

By Senator Rouson

19-00883-19

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1                   A bill to be entitled  
2           An act relating to alcohol and substance abuse  
3           prevention; creating s. 14.35, F.S.; creating the  
4           Office of Alcohol and Drug Control Policy within the  
5           Executive Office of the Governor; providing for  
6           appointment of the director of the office; specifying  
7           duties of the office; requiring the office to adopt  
8           rules; requiring the office to submit an annual report  
9           to the Governor and the Legislature; amending s.  
10          409.912, F.S.; requiring the Agency for Health Care  
11          Administration, in consultation with the Department of  
12          Children and Families, to seek federal approval of a  
13          waiver to increase federal Medicaid funding for  
14          specified purposes relating to substance use  
15          disorders; providing an effective date.

16  
17 Be It Enacted by the Legislature of the State of Florida:

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19           Section 1. Section 14.35, Florida Statutes, is created to  
20 read:

21           14.35 Office of Alcohol and Drug Control Policy.-

22           (1) The Office of Alcohol and Drug Control Policy is  
23 created within the Executive Office of the Governor. The  
24 director, who shall be appointed by and serve at the pleasure of  
25 the Governor, shall oversee the office.

26           (2) The office is responsible for all matters relating to  
27 the research, coordination, and execution of programs related to  
28 alcohol and drug control.

29           (3) The office shall:

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30 (a) Develop a strategic plan to reduce the prevalence of  
31 alcohol and substance abuse in the state.

32 (b) Monitor data and issues related to state policies  
33 concerning youth alcohol use prevention and state substance  
34 abuse policies, the impact of such policies on state and local  
35 programs, and the flexibility of such policies to adapt to the  
36 needs of local communities and service providers.

37 (c) Collect data related to drug crimes and overdoses to  
38 generate statistical and analytical reports containing  
39 recommendations for this state's criminal justice system.

40 (d) Issue policy recommendations to executive branch  
41 agencies for alcohol and substance abuse prevention and  
42 treatment to ensure the administration operates efficiently.

43 (e) Work with behavioral health managing entities to  
44 identify existing resources and programs in each community which  
45 provide alcohol and substance abuse treatment or prevention  
46 education.

47 (f) Facilitate coordination of alcohol and substance abuse  
48 treatment and prevention education among the courts, local and  
49 state agencies, organizations, service providers, and related  
50 public or private programs concerning alcohol and substance  
51 abuse.

52 (g) Assist behavioral health managing entities in  
53 coordinating activities to ensure the availability of training,  
54 technical assistance, and consultation to local service  
55 providers for programs funded by this state which provide  
56 services related to alcohol or substance abuse.

57 (h) Act as a referral source of information using existing  
58 information clearinghouse resources.

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59 (i) Search for grant opportunities to fund the office and  
60 its initiatives.

61 (j) Be knowledgeable about alcohol and substance abuse  
62 prevention and treatment programs and initiatives in this state  
63 and in other states.

64 (k) Review existing research on programs related to  
65 substance abuse prevention and treatment.

66 (l) Coordinate with the Department of Education to link  
67 schools with community-based agencies and county health  
68 departments to implement early intervention programs for the  
69 prevention of alcohol and substance abuse.

70 (m) Coordinate media campaigns to demonstrate the negative  
71 impact of substance use disorders and to prevent the development  
72 of such disorders in children, young people, and adults.

73 (n) Prepare and submit legislative budget requests.

74 (o) Adopt rules necessary to administer this section.

75 (p) Submit a report annually to the Governor, the President  
76 of the Senate, and the Speaker of the House of Representatives  
77 on the effectiveness of state policies and coordinated state  
78 efforts related to substance abuse.

79 Section 2. Subsection (14) is added to section 409.912,  
80 Florida Statutes, to read:

81 409.912 Cost-effective purchasing of health care.—The  
82 agency shall purchase goods and services for Medicaid recipients  
83 in the most cost-effective manner consistent with the delivery  
84 of quality medical care. To ensure that medical services are  
85 effectively utilized, the agency may, in any case, require a  
86 confirmation or second physician's opinion of the correct  
87 diagnosis for purposes of authorizing future services under the

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88 Medicaid program. This section does not restrict access to  
89 emergency services or poststabilization care services as defined  
90 in 42 C.F.R. s. 438.114. Such confirmation or second opinion  
91 shall be rendered in a manner approved by the agency. The agency  
92 shall maximize the use of prepaid per capita and prepaid  
93 aggregate fixed-sum basis services when appropriate and other  
94 alternative service delivery and reimbursement methodologies,  
95 including competitive bidding pursuant to s. 287.057, designed  
96 to facilitate the cost-effective purchase of a case-managed  
97 continuum of care. The agency shall also require providers to  
98 minimize the exposure of recipients to the need for acute  
99 inpatient, custodial, and other institutional care and the  
100 inappropriate or unnecessary use of high-cost services. The  
101 agency shall contract with a vendor to monitor and evaluate the  
102 clinical practice patterns of providers in order to identify  
103 trends that are outside the normal practice patterns of a  
104 provider's professional peers or the national guidelines of a  
105 provider's professional association. The vendor must be able to  
106 provide information and counseling to a provider whose practice  
107 patterns are outside the norms, in consultation with the agency,  
108 to improve patient care and reduce inappropriate utilization.  
109 The agency may mandate prior authorization, drug therapy  
110 management, or disease management participation for certain  
111 populations of Medicaid beneficiaries, certain drug classes, or  
112 particular drugs to prevent fraud, abuse, overuse, and possible  
113 dangerous drug interactions. The Pharmaceutical and Therapeutics  
114 Committee shall make recommendations to the agency on drugs for  
115 which prior authorization is required. The agency shall inform  
116 the Pharmaceutical and Therapeutics Committee of its decisions

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117 regarding drugs subject to prior authorization. The agency is  
118 authorized to limit the entities it contracts with or enrolls as  
119 Medicaid providers by developing a provider network through  
120 provider credentialing. The agency may competitively bid single-  
121 source-provider contracts if procurement of goods or services  
122 results in demonstrated cost savings to the state without  
123 limiting access to care. The agency may limit its network based  
124 on the assessment of beneficiary access to care, provider  
125 availability, provider quality standards, time and distance  
126 standards for access to care, the cultural competence of the  
127 provider network, demographic characteristics of Medicaid  
128 beneficiaries, practice and provider-to-beneficiary standards,  
129 appointment wait times, beneficiary use of services, provider  
130 turnover, provider profiling, provider licensure history,  
131 previous program integrity investigations and findings, peer  
132 review, provider Medicaid policy and billing compliance records,  
133 clinical and medical record audits, and other factors. Providers  
134 are not entitled to enrollment in the Medicaid provider network.  
135 The agency shall determine instances in which allowing Medicaid  
136 beneficiaries to purchase durable medical equipment and other  
137 goods is less expensive to the Medicaid program than long-term  
138 rental of the equipment or goods. The agency may establish rules  
139 to facilitate purchases in lieu of long-term rentals in order to  
140 protect against fraud and abuse in the Medicaid program as  
141 defined in s. 409.913. The agency may seek federal waivers  
142 necessary to administer these policies.

143 (14) The agency, in consultation with the department, shall  
144 seek federal approval for a waiver to increase the availability  
145 of federal Medicaid funding to provide programs that improve the

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146 quality of and access to treatment for individuals with  
147 substance use disorders served by the Medicaid program and to  
148 provide a more comprehensive continuum of care for individuals  
149 with substance use disorders, including detoxification services,  
150 residential services, medication-assisted treatment, targeted  
151 case management, and recovery support, which Medicaid is unable  
152 to cover without a waiver.

153 Section 3. This act shall take effect July 1, 2019.