

By Senator Jones

34-00450A-24

20241404\_\_

1                                   A bill to be entitled  
2       An act relating to the Health Care Freedom Act;  
3       providing a short title; repealing ss. 286.31,  
4       286.311, and 381.00321, F.S., relating to the  
5       prohibited use of state funds for travel to another  
6       state for purpose of abortion services, the prohibited  
7       use of state funds for sex-reassignment prescriptions  
8       or procedures, and the right of medical conscience of  
9       health care providers and health care payors,  
10      respectively; creating s. 381.027, F.S.; providing a  
11      short title; defining terms; requiring a covered  
12      entity to adopt a policy relating to providing notice  
13      of its refused services by a specified date; providing  
14      requirements for such notice; requiring a covered  
15      entity to submit a complete list of refused services  
16      to the Department of Health by a specified date;  
17      requiring a covered entity to notify the department  
18      within a specified period after a change is made to  
19      such list; requiring a covered entity to submit the  
20      list, along with its application, if applying for  
21      certain state grants or contracts; providing a civil  
22      penalty; requiring the department to adopt rules;  
23      requiring the department to publish and maintain on  
24      its website a current list of covered entities and  
25      their refused services; requiring the department to  
26      develop and administer a certain public education and  
27      awareness program; providing construction; providing  
28      for severability; amending s. 381.96, F.S.; revising  
29      the definition of the term "eligible client" and

34-00450A-24

20241404\_\_

30 defining the term "pregnancy support services," rather  
31 than "pregnancy and parenting support services";  
32 revising department duties and contract requirements  
33 to conform to changes made by the act; repealing ss.  
34 4, 6, and 7 of chapter 2023-21, Laws of Florida,  
35 relating to termination of pregnancies, powers of the  
36 Agency for Health Care Administration, and the use of  
37 telehealth to provide services, respectively; amending  
38 s. 390.011, F.S.; deleting the definition of the term  
39 "fatal fetal abnormality"; amending s. 390.0111, F.S.;  
40 revising the timeframe in which a physician may  
41 perform a termination of pregnancy; revising  
42 exceptions; repealing s. 395.3027, F.S., relating to  
43 patient immigration status data collection in  
44 hospitals; amending s. 409.905, F.S.; defining the  
45 terms "gender identity" and "transgender individual";  
46 requiring the agency to provide Medicaid reimbursement  
47 for medically necessary treatment for or related to  
48 gender dysphoria or comparable or equivalent  
49 diagnoses; prohibiting the agency from discriminating  
50 in its reimbursement on the basis of a recipient's  
51 gender identity or that the recipient is a transgender  
52 individual; amending s. 456.001, F.S.; deleting the  
53 definition of the terms "sex" and "sex-reassignment  
54 prescriptions or procedures"; repealing ss. 456.52 and  
55 766.318, F.S., relating to sex-reassignment  
56 prescriptions and procedures and civil liability for  
57 provision of sex-reassignment prescriptions or  
58 procedures to minors, respectively; amending ss.

34-00450A-24

20241404\_\_

59 61.517, 61.534, 409.908, 409.913, 456.074, and  
60 636.0145, F.S.; conforming provisions and cross-  
61 references to changes made by the act; providing an  
62 effective date.

63  
64 Be It Enacted by the Legislature of the State of Florida:

65  
66 Section 1. This act may be cited as the "Health Care  
67 Freedom Act."

68 Section 2. Section 286.31, Florida Statutes, is repealed.

69 Section 3. Section 286.311, Florida Statutes, is repealed.

70 Section 4. Section 381.00321, Florida Statutes, is  
71 repealed.

72 Section 5. Section 381.027, Florida Statutes, is created to  
73 read:

74 381.027 Requirements for covered entities; notice of  
75 refused services; department duties.-

76 (1) SHORT TITLE.-This section may be cited as the "Health  
77 Care Transparency and Accessibility Act."

78 (2) DEFINITIONS.-As used in this section, the term:

79 (a) "Covered entity" means any health care facility that  
80 uses, plans to use, or relies upon a denial of care provision to  
81 refuse to provide a health care service, or referral for a  
82 health care service, for any reason. The term does not include a  
83 health care practitioner.

84 (b) "Denial of care provision" means any federal or state  
85 law that purports or is asserted to allow a health care facility  
86 to opt out of providing a health care service, or referral for a  
87 health care service, including, but not limited to, ss.

34-00450A-24

20241404

88 381.0051(5), 390.0111(8), 483.918, and 765.1105; 42 U.S.C. ss.  
89 18023(b)(4) and 18113; 42 U.S.C. s. 300a-7; 42 U.S.C. s. 238n;  
90 42 U.S.C. s. 2000bb et seq.; s. 507(d) of the Departments of  
91 Labor, Health and Human Services, and Education, and Related  
92 Agencies Appropriations Act of 2019, Division B of Pub. L. No.  
93 115-245; and 45 C.F.R. part 88.

94 (c) "Department" means the Department of Health.

95 (d) "Health care facility" has the same meaning as in s.  
96 381.026(2).

97 (e) "Health care practitioner" has the same meaning as in  
98 s. 456.001.

99 (f) "Health care services" has the same meaning as in s.  
100 624.27(1).

101 (g) "Referral" has the same meaning as in s. 456.053(3).

102 (h) "Refused service" means a health care service that a  
103 covered entity chooses not to provide, or not to provide a  
104 referral for, based on one or more denials of care provisions.  
105 The term includes health care services that the covered entity  
106 selectively provides to some, but not all, patients based on  
107 their identity, objections to a health care service, or other  
108 nonmedical reasons.

109 (3) REQUIREMENTS FOR COVERED ENTITIES; PENALTY.—

110 (a) By October 1, 2024, each covered entity shall adopt a  
111 policy for providing patients with a complete list of its  
112 refused services. A covered entity shall:

113 1. Provide written notice to the patient or the patient's  
114 representative which includes the complete list of its refused  
115 services before any health care service is initiated.

116 a. In the case of an emergency, the covered entity must

34-00450A-24

20241404\_\_

117 promptly provide written notice after the patient is capable of  
118 receiving such notice or when the patient's representative is  
119 available.

120 b. The patient or patient's representative shall  
121 acknowledge receipt of the written notice of refused services.

122 2. Retain all acknowledgements of receipt of the written  
123 notice of refused services for a period of at least 3 years.

124 3. Provide a complete list of its refused services to any  
125 person upon request.

126 (b) By October 1, 2024, a covered entity shall submit to  
127 the department a complete list of its refused services. If any  
128 change is made to the list, the covered entity must notify the  
129 department within 30 days after making the change.

130 (c) If applying for any state grant or contract related to  
131 providing a health care service, a covered entity must submit,  
132 along with its application, a complete list of its refused  
133 services.

134 (d) A covered entity that fails to comply with this  
135 subsection is subject to a fine not exceeding \$5,000 for each  
136 day the covered entity is not in compliance.

137 (4) DEPARTMENT DUTIES.—

138 (a) The department shall adopt rules to implement this  
139 section, which must include a process for receiving and  
140 investigating complaints regarding covered entities that fail to  
141 comply with this section.

142 (b) By January 1, 2025, the department shall publish and  
143 maintain on its website a current list of covered entities and  
144 the refused services for each covered entity.

145 (c) The department shall develop and administer a public

34-00450A-24

20241404\_\_

146 education and awareness program regarding the denial of health  
147 care services, including how the denial of health care services  
148 can negatively impact health care access and quality, how the  
149 denial of health care services may be avoided, and how the  
150 denial of health care services affects vulnerable people and  
151 communities.

152 (5) CONSTRUCTION.—

153 (a) This section does not authorize denials of health care  
154 services or discrimination in the provision of health care  
155 services.

156 (b) This section does not limit any cause of action under  
157 state or federal law, or limit any remedy in law or equity,  
158 against a health care facility or health care practitioner.

159 (c) Compliance with this section does not reduce or limit  
160 any potential liability for covered entities associated with the  
161 refused services or any violations of state or federal law.

162 (d) Section 761.03 does not provide a claim relating to, or  
163 a defense to a claim under, this section, or provide a basis for  
164 challenging the application or enforcement of this section or  
165 the use of funds associated with the application or enforcement  
166 of this section.

167 (6) SEVERABILITY.—If any provision of this section or its  
168 application to any person or circumstance is held invalid, the  
169 invalidity does not affect other provisions or applications of  
170 this section which can be given effect without the invalid  
171 provision or application, and to this end the provisions of this  
172 section are severable.

173 Section 6. Section 381.96, Florida Statutes, is amended to  
174 read:

34-00450A-24

20241404\_\_

175 381.96 Pregnancy support and wellness services.-

176 (1) DEFINITIONS.—As used in this section, the term:

177 (a) "Department" means the Department of Health.

178 (b) "Eligible client" means ~~any of the following:~~

179 ~~1.~~ a pregnant woman or a woman who suspects she is  
180 pregnant, and the family of such woman, who voluntarily seeks  
181 pregnancy support services and any woman who voluntarily seeks  
182 wellness services.

183 ~~2. A woman who has given birth in the previous 12 months  
184 and her family.~~

185 ~~3. A parent or parents or a legal guardian or legal  
186 guardians, and the families of such parents and legal guardians,  
187 for up to 12 months after the birth of a child or the adoption  
188 of a child younger than 3 years of age.~~

189 (c) "Florida Pregnancy Care Network, Inc.," or "network"  
190 means the not-for-profit statewide alliance of pregnancy support  
191 organizations that provide pregnancy support and wellness  
192 services through a comprehensive system of care to women and  
193 their families.

194 (d) "Pregnancy ~~and parenting~~ support services" means  
195 services that promote and encourage childbirth, including, but  
196 not limited to:

197 1. Direct client services, such as pregnancy testing,  
198 counseling, referral, training, and education for pregnant women  
199 and their families. A woman and her family continue to be  
200 eligible to receive direct client services for up to 12 months  
201 after the birth of the child.

202 ~~2. Nonmedical material assistance that improves the  
203 pregnancy or parenting situation of families, including, but not~~

34-00450A-24

20241404\_\_

204 ~~limited to, clothing, car seats, cribs, formula, and diapers.~~

205 ~~3. Counseling or mentoring, education materials, and~~  
206 ~~classes regarding pregnancy, parenting, adoption, life skills,~~  
207 ~~and employment readiness.~~

208 ~~4.~~ Network awareness activities, including a promotional  
209 campaign to educate the public about the pregnancy support  
210 services offered by the network and a website that provides  
211 information on the location of providers in the user's area and  
212 other available community resources.

213 ~~3.5.~~ Communication activities, including the operation and  
214 maintenance of a hotline or call center with a single statewide  
215 toll-free number that is available 24 hours a day for an  
216 eligible client to obtain the location and contact information  
217 for a pregnancy center located in the client's area.

218 (e) "Wellness services" means services or activities  
219 intended to maintain and improve health or prevent illness and  
220 injury, including, but not limited to, high blood pressure  
221 screening, anemia testing, thyroid screening, cholesterol  
222 screening, diabetes screening, and assistance with smoking  
223 cessation.

224 (2) DEPARTMENT DUTIES.—The department shall contract with  
225 the network for the management and delivery of pregnancy ~~and~~  
226 ~~parenting~~ support services and wellness services to eligible  
227 clients.

228 (3) CONTRACT REQUIREMENTS.—The department contract shall  
229 specify the contract deliverables, including financial reports  
230 and other reports due to the department, timeframes for  
231 achieving contractual obligations, and any other requirements  
232 the department determines are necessary, such as staffing and

34-00450A-24

20241404\_\_

233 location requirements. The contract shall require the network  
234 to:

235 (a) Establish, implement, and monitor a comprehensive  
236 system of care through subcontractors to meet the pregnancy ~~and~~  
237 ~~parenting~~ support and wellness needs of eligible clients.

238 (b) Establish and manage subcontracts with a sufficient  
239 number of providers to ensure the availability of pregnancy ~~and~~  
240 ~~parenting~~ support services and wellness services for eligible  
241 clients, and maintain and manage the delivery of such services  
242 throughout the contract period.

243 (c) Spend at least 90 ~~85~~ percent of the contract funds on  
244 pregnancy ~~and parenting~~ support services, ~~excluding services~~  
245 ~~specified in subparagraph (1)(d)4.~~, and wellness services.

246 (d) Offer wellness services through vouchers or other  
247 appropriate arrangements that allow the purchase of services  
248 from qualified health care providers.

249 (e) Require a background screening under s. 943.0542 for  
250 all paid staff and volunteers of a subcontractor if such staff  
251 or volunteers provide direct client services to an eligible  
252 client who is a minor or an elderly person or who has a  
253 disability.

254 (f) Annually monitor its subcontractors and specify the  
255 sanctions that shall be imposed for noncompliance with the terms  
256 of a subcontract.

257 (g) Subcontract only with providers that exclusively  
258 promote and support childbirth.

259 (h) Ensure that informational materials provided to an  
260 eligible client by a provider are current and accurate and cite  
261 the reference source of any medical statement included in such

34-00450A-24

20241404\_\_

262 materials.

263 (i) Ensure that the department is provided with all  
264 information necessary for the report required under subsection  
265 (5).

266 (4) SERVICES.—Services provided pursuant to this section  
267 must be provided in a noncoercive manner and may not include any  
268 religious content.

269 (5) REPORT.—By July 1, 2024, and each year thereafter, the  
270 department shall report to the Governor, the President of the  
271 Senate, and the Speaker of the House of Representatives on the  
272 amount and types of services provided by the network; the  
273 expenditures for such services; and the number of, and  
274 demographic information for, women, ~~parents,~~ and families served  
275 by the network.

276 Section 7. Sections 4, 6, and 7 of chapter 2023-21, Laws of  
277 Florida, are repealed.

278 Section 8. Subsection (6) of section 390.011, Florida  
279 Statutes, is amended to read:

280 390.011 Definitions.—As used in this chapter, the term:

281 ~~(6) "Fatal fetal abnormality" means a terminal condition~~  
282 ~~that, in reasonable medical judgment, regardless of the~~  
283 ~~provision of life-saving medical treatment, is incompatible with~~  
284 ~~life outside the womb and will result in death upon birth or~~  
285 ~~imminently thereafter.~~

286 Section 9. Subsection (1) of section 390.0111, Florida  
287 Statutes, is amended to read:

288 390.0111 Termination of pregnancies.—

289 (1) TERMINATION IN THIRD TRIMESTER AFTER GESTATIONAL AGE OF  
290 15 WEEKS; WHEN ALLOWED.—A physician may not perform a

34-00450A-24

20241404\_\_

291 termination of pregnancy on any human being in the third  
292 trimester of pregnancy ~~if the physician determines the~~  
293 ~~gestational age of the fetus is more than 15 weeks~~ unless one of  
294 the following conditions is met:

295 (a) Two physicians certify in writing that, in reasonable  
296 medical judgment, the termination of the pregnancy is necessary  
297 to save the pregnant woman's life or avert a serious risk of  
298 substantial and irreversible physical impairment of a major  
299 bodily function of the pregnant woman other than a psychological  
300 condition.

301 (b) The physician certifies in writing that, in reasonable  
302 medical judgment, there is a medical necessity for legitimate  
303 emergency medical procedures for termination of the pregnancy to  
304 save the pregnant woman's life or avert a serious risk of  
305 imminent substantial and irreversible physical impairment of a  
306 major bodily function of the pregnant woman other than a  
307 psychological condition, and another physician is not available  
308 for consultation.

309 ~~(c) The fetus has not achieved viability under s. 390.01112~~  
310 ~~and two physicians certify in writing that, in reasonable~~  
311 ~~medical judgment, the fetus has a fatal fetal abnormality.~~

312 Section 10. Section 395.3027, Florida Statutes, is  
313 repealed.

314 Section 11. Present subsections (4) through (12) of section  
315 409.905, Florida Statutes, are redesignated as subsections (5)  
316 through (13), respectively, and a new subsection (4) is added to  
317 that section, to read:

318 409.905 Mandatory Medicaid services.—The agency may make  
319 payments for the following services, which are required of the

34-00450A-24

20241404\_\_

320 state by Title XIX of the Social Security Act, furnished by  
321 Medicaid providers to recipients who are determined to be  
322 eligible on the dates on which the services were provided. Any  
323 service under this section shall be provided only when medically  
324 necessary and in accordance with state and federal law.  
325 Mandatory services rendered by providers in mobile units to  
326 Medicaid recipients may be restricted by the agency. Nothing in  
327 this section shall be construed to prevent or limit the agency  
328 from adjusting fees, reimbursement rates, lengths of stay,  
329 number of visits, number of services, or any other adjustments  
330 necessary to comply with the availability of moneys and any  
331 limitations or directions provided for in the General  
332 Appropriations Act or chapter 216.

333 (4) GENDER-AFFIRMING CARE.-

334 (a) Definitions.-As used in this section, the term:

335 1. "Gender identity" means an individual's internal sense  
336 of that individual's gender, regardless of the sex assigned to  
337 that individual at birth.

338 2. "Transgender individual" means an individual who  
339 identifies as a gender different from the sex assigned to that  
340 individual at birth.

341 (b) Reimbursement.-The agency shall provide reimbursement  
342 for medically necessary treatment for or related to gender  
343 dysphoria as defined by the Diagnostic and Statistical Manual of  
344 Mental Disorders, Fifth Edition, published by the American  
345 Psychiatric Association or a comparable or equivalent diagnosis.

346 (c) Discrimination prohibited.-The agency may not  
347 discriminate in its reimbursement of medically necessary  
348 treatment on the basis of the recipient's gender identity or on

34-00450A-24

20241404\_\_

349 the basis that the recipient is a transgender individual.

350 Section 12. Subsections (8) and (9) of section 456.001,  
351 Florida Statutes, are amended to read:

352 456.001 Definitions.—As used in this chapter, the term:

353 ~~(8) "Sex" means the classification of a person as either~~  
354 ~~male or female based on the organization of the human body of~~  
355 ~~such person for a specific reproductive role, as indicated by~~  
356 ~~the person's sex chromosomes, naturally occurring sex hormones,~~  
357 ~~and internal and external genitalia present at birth.~~

358 ~~(9) (a) "Sex-reassignment prescriptions or procedures"~~  
359 ~~means:~~

360 ~~1. The prescription or administration of puberty blockers~~  
361 ~~for the purpose of attempting to stop or delay normal puberty in~~  
362 ~~order to affirm a person's perception of his or her sex if that~~  
363 ~~perception is inconsistent with the person's sex as defined in~~  
364 ~~subsection (8).~~

365 ~~2. The prescription or administration of hormones or~~  
366 ~~hormone antagonists to affirm a person's perception of his or~~  
367 ~~her sex if that perception is inconsistent with the person's sex~~  
368 ~~as defined in subsection (8).~~

369 ~~3. Any medical procedure, including a surgical procedure,~~  
370 ~~to affirm a person's perception of his or her sex if that~~  
371 ~~perception is inconsistent with the person's sex as defined in~~  
372 ~~subsection (8).~~

373 ~~(b) The term does not include:~~

374 ~~1. Treatment provided by a physician who, in his or her~~  
375 ~~good faith clinical judgment, performs procedures upon or~~  
376 ~~provides therapies to a minor born with a medically verifiable~~  
377 ~~genetic disorder of sexual development, including any of the~~

34-00450A-24

20241404\_\_

378 following:

379 ~~a. External biological sex characteristics that are~~  
380 ~~unresolvably ambiguous.~~

381 ~~b. A disorder of sexual development in which the physician~~  
382 ~~has determined through genetic or biochemical testing that the~~  
383 ~~patient does not have a normal sex chromosome structure, sex~~  
384 ~~steroid hormone production, or sex steroid hormone action for a~~  
385 ~~male or female, as applicable.~~

386 ~~2. Prescriptions or procedures to treat an infection, an~~  
387 ~~injury, a disease, or a disorder that has been caused or~~  
388 ~~exacerbated by the performance of any sex reassignment~~  
389 ~~prescription or procedure, regardless of whether such~~  
390 ~~prescription or procedure was performed in accordance with state~~  
391 ~~or federal law.~~

392 ~~3. Prescriptions or procedures provided to a patient for~~  
393 ~~the treatment of a physical disorder, physical injury, or~~  
394 ~~physical illness that would, as certified by a physician~~  
395 ~~licensed under chapter 458 or chapter 459, place the individual~~  
396 ~~in imminent danger of death or impairment of a major bodily~~  
397 ~~function without the prescription or procedure.~~

398 Section 13. Section 456.52, Florida Statutes, is repealed.

399 Section 14. Section 766.318, Florida Statutes, is repealed.

400 Section 15. Subsection (1) of section 61.517, Florida  
401 Statutes, is amended to read:

402 61.517 Temporary emergency jurisdiction.—

403 (1) A court of this state has temporary emergency  
404 jurisdiction if the child is present in this state and:

405 (a) The child has been abandoned; or

406 (b) It is necessary in an emergency to protect the child

34-00450A-24

20241404\_\_

407 because the child, or a sibling or parent of the child, is  
408 subjected to or threatened with mistreatment or abuse; ~~or~~

409 ~~(c) It is necessary in an emergency to protect the child~~  
410 ~~because the child has been subjected to or is threatened with~~  
411 ~~being subjected to sex reassignment prescriptions or procedures,~~  
412 ~~as defined in s. 456.001.~~

413 Section 16. Subsection (1) of section 61.534, Florida  
414 Statutes, is amended to read:

415 61.534 Warrant to take physical custody of child.—

416 (1) Upon the filing of a petition seeking enforcement of a  
417 child custody determination, the petitioner may file a verified  
418 application for the issuance of a warrant to take physical  
419 custody of the child if the child is likely to imminently suffer  
420 serious physical harm or removal from this state. Serious  
421 ~~physical harm includes, but is not limited to, being subjected~~  
422 ~~to sex reassignment prescriptions or procedures as defined in s.~~  
423 ~~456.001.~~

424 Section 17. Paragraph (a) of subsection (1) of section  
425 409.908, Florida Statutes, is amended to read:

426 409.908 Reimbursement of Medicaid providers.—Subject to  
427 specific appropriations, the agency shall reimburse Medicaid  
428 providers, in accordance with state and federal law, according  
429 to methodologies set forth in the rules of the agency and in  
430 policy manuals and handbooks incorporated by reference therein.  
431 These methodologies may include fee schedules, reimbursement  
432 methods based on cost reporting, negotiated fees, competitive  
433 bidding pursuant to s. 287.057, and other mechanisms the agency  
434 considers efficient and effective for purchasing services or  
435 goods on behalf of recipients. If a provider is reimbursed based

34-00450A-24

20241404\_\_

436 on cost reporting and submits a cost report late and that cost  
437 report would have been used to set a lower reimbursement rate  
438 for a rate semester, then the provider's rate for that semester  
439 shall be retroactively calculated using the new cost report, and  
440 full payment at the recalculated rate shall be effected  
441 retroactively. Medicare-granted extensions for filing cost  
442 reports, if applicable, shall also apply to Medicaid cost  
443 reports. Payment for Medicaid compensable services made on  
444 behalf of Medicaid-eligible persons is subject to the  
445 availability of moneys and any limitations or directions  
446 provided for in the General Appropriations Act or chapter 216.  
447 Further, nothing in this section shall be construed to prevent  
448 or limit the agency from adjusting fees, reimbursement rates,  
449 lengths of stay, number of visits, or number of services, or  
450 making any other adjustments necessary to comply with the  
451 availability of moneys and any limitations or directions  
452 provided for in the General Appropriations Act, provided the  
453 adjustment is consistent with legislative intent.

454 (1) Reimbursement to hospitals licensed under part I of  
455 chapter 395 must be made prospectively or on the basis of  
456 negotiation.

457 (a) Reimbursement for inpatient care is limited as provided  
458 in s. 409.905(6) ~~s. 409.905(5)~~, except as otherwise provided in  
459 this subsection.

460 1. If authorized by the General Appropriations Act, the  
461 agency may modify reimbursement for specific types of services  
462 or diagnoses, recipient ages, and hospital provider types.

463 2. The agency may establish an alternative methodology to  
464 the DRG-based prospective payment system to set reimbursement

34-00450A-24

20241404\_\_

465 rates for:

466 a. State-owned psychiatric hospitals.

467 b. Newborn hearing screening services.

468 c. Transplant services for which the agency has established  
469 a global fee.

470 d. Recipients who have tuberculosis that is resistant to  
471 therapy who are in need of long-term, hospital-based treatment  
472 pursuant to s. 392.62.

473 3. The agency shall modify reimbursement according to other  
474 methodologies recognized in the General Appropriations Act.

475

476 The agency may receive funds from state entities, including, but  
477 not limited to, the Department of Health, local governments, and  
478 other local political subdivisions, for the purpose of making  
479 special exception payments, including federal matching funds,  
480 through the Medicaid inpatient reimbursement methodologies.

481 Funds received for this purpose shall be separately accounted  
482 for and may not be commingled with other state or local funds in  
483 any manner. The agency may certify all local governmental funds  
484 used as state match under Title XIX of the Social Security Act,  
485 to the extent and in the manner authorized under the General  
486 Appropriations Act and pursuant to an agreement between the  
487 agency and the local governmental entity. In order for the  
488 agency to certify such local governmental funds, a local  
489 governmental entity must submit a final, executed letter of  
490 agreement to the agency, which must be received by October 1 of  
491 each fiscal year and provide the total amount of local  
492 governmental funds authorized by the entity for that fiscal year  
493 under this paragraph, paragraph (b), or the General

34-00450A-24

20241404\_\_

494 Appropriations Act. The local governmental entity shall use a  
495 certification form prescribed by the agency. At a minimum, the  
496 certification form must identify the amount being certified and  
497 describe the relationship between the certifying local  
498 governmental entity and the local health care provider. The  
499 agency shall prepare an annual statement of impact which  
500 documents the specific activities undertaken during the previous  
501 fiscal year pursuant to this paragraph, to be submitted to the  
502 Legislature annually by January 1.

503 Section 18. Subsection (36) of section 409.913, Florida  
504 Statutes, is amended to read:

505 409.913 Oversight of the integrity of the Medicaid  
506 program.—The agency shall operate a program to oversee the  
507 activities of Florida Medicaid recipients, and providers and  
508 their representatives, to ensure that fraudulent and abusive  
509 behavior and neglect of recipients occur to the minimum extent  
510 possible, and to recover overpayments and impose sanctions as  
511 appropriate. Each January 15, the agency and the Medicaid Fraud  
512 Control Unit of the Department of Legal Affairs shall submit a  
513 report to the Legislature documenting the effectiveness of the  
514 state's efforts to control Medicaid fraud and abuse and to  
515 recover Medicaid overpayments during the previous fiscal year.  
516 The report must describe the number of cases opened and  
517 investigated each year; the sources of the cases opened; the  
518 disposition of the cases closed each year; the amount of  
519 overpayments alleged in preliminary and final audit letters; the  
520 number and amount of fines or penalties imposed; any reductions  
521 in overpayment amounts negotiated in settlement agreements or by  
522 other means; the amount of final agency determinations of

34-00450A-24

20241404\_\_

523 overpayments; the amount deducted from federal claiming as a  
524 result of overpayments; the amount of overpayments recovered  
525 each year; the amount of cost of investigation recovered each  
526 year; the average length of time to collect from the time the  
527 case was opened until the overpayment is paid in full; the  
528 amount determined as uncollectible and the portion of the  
529 uncollectible amount subsequently reclaimed from the Federal  
530 Government; the number of providers, by type, that are  
531 terminated from participation in the Medicaid program as a  
532 result of fraud and abuse; and all costs associated with  
533 discovering and prosecuting cases of Medicaid overpayments and  
534 making recoveries in such cases. The report must also document  
535 actions taken to prevent overpayments and the number of  
536 providers prevented from enrolling in or reenrolling in the  
537 Medicaid program as a result of documented Medicaid fraud and  
538 abuse and must include policy recommendations necessary to  
539 prevent or recover overpayments and changes necessary to prevent  
540 and detect Medicaid fraud. All policy recommendations in the  
541 report must include a detailed fiscal analysis, including, but  
542 not limited to, implementation costs, estimated savings to the  
543 Medicaid program, and the return on investment. The agency must  
544 submit the policy recommendations and fiscal analyses in the  
545 report to the appropriate estimating conference, pursuant to s.  
546 216.137, by February 15 of each year. The agency and the  
547 Medicaid Fraud Control Unit of the Department of Legal Affairs  
548 each must include detailed unit-specific performance standards,  
549 benchmarks, and metrics in the report, including projected cost  
550 savings to the state Medicaid program during the following  
551 fiscal year.

34-00450A-24

20241404\_\_

552 (36) The agency may provide to a sample of Medicaid  
553 recipients or their representatives through the distribution of  
554 explanations of benefits information about services reimbursed  
555 by the Medicaid program for goods and services to such  
556 recipients, including information on how to report inappropriate  
557 or incorrect billing to the agency or other law enforcement  
558 entities for review or investigation, information on how to  
559 report criminal Medicaid fraud to the Medicaid Fraud Control  
560 Unit's toll-free hotline number, and information about the  
561 rewards available under s. 409.9203. The explanation of benefits  
562 may not be mailed for Medicaid independent laboratory services  
563 as described in s. 409.905(8) ~~s. 409.905(7)~~ or for Medicaid  
564 certified match services as described in ss. 409.9071 and  
565 1011.70.

566 Section 19. Paragraph (c) of subsection (5) of section  
567 456.074, Florida Statutes, is amended to read:

568 456.074 Certain health care practitioners; immediate  
569 suspension of license.—

570 (5) The department shall issue an emergency order  
571 suspending the license of any health care practitioner who is  
572 arrested for committing or attempting, soliciting, or conspiring  
573 to commit any act that would constitute a violation of any of  
574 the following criminal offenses in this state or similar  
575 offenses in another jurisdiction:

576 ~~(c) Section 456.52(5)(b), relating to prescribing,~~  
577 ~~administering, or performing sex reassignment prescriptions or~~  
578 ~~procedures for a patient younger than 18 years of age.~~

579 Section 20. Section 636.0145, Florida Statutes, is amended  
580 to read:

34-00450A-24

20241404\_\_

581           636.0145 Certain entities contracting with Medicaid.—An  
582 entity that is providing comprehensive inpatient and outpatient  
583 mental health care services to certain Medicaid recipients in  
584 Hillsborough, Highlands, Hardee, Manatee, and Polk Counties  
585 through a capitated, prepaid arrangement pursuant to the federal  
586 waiver provided for in s. 409.905(6) ~~s. 409.905(5)~~ must become  
587 licensed under this chapter by December 31, 1998. Any entity  
588 licensed under this chapter which provides services solely to  
589 Medicaid recipients under a contract with Medicaid is exempt  
590 from ss. 636.017, 636.018, 636.022, 636.028, 636.034, and  
591 636.066(1).

592           Section 21. This act shall take effect July 1, 2024.