

Committee Substitute for
Committee Substitute for Senate Bill No. 918

An act relating to the Florida Kidcare program; amending s. 409.810, F.S.; correcting a cross-reference; amending s. 409.811, F.S.; conforming cross-references; amending s. 409.812, F.S.; clarifying the application of the Florida Kidcare program to include all eligible uninsured, low-income children; amending s. 409.813, F.S.; specifying funding sources for health benefits coverage for certain children; specifying program components to be marketed as the Florida Kidcare program; conforming cross-references; amending s. 409.8132, F.S.; revising provisions relating to penalties for nonpayment of premiums and waiting periods for reinstatement of coverage; amending s. 409.8134, F.S.; revising provisions relating to enrollment in the Florida Kidcare program; amending s. 409.814, F.S.; removing a restriction on participation in the Florida Healthy Kids program; authorizing certain enrollees to opt out of the Children's Medical Services network; revising coverage limitations; revising restrictions on enrollment of children whose coverage was voluntarily canceled; providing exceptions; deleting provisions that place a limit on enrollment in Medikids and the Florida Healthy Kids full-pay program; requiring notice to health plans and providers when a child is no longer eligible for certain coverage; requiring electronic verification of applicants' income; providing circumstances under which written documentation is required; revising the timeframe for an enrollee to resolve disputes regarding the withholding of benefits; amending s. 409.815, F.S.; authorizing the Agency for Health Care Administration to increase premium assistance payments for benefits provided through Florida Kidcare Plus instead of the Children's Medical Services; conforming cross-references; amending ss. 409.816 and 409.817, F.S.; conforming cross-references; amending s. 409.8177, F.S.; revising information to be included in the annual program evaluation to the Governor and Legislature; amending s. 409.818, F.S.; clarifying that the Department of Health is the chair of Florida Kidcare coordinating council; conforming cross-references; amending s. 624.91, F.S.; revising the duties of the Florida Healthy Kids Corporation; revising the date in which the corporation must provide a study to the Legislature and the Governor; correcting a cross-reference; expanding the membership of the board of directors of the Florida Healthy Kids Corporation; providing an effective date.

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

Section 1. Section 409.810, Florida Statutes, is amended to read:

409.810 Short title.—Sections 409.810-409.821 ~~409.810-409.820~~ may be cited as the "Florida Kidcare Act."

Section 2. Subsections (3), (10), and (13) of section 409.811, Florida Statutes, are amended to read

409.811 Definitions relating to Florida Kidcare Act.—As used in ss. 409.810-409.821 ~~ss. 409.810-409.820~~, the term:

(3) “Applicant” means a parent or guardian of a child or a child whose disability of nonage has been removed under chapter 743, who applies for determination of eligibility for health benefits coverage under ss. 409.810-409.821 ~~ss. 409.810-409.820~~.

(10) “Enrollee” means a child who has been determined eligible for and is receiving coverage under ss. 409.810-409.821 ~~ss. 409.810-409.820~~.

~~(14)~~(13) “Florida Kidcare program,” “Kidcare program,” or “program” means the health benefits program administered through ss. 409.810-409.821 ~~ss. 409.810-409.820~~.

Section 3. Section 409.812, Florida Statutes, is amended to read:

409.812 Program created; purpose.—The Florida Kidcare program is created to provide a defined set of health benefits to ~~previously~~ uninsured, low-income children through the establishment of a variety of affordable health benefits coverage options from which families may select coverage and through which families may contribute financially to the health care of their children.

Section 4. Section 409.813, Florida Statutes, is amended to read:

409.813 Health benefits coverage; program components; entitlement and nonentitlement.—

(1) The Florida Kidcare program includes health benefits coverage provided to children through the following program components, which shall be marketed as the Florida Kidcare program:

~~(a)~~(1) Medicaid;

~~(b)~~(2) Medikids as created in s. 409.8132;

~~(c)~~(3) The Florida Healthy Kids Corporation as created in s. 624.91;

~~(d)~~(4) Employer-sponsored group health insurance plans approved under ss. 409.810-409.821 ~~ss. 409.810-409.820~~; and

~~(e)~~(5) The Children’s Medical Services network established in chapter 391.

(2) Except for Title XIX-funded Florida Kidcare program coverage under the Medicaid program, coverage under the Florida Kidcare program is not an entitlement. No cause of action shall arise against the state, the department, the Department of Children and Family Services, or the agency for failure to make health services available to any person under ss. 409.810-409.821 ~~ss. 409.810-409.820~~.

Section 5. Paragraph (b) of subsection (6) and subsection (8) of section 409.8132, Florida Statutes, are amended to read:

409.8132 Medikids program component.—

(6) ELIGIBILITY.—

(b) The provisions of s. 409.814(3), (4), ~~and (5)~~, and (6) shall be applicable to the Medikids program.

(8) PENALTIES FOR VOLUNTARY CANCELLATION.—The agency shall establish enrollment criteria that ~~must~~ include penalties or waiting periods of 30 not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of premiums.

Section 6. Subsection (2) of section 409.8134, Florida Statutes, is amended to read:

409.8134 Program expenditure ceiling; enrollment.—

(2) The Florida Kidcare program may conduct enrollment continuously at any time throughout the year for the purpose of enrolling children eligible for all program components listed in s. 409.813 except Medicaid. The four Florida Kidcare administrators shall work together to ensure that the year-round enrollment period is announced statewide. Eligible Children eligible for coverage under Title XXI-funded Florida Kidcare program shall be enrolled on a first-come, first-served basis using the date the enrollment application is received. Enrollment shall immediately cease when the expenditure ceiling is reached. Year-round enrollment shall only be held if the Social Services Estimating Conference determines that sufficient federal and state funds will be available to finance the increased enrollment ~~through federal fiscal year 2007. Any individual who is not enrolled must reapply by submitting a new application.~~ The application for the Florida Kidcare program is shall be valid for a period of 120 days after the date it was received. At the end of the 120-day period, if the applicant has not been enrolled in the program, the application ~~is~~ shall be invalid and the applicant shall be notified of the action. The applicant may reactivate ~~resubmit~~ the application after notification of the action taken by the program. Except for the Medicaid program, whenever the Social Services Estimating Conference determines that there are presently, or will be by the end of the current fiscal year, insufficient funds to finance the current or projected enrollment in the Florida Kidcare program, all additional enrollment must cease and additional enrollment may not resume until sufficient funds are available to finance such enrollment.

Section 7. Section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.—A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. For enrollment in the Children's Medical Services Network, a complete application includes the medical or behavioral health screening. If, subsequently, an individual is determined to be ineligible for coverage, he or she must

immediately be disenrolled from the respective Florida Kidcare program component.

(1) A child who is eligible for Medicaid coverage under s. 409.903 or s. 409.904 must be enrolled in Medicaid and is not eligible to receive health benefits under any other health benefits coverage authorized under the Florida Kidcare program.

(2) A child who is not eligible for Medicaid, but who is eligible for the Florida Kidcare program, may obtain health benefits coverage under any of the other components listed in s. 409.813 if such coverage is approved and available in the county in which the child resides. ~~However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.~~

(3) A Title XXI-funded child who is eligible for the Florida Kidcare program who is a child with special health care needs, as determined through a medical or behavioral screening instrument, is eligible for health benefits coverage from and shall be assigned to and may opt out of ~~referred to~~ the Children's Medical Services Network.

(4) The following children are not eligible to receive Title XXI-funded premium assistance for health benefits coverage under the Florida Kidcare program, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

(a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state.

(b) A child who is ~~currently eligible for or covered under a family member's group health benefit plan or under other private or employer health insurance coverage, if excluding coverage provided under the Florida Healthy Kids Corporation as established under s. 624.91, provided that the cost of the child's participation is not greater than 5 percent of the family's income. If a child is otherwise eligible for a subsidy under the Florida Kidcare program and the cost of the child's participation in the family member's health insurance benefit plan is greater than 5 percent of the family's income, the child may enroll in the appropriate subsidized Kidcare program. This provision shall be applied during redetermination for children who were enrolled prior to July 1, 2004. These enrollees shall have 6 months of eligibility following redetermination to allow for a transition to the other health benefit plan.~~

(c) A child who is seeking premium assistance for the Florida Kidcare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the ~~60 days~~ 6 months prior to the family's submitting an application for determination of eligibility under the program.

(d) A child who is an alien, but who does not meet the definition of qualified alien, in the United States.

(e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.

(f) A child who is otherwise eligible for premium assistance for the Florida Kidcare program and has had his or her coverage in an employer-sponsored or private health benefit plan voluntarily canceled in the last 60 days ~~6 months~~, except those children whose coverage was voluntarily canceled for good cause, including, but not limited to, the following circumstances:

1. The cost of participation in an employer-sponsored health benefit plan is greater than 5 percent of the family's income;

2. The parent lost a job that provided an employer-sponsored health benefit plan for children;

3. The parent who had health benefits coverage for the child is deceased;

4. The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death;

5. The employer of the parent canceled health benefits coverage for children;

6. The child's health benefits coverage ended because the child reached the maximum lifetime coverage amount;

7. The child has exhausted coverage under a COBRA continuation provision;

8. The health benefits coverage does not cover the child's health care needs; or

9. Domestic violence led to loss of coverage who were on the waiting list prior to March 12, 2004.

(5)(g) A child who is otherwise eligible for the Florida Kidcare program and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (4)(b) which would have disqualified the child for the Florida Kidcare program if the child were able to enroll in the plan shall be eligible for Florida Kidcare coverage when enrollment is possible.

(6)(5) A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the Florida Kidcare program ~~Medikids program~~ as provided in s. 409.8132 or, if the child is ineligible for Medikids by reason of age, in the Florida Healthy Kids program, subject to the following provisions:

(a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.

(b) The board of directors of the Florida Healthy Kids Corporation may offer a reduced benefit package to these children in order to limit program costs for such families.

~~(7)~~(6) Once a child is enrolled in the Florida Kidcare program, the child is eligible for coverage under the program for 12 months without a redetermination or reverification of eligibility, if the family continues to pay the applicable premium. Eligibility for program components funded through Title XXI of the Social Security Act shall terminate when a child attains the age of 19. ~~Effective January 1, 1999,~~ A child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility.

~~(8)~~(7) When determining or reviewing a child's eligibility under the Florida Kidcare program, the applicant shall be provided with reasonable notice of changes in eligibility which may affect enrollment in one or more of the program components. When a transition from one program component to another is authorized, there shall be cooperation between the program components and the affected family which promotes continuity of health care coverage. Any authorized transfers must be managed within the program's overall appropriated or authorized levels of funding. Each component of the program shall establish a reserve to ensure that transfers between components will be accomplished within current year appropriations. These reserves shall be reviewed by each convening of the Social Services Estimating Conference to determine the adequacy of such reserves to meet actual experience.

~~(9)~~(8) In determining the eligibility of a child, an assets test is not required. Each applicant shall provide ~~written~~ documentation during the application process and the redetermination process, including, but not limited to, the following:

(a) Each applicant's proof of family income shall be verified electronically to determine financial eligibility for the Florida Kidcare program. Written documentation, which may must include wages and earnings statements or pay stubs, W-2 forms, or a copy of the applicant's most recent federal income tax return, shall be required only if the electronic verification is not available or does not substantiate the applicant's income. In the absence of a federal income tax return, an applicant may submit wages and earnings statements (pay stubs), W-2 forms, or other appropriate documents.

(b) Each applicant shall provide a statement from all applicable, employed family members that:

1. Their employers do ~~employer does~~ not sponsor a health benefit plans ~~plan~~ for employees; ~~or~~

2. The potential enrollee is not covered by an ~~the~~ employer-sponsored health benefit plan; ~~or because the potential enrollee is not eligible for coverage, or, if the potential enrollee is eligible but not covered,~~ a statement of the cost to enroll the potential enrollee in the employer-sponsored health benefit plan.

3. The potential enrollee is covered by an employer-sponsored health benefit plan and the cost of the employer-sponsored health benefit plan is more than 5 percent of the family's income.

~~(10)~~⁽⁹⁾ Subject to paragraph (4)(b) ~~and s. 624.91(4)~~, the Florida Kidcare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 working days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

~~(11)~~⁽¹⁰⁾ The following individuals may be subject to prosecution in accordance with s. 414.39:

(a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program when the applicant knows or should have known the potential enrollee does not qualify for the Florida Kidcare program.

(b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program when the individual knows or should have known the potential enrollee does not qualify for the Florida Kidcare program.

Section 8. Paragraphs (u) and (v) of subsection (2) of section 409.815, Florida Statutes, are amended to read:

409.815 Health benefits coverage; limitations.—

(2) BENCHMARK BENEFITS.—In order for health benefits coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.821 ~~ss. 409.810-409.820~~, the health benefits coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically necessary.

(u) Enhancements to minimum requirements.—

1. This section sets the minimum benefits that must be included in any health benefits coverage, other than Medicaid or Medikids coverage, offered under ss. 409.810-409.821 ~~ss. 409.810-409.820~~. Health benefits coverage may include additional benefits not included under this subsection, but may not include benefits excluded under paragraph (s).

2. Health benefits coverage may extend any limitations beyond the minimum benefits described in this section.

Except for the Children's Medical Services Network, the agency may not increase the premium assistance payment for either additional benefits

provided beyond the minimum benefits described in this section or the imposition of less restrictive service limitations.

(v) Applicability of other state laws.—Health insurers, health maintenance organizations, and their agents are subject to the provisions of the Florida Insurance Code, except for any such provisions waived in this section.

1. Except as expressly provided in this section, a law requiring coverage for a specific health care service or benefit, or a law requiring reimbursement, utilization, or consideration of a specific category of licensed health care practitioner, does not apply to a health insurance plan policy or contract offered or delivered under ss. 409.810-409.821 ~~ss. 409.810-409.820~~ unless that law is made expressly applicable to such policies or contracts.

2. Notwithstanding chapter 641, a health maintenance organization may issue contracts providing benefits equal to, exceeding, or actuarially equivalent to the benchmark benefit plan authorized by this section and may pay providers located in a rural county negotiated fees or Medicaid reimbursement rates for services provided to enrollees who are residents of the rural county.

Section 9. Subsection (3) of section 409.816, Florida Statutes, is amended to read:

409.816 Limitations on premiums and cost-sharing.—The following limitations on premiums and cost-sharing are established for the program.

(3) Enrollees in families with a family income above 150 percent of the federal poverty level, who are not receiving coverage under the Medicaid program or who are not eligible under s. 409.814(7) ~~s. 409.814(5)~~, may be required to pay enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges on a sliding scale related to income, except that the total annual aggregate cost-sharing with respect to all children in a family may not exceed 5 percent of the family's income. However, copayments, deductibles, coinsurance, or similar charges may not be imposed for preventive services, including well-baby and well-child care, age-appropriate immunizations, and routine hearing and vision screenings.

Section 10. Section 409.817, Florida Statutes, is amended to read:

409.817 Approval of health benefits coverage; financial assistance.—In order for health insurance coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.821 ~~ss. 409.810-409.820~~, the health benefits coverage must:

(1) Be certified by the Office of Insurance Regulation of the Financial Services Commission under s. 409.818 as meeting, exceeding, or being actuarially equivalent to the benchmark benefit plan;

(2) Be guarantee issued;

(3) Be community rated;

(4) Not impose any preexisting condition exclusion for covered benefits; however, group health insurance plans may permit the imposition of a preexisting condition exclusion, but only insofar as it is permitted under s. 627.6561;

(5) Comply with the applicable limitations on premiums and cost-sharing in s. 409.816;

(6) Comply with the quality assurance and access standards developed under s. 409.820; and

(7) Establish periodic open enrollment periods, which may not occur more frequently than quarterly.

Section 11. Paragraph (i) of subsection (1) of section 409.8177, Florida Statutes, is amended to read:

409.8177 Program evaluation.—

(1) The agency, in consultation with the Department of Health, the Department of Children and Family Services, and the Florida Healthy Kids Corporation, shall contract for an evaluation of the Florida Kidcare program and shall by January 1 of each year submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report of the program. In addition to the items specified under s. 2108 of Title XXI of the Social Security Act, the report shall include an assessment of crowd-out and access to health care, as well as the following:

(i) An assessment of the effectiveness of the Florida Kidcare program, including Medicaid, the Florida Healthy Kids program, Medikids, and the Children's Medical Services network, and other public and private programs in the state in increasing the availability of affordable quality health insurance and health care for children.

Section 12. Paragraph (c) of subsection (1), paragraph (b) of subsection (2), and paragraph (a) subsection (3), of section 409.818, Florida Statutes, are amended to read:

409.818 Administration.—In order to implement ~~ss. 409.810-409.821~~ ss. 409.810-409.820, the following agencies shall have the following duties:

(1) The Department of Children and Family Services shall:

(c) Inform program applicants about eligibility determinations and provide information about eligibility of applicants to ~~Medicaid, Medikids, the Children's Medical Services Network, and the Florida Kidcare program Healthy Kids Corporation~~, and to insurers and their agents, through a centralized coordinating office.

(2) The Department of Health shall:

(b) Chair a state-level Florida Kidcare coordinating council to review and make recommendations concerning the implementation and operation of the program. The coordinating council shall include representatives from the

department, the Department of Children and Family Services, the agency, the Florida Healthy Kids Corporation, the Office of Insurance Regulation of the Financial Services Commission, local government, health insurers, health maintenance organizations, health care providers, families participating in the program, and organizations representing low-income families.

(3) The Agency for Health Care Administration, under the authority granted in s. 409.914(1), shall:

(a) Calculate the premium assistance payment necessary to comply with the premium and cost-sharing limitations specified in s. 409.816. The premium assistance payment for each enrollee in a health insurance plan participating in the Florida Healthy Kids Corporation shall equal the premium approved by the Florida Healthy Kids Corporation and the Office of Insurance Regulation of the Financial Services Commission pursuant to ss. 627.410 and 641.31, less any enrollee's share of the premium established within the limitations specified in s. 409.816. The premium assistance payment for each enrollee in an employer-sponsored health insurance plan approved under ss. 409.810-409.821 ~~ss.409.810-409.820~~ shall equal the premium for the plan adjusted for any benchmark benefit plan actuarial equivalent benefit rider approved by the Office of Insurance Regulation pursuant to ss. 627.410 and 641.31, less any enrollee's share of the premium established within the limitations specified in s. 409.816. In calculating the premium assistance payment levels for children with family coverage, the agency shall set the premium assistance payment levels for each child proportionately to the total cost of family coverage.

The agency is designated the lead state agency for Title XXI of the Social Security Act for purposes of receipt of federal funds, for reporting purposes, and for ensuring compliance with federal and state regulations and rules.

Section 13. Subsection (6) and paragraph (a) of subsection (5), of section 624.91, Florida Statutes, are amended to read:

624.91 The Florida Healthy Kids Corporation Act.—

(5) CORPORATION AUTHORIZATION, DUTIES, POWERS.—

(a) There is created the Florida Healthy Kids Corporation, a not-for-profit corporation.

(b) The Florida Healthy Kids Corporation shall:

1. Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses.

2. Arrange for the collection of any voluntary contributions to provide for payment of Florida Kidcare program premiums for children who are not eligible for medical assistance under Title XIX or Title XXI of the Social Security Act.

3. Subject to the provisions of s. 409.8134, accept voluntary supplemental local match contributions that comply with the requirements of Title XXI of the Social Security Act for the purpose of providing additional Florida Kid-care coverage in contributing counties under Title XXI.

4. Establish the administrative and accounting procedures for the operation of the corporation.

5. Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children, provided that such standards for rural areas shall not limit primary care providers to board-certified pediatricians.

6. Determine eligibility for children seeking to participate in the Title XXI-funded components of the Florida Kidcare program consistent with the requirements specified in s. 409.814, as well as the non-Title-XXI-eligible children as provided in subsection (3).

7. Establish procedures under which providers of local match to, applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation.

8. Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or third-party administrator to provide administrative services to the corporation.

9. Establish enrollment criteria ~~that which shall~~ include penalties or waiting periods of ~~30 not fewer than 60~~ days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums.

10. Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The Florida Healthy Kids Corporation shall purchase goods and services in the most cost-effective manner consistent with the delivery of quality medical care. The maximum administrative cost for a Florida Healthy Kids Corporation contract shall be 15 percent. For health care contracts, the minimum medical loss ratio for a Florida Healthy Kids Corporation contract shall be 85 percent. For dental contracts, the remaining compensation to be paid to the authorized insurer or provider under a Florida Healthy Kids Corporation contract shall be no less than an amount which is 85 percent of premium; to the extent any contract provision does not provide for this minimum compensation, this section shall prevail. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded.

11. Establish disenrollment criteria in the event local matching funds are insufficient to cover enrollments.

12. Develop and implement a plan to publicize the Florida Kidcare program ~~Healthy Kids Corporation~~, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program.

13. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation.

14. In consultation with the partner agencies, provide a report on the Florida Kidcare program annually to the Governor, Chief Financial Officer, Commissioner of Education, Senate President of the Senate, the Speaker of the House of Representatives, and Minority Leaders of the Senate and the House of Representatives.

15. Provide information on a quarterly basis to the Legislature and the Governor which compares the costs and utilization of the full-pay enrolled population and the Title XXI-subsidized enrolled population in the Florida Kidcare program. The information, at a minimum, must include:

a. The monthly enrollment and expenditure for full-pay enrollees in the Medikids and Florida Healthy Kids programs compared to the Title XXI-subsidized enrolled population; and

b. The costs and utilization by service of the full-pay enrollees in the Medikids and Florida Healthy Kids programs and the Title XXI-subsidized enrolled population.

By February 1, 2010 ~~2009~~, the Florida Healthy Kids Corporation shall provide a study to the Legislature and the Governor on premium impacts to the subsidized portion of the program from the inclusion of the full-pay program, which shall include recommendations on how to eliminate or mitigate possible impacts to the subsidized premiums.

16. Establish benefit packages ~~that which~~ conform to the provisions of the Florida Kidcare program, as created in ss.409.810-409.821 ~~ss. 409.810-409.820~~.

(c) Coverage under the corporation's program is secondary to any other available private coverage held by, or applicable to, the participant child or family member. Insurers under contract with the corporation are the payors of last resort and must coordinate benefits with any other third-party payor that may be liable for the participant's medical care.

(d) The Florida Healthy Kids Corporation shall be a private corporation not for profit, organized pursuant to chapter 617, and shall have all powers necessary to carry out the purposes of this act, including, but not limited to, the power to receive and accept grants, loans, or advances of funds from any public or private agency and to receive and accept from any source contributions of money, property, labor, or any other thing of value, to be held, used, and applied for the purposes of this act.

(6) BOARD OF DIRECTORS.—

(a) The Florida Healthy Kids Corporation shall operate subject to the supervision and approval of a board of directors chaired by the Chief Financial Officer or her or his designee, and composed of 11 ~~10~~ other members selected for 3-year terms of office as follows:

1. The Secretary of Health Care Administration, or his or her designee;
2. One member appointed by the Commissioner of Education from the Office of School Health Programs of the Florida Department of Education;
3. One member appointed by the Chief Financial Officer from among three members nominated by the Florida Pediatric Society;
4. One member, appointed by the Governor, who represents the Children's Medical Services Program;
5. One member appointed by the Chief Financial Officer from among three members nominated by the Florida Hospital Association;
6. One member, appointed by the Governor, who is an expert on child health policy;
7. One member, appointed by the Chief Financial Officer, from among three members nominated by the Florida Academy of Family Physicians;
8. One member, appointed by the Governor, who represents the state Medicaid program;
9. One member, appointed by the Chief Financial Officer, from among three members nominated by the Florida Association of Counties; ~~and~~
10. The State Health Officer or her or his designee; ~~and~~.
11. The Secretary of Children and Family Services, or his or her designee.

Section 14. This act shall take effect July 1, 2009.

Approved by the Governor June 2, 2009.

Filed in Office Secretary of State June 2, 2009.