

CHAPTER 2013-110

Committee Substitute for Senate Bill No. 1844

An act relating to the Florida Health Choices Program; amending s. 408.910, F.S.; revising eligibility requirements for the Florida Health Choices Program; revising the enrollment period for the initial selection of products and services for individual participants in the program; providing that the Florida Insurance Code is not applicable in certain circumstances; providing an appropriation; providing an effective date.

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

Section 1. Paragraphs (a), (b), (e), and (f) of subsection (4) and paragraph (b) of subsection (7) of section 408.910, Florida Statutes, are amended, and paragraph (c) is added to subsection (10) of that section, to read:

408.910 Florida Health Choices Program.—

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

(a) Employers eligible to enroll in the program include those employers:

1.—Employers that meet criteria established by the corporation and elect to make their employees eligible through the program.

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

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

4.—School districts in fiscally constrained counties.

5.—Statutory rural hospitals.

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

1. Individual employees of enrolled employers.

2. Other individuals that meet criteria established by the corporation State employees not eligible for state employee health benefits.

3.—State retirees.

4.—Medicaid participants who opt out.

(e) Eligible individuals may participate in the program voluntarily continue participation in the program regardless of subsequent changes in job status or Medicaid eligibility. Individuals who join the program may

participate by complying with the procedures established by the corporation. These procedures must include, but are not limited to:

1. Submission of required information.
2. Authorization for payroll deduction.
3. Compliance with federal tax requirements.
4. Arrangements for payment ~~in the event of job changes~~.
5. Selection of products and services.

(f) Vendors who choose to participate in the program may enroll by complying with the procedures established by the corporation. These procedures may include, but are not limited to:

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

2. Execution of an agreement to comply with requirements established by the corporation.

3. Execution of an agreement that prohibits refusal to sell any offered ~~non-risk-bearing product or service~~ to a participant who elects to buy it.

4. Establishment of product prices based on applicable criteria ~~age, gender, and location of the individual participant, which may include medical underwriting~~.

5. Arrangements for receiving payment for enrolled participants.

6. Participation in ongoing reporting processes established by the corporation.

7. Compliance with grievance procedures established by the corporation.

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

(b) Initial selection of products and services must be made by an individual participant within the applicable open enrollment period ~~60 days after the date the individual's employer qualified for participation. An individual who fails to enroll in products and services by the end of this~~

~~period is limited to participation in flexible spending account services until the next annual enrollment period.~~

(10) EXEMPTIONS.—

(c) Any standard forms, website design, or marketing communication developed by the corporation and used by the corporation, or any vendor that meets the requirements of s. 408.910(4)(f) is not subject to the Florida Insurance Code, as established in s. 624.01.

Section 2. For the 2013-2014 fiscal year, the sum of \$900,000 in nonrecurring general revenue is appropriated to the Agency for Health Care Administration to fund the general administration and operations of the Florida Health Choices Program.

Section 3. This act shall take effect July 1, 2013.

Approved by the Governor June 5, 2013.

Filed in Office Secretary of State June 5, 2013.