established in paragraphs (b)-(d) apply to~~
316 ~~any risk-bearing product that promises future payment or~~
317 ~~coverage for a variable amount of benefits or services. The~~
318 ~~limits do not apply to initiation of flexible spending plans if~~
319 ~~those plans are not associated with specific high-deductible~~
320 ~~insurance policies or the use of spending accounts for any~~
321 ~~products offering individual participants specific amounts and~~
322 ~~types of health services and treatments at a contracted price.~~
323 (8) CONSUMER INFORMATION.—The corporation shall:
324 (a) Establish a secure website to facilitate the purchase
325 of products and services by participating individuals. The

326 website must provide information about each product or service
327 available through the program.
328 (b) Inform individuals about other public health care
329 programs.
330 ~~(9) RISK POOLING.—The program may use methods for pooling~~
331 ~~the risk of individual participants and preventing selection~~
332 ~~bias. These methods may include, but are not limited to, a~~
333 ~~postenrollment risk adjustment of the premium payments to the~~
334 ~~vendors. The corporation may establish a methodology for~~
335 ~~assessing the risk of enrolled individual participants based on~~
336 ~~data reported annually by the vendors about their enrollees.~~
337 ~~Distribution of payments to the vendors may be adjusted based on~~
338 ~~the assessed relative risk profile of the enrollees in each~~
339 ~~risk-bearing product for the most recent period for which data~~
340 ~~is available.~~
341 (9) ~~(10)~~ EXEMPTIONS.—
342 ~~(a) Products, other than the products set forth in~~
343 ~~subparagraphs (4)(d)1.-4., sold as part of the program are not~~
344 ~~subject to the licensing requirements of the Florida Insurance~~
345 ~~Code, as defined in s. 624.01 or the mandated offerings or~~
346 ~~coverages established in part VI of chapter 627 and chapter 641.~~
347 ~~(b)~~ The corporation may act as an administrator as defined
348 in s. 626.88 but is not required to be certified pursuant to
349 part VII of chapter 626. However, a third party administrator
350 used by the corporation must be certified under part VII of

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351 chapter 626.
352 ~~(c) Any standard forms, website design, or marketing~~
353 ~~communication developed by the corporation and used by the~~
354 ~~corporation, or any vendor that meets the requirements of~~
355 ~~paragraph (4)(f) is not subject to the Florida Insurance Code,~~
356 ~~as established in s. 624.01.~~
357 (10) ~~(11)~~ CORPORATION.—There is created the Florida
358 Employee Health Choices, Inc., which shall be registered,
359 incorporated, organized, and operated in compliance with part
360 III of chapter 112 and chapters 119, 286, and 617. The purpose
361 of the corporation is to administer the program created in this
362 section and to conduct such other business as may further the
363 administration of the program.
364 (a) The corporation shall be governed by a 15-member board
365 of directors consisting of:
366 1. Three ex officio, nonvoting members to include:
367 a. The Secretary of Health Care Administration or a
368 designee with expertise in health care services.
369 b. The Secretary of Management Services or a designee with
370 expertise in state employee benefits.
371 c. The commissioner of the Office of Insurance Regulation
372 or a designee with expertise in insurance regulation.
373 2. Four members appointed by and serving at the pleasure
374 of the Governor.
375 3. Four members appointed by and serving at the pleasure

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376 of the President of the Senate.
377 4. Four members appointed by and serving at the pleasure
378 of the Speaker of the House of Representatives.
379 5. Board members may not include insurers, health
380 insurance agents or brokers, health care providers, health
381 maintenance organizations, ~~prepaid service providers,~~ or any
382 other entity, affiliate, or subsidiary of eligible vendors.
383 (b) Members shall be appointed for terms of up to 3 years.
384 Any member is eligible for reappointment. A vacancy on the board
385 shall be filled for the unexpired portion of the term in the
386 same manner as the original appointment.
387 (c) The board shall select a chief executive officer for
388 the corporation who shall be responsible for the selection of
389 such other staff as may be authorized by the corporation's
390 operating budget as adopted by the board.
391 (d) Board members are entitled to receive, from funds of
392 the corporation, reimbursement for per diem and travel expenses
393 as provided by s. 112.061. No other compensation is authorized.
394 (e) There is no liability on the part of, and no cause of
395 action shall arise against, any member of the board or its
396 employees or agents for any action taken by them in the
397 performance of their powers and duties under this section.
398 (f) The board shall develop and adopt bylaws and other
399 corporate procedures as necessary for the operation of the
400 corporation and carrying out the purposes of this section. The

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401 bylaws shall:
402 1. Specify procedures for selection of officers and
403 qualifications for reappointment, provided that no board member
404 shall serve more than 9 consecutive years.
405 2. Require an annual membership meeting that provides an
406 opportunity for input and interaction with individual
407 participants in the program.
408 3. Specify policies and procedures regarding conflicts of
409 interest, including the provisions of part III of chapter 112,
410 which prohibit a member from participating in any decision that
411 would inure to the benefit of the member or the organization
412 that employs the member. The policies and procedures shall also
413 require public disclosure of the interest that prevents the
414 member from participating in a decision on a particular matter.
415 (g) The corporation may exercise all powers granted to it
416 under chapter 617 necessary to carry out the purposes of this
417 section, including, but not limited to, the power to receive and
418 accept grants, loans, or advances of funds from any public or
419 private agency and to receive and accept from any source
420 contributions of money, property, labor, or any other thing of
421 value to be held, used, and applied for the purposes of this
422 section.
423 (h) The corporation shall:
424 1. Determine eligibility of employers, vendors,
425 individuals, and agents in accordance with subsection (4).

426 2. Establish procedures necessary for the operation of the
427 program, including, but not limited to, procedures for
428 application, enrollment, ~~risk assessment, risk adjustment,~~ plan
429 administration, performance monitoring, and consumer education.
430 3. Arrange for collection of contributions from
431 participating employers and individuals.
432 4. Arrange for payment of premiums and other appropriate
433 disbursements based on the selections of products and services
434 by the individual participants.
435 5. Establish criteria for disenrollment of participating
436 individuals based on failure to pay the individual's share of
437 any contribution required to maintain enrollment in selected
438 products.
439 6. Establish criteria for exclusion of vendors pursuant to
440 paragraph (4)(d).
441 7. Develop and implement a plan for promoting public
442 awareness of and participation in the program.
443 8. Secure staff and consultant services necessary to the
444 operation of the program.
445 9. Establish policies and procedures regarding
446 participation in the program for individuals, vendors, health
447 insurance agents, and employers.
448 10. Provide for the operation of a toll-free hotline to
449 respond to requests for assistance.
450 11. Provide for initial, open, and special enrollment

451 periods.
452 12. Evaluate options for employer participation which may
453 conform with common insurance practices.
454 (11) ~~(12)~~ REPORT.—Beginning in the 2026-2027 ~~2009-2010~~
455 fiscal year, submit by February 1 an annual report to the
456 Governor, the President of the Senate, and the Speaker of the
457 House of Representatives documenting the corporation's
458 activities in compliance with the duties delineated in this
459 section.
460 (12) ~~(13)~~ PROGRAM INTEGRITY.—To ensure program integrity
461 and to safeguard the financial transactions made under the
462 auspices of the program, the corporation is authorized to
463 establish qualifying criteria and certification procedures for
464 vendors, require performance bonds or other guarantees of
465 ability to complete contractual obligations, monitor the
466 performance of vendors, and enforce the agreements of the
467 program through financial penalty or disqualification from the
468 program.
469 (13) ~~(14)~~ EXEMPTION FROM PUBLIC RECORDS REQUIREMENTS.—
470 (a) Definitions.—For purposes of this subsection, the
471 term:
472 1. "Buyer's representative" means a participating
473 insurance agent as described in paragraph (4)(g).
474 2. "Enrollee" means an employer who is eligible to enroll
475 in the program pursuant to paragraph (4)(a).

476 3. "Participant" means an individual who is eligible to
477 participate in the program pursuant to paragraph (4)(b).
478 4. "Proprietary confidential business information" means
479 information, regardless of form or characteristics, that is
480 owned or controlled by a vendor requesting confidentiality under
481 this section; that is intended to be and is treated by the
482 vendor as private in that the disclosure of the information
483 would cause harm to the business operations of the vendor; that
484 has not been disclosed unless disclosed pursuant to a statutory
485 provision, an order of a court or administrative body, or a
486 private agreement providing that the information may be released
487 to the public; and that is information concerning:
488 a. Business plans.
489 b. Internal auditing controls and reports of internal
490 auditors.
491 c. Reports of external auditors for privately held
492 companies.
493 d. Client and customer lists.
494 e. Potentially patentable material.
495 f. A trade secret as defined in s. 688.002.
496 5. "Vendor" means a participating insurer or health
497 maintenance organization ~~or other provider of services as~~
498 ~~described in paragraph (4)(d)~~.
499 (b) Public record exemptions.—
500 1. Personal identifying information of an enrollee or

501 participant who has applied for or participates in the Florida
502 Employee Health Choices Program is confidential and exempt from
503 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
504 2. Client and customer lists of a buyer's representative
505 held by the corporation are confidential and exempt from s.
506 119.07(1) and s. 24(a), Art. I of the State Constitution.
507 3. Proprietary confidential business information held by
508 the corporation is confidential and exempt from s. 119.07(1) and
509 s. 24(a), Art. I of the State Constitution.
510 (c) Retroactive application.—The public record exemptions
511 provided for in paragraph (b) apply to information held by the
512 corporation before, on, or after the effective date of this
513 exemption.
514 (d) Authorized release.—
515 1. Upon request, information made confidential and exempt
516 pursuant to this subsection shall be disclosed to:
517 a. Another governmental entity in the performance of its
518 official duties and responsibilities.
519 b. Any person who has the written consent of the program
520 applicant.
521 c. The Florida Kidcare program for the purpose of
522 administering the program authorized in ss. 409.810-409.821.
523 2. Paragraph (b) does not prohibit a participant's legal
524 guardian from obtaining confirmation of coverage, dates of
525 coverage, the name of the participant's health plan, and the

526 amount of premium being paid.
527 (e) Penalty.—A person who knowingly and willfully violates
528 this subsection commits a misdemeanor of the second degree,
529 punishable as provided in s. 775.082 or s. 775.083.
530 **Section 2. Paragraph (a) of subsection (2) of section**
531 **409.821, Florida Statutes, is amended to read:**
532 409.821 Florida Kidcare program public records exemption.—
533 (2)(a) Upon request, such information shall be disclosed
534 to:
535 1. Another governmental entity in the performance of its
536 official duties and responsibilities;
537 2. The Department of Revenue for purposes of administering
538 the state Title IV-D program;
539 3. The Florida Employee Health Choices, Inc., for the
540 purpose of administering the program authorized pursuant to s.
541 408.910; or
542 4. Any person who has the written consent of the program
543 applicant.
544 **Section 3. Subsection (3) of section 409.9122, Florida**
545 **Statutes, is amended to read:**
546 409.9122 Medicaid managed care enrollment; HIV/AIDS
547 patients; procedures; data collection; accounting; information
548 system; medical loss ratio.—
549 (3) The agency shall develop a process to enable any
550 recipient with access to employer-sponsored health care coverage

551 to opt out of all eligible plans in the Medicaid program and to
552 use Medicaid financial assistance to pay for the recipient's
553 share of cost in any such employer-sponsored coverage.
554 Contingent on federal approval, the agency shall also enable
555 recipients with access to other insurance or related products
556 that provide access to health care services created pursuant to
557 state law, including any plan or product available pursuant to
558 the Florida <u>Employee</u> Health Choices Program or any health
559 exchange, to opt out. The amount of financial assistance
560 provided for each recipient may not exceed the amount of the
561 Medicaid premium that would have been paid to a plan for that
562 recipient.
563 **Section 4. Subsection (4) of section 409.977, Florida**
564 **Statutes, is amended to read:**
565 409.977 Enrollment.—
566 (4) The agency shall develop a process to enable a
567 recipient with access to employer-sponsored health care coverage
568 to opt out of all managed care plans and to use Medicaid
569 financial assistance to pay for the recipient's share of the
570 cost in such employer-sponsored coverage. The agency shall also
571 enable recipients with access to other insurance or related
572 products providing access to health care services created
573 pursuant to state law, including any product available under the
574 Florida <u>Employee</u> Health Choices Program, or any health exchange,
575 to opt out. The amount of financial assistance provided for each

576 recipient may not exceed the amount of the Medicaid premium that
577 would have been paid to a managed care plan for that recipient.
578 The agency shall require Medicaid recipients with access to
579 employer-sponsored health care coverage to enroll in that
580 coverage and use Medicaid financial assistance to pay for the
581 recipient's share of the cost for such coverage. The amount of
582 financial assistance provided for each recipient may not exceed
583 the amount of the Medicaid premium that would have been paid to
584 a managed care plan for that recipient.
585 **Section 5.** This act shall take effect July 1, 2025.