

Tab 1	SB 1496 by Bradley; (Compare to CS/H 0221) Transparency in Health Care						
616578	A	S	RCS	AHS, Richter	Delete L.133 - 135:	01/28	02:22 PM
378426	A	S	RCS	AHS, Richter	Delete L.364 - 366:	01/28	02:22 PM
575020	A	S	RCS	AHS, Richter	Delete L.367 - 388.	01/28	02:22 PM
234188	A	S	RS	AHS, Richter	Delete L.1073 - 1077.	01/28	02:22 PM
602790	SA	S	RCS	AHS, Richter	Delete L.1073 - 1077.	01/28	02:22 PM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES
Senator Garcia, Chair
Senator Smith, Vice Chair

MEETING DATE: Thursday, January 28, 2016

TIME: 10:00 a.m.—12:00 noon

PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Garcia, Chair; Senator Smith, Vice Chair; Senators Abruzzo, Bean, Benacquisto, Grimsley, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 1496 Bradley (Compare CS/H 221, H 1175)	Transparency in Health Care; Requiring a facility licensed under ch. 395, F.S., to provide timely and accurate financial information and quality of service measures to certain individuals; requiring a health care practitioner to provide a patient upon his or her request a written, good faith estimate of anticipated charges within a certain timeframe; requiring a health insurer to make available on its website certain methods that a policyholder can use to make estimates of certain costs and charges, etc. HP 01/19/2016 Favorable AHS 01/28/2016 Fav/CS AP	Fav/CS Yeas 6 Nays 2
2	Review and Discussion of Fiscal Year 2016-2017 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Families Department of Elder Affairs Department of Health Department of Veterans' Affairs		Discussed
Other Related Meeting Documents			



The Florida Senate

Committee Agenda Request

To: Senator Rene Garcia, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: January 22, 2016

I respectfully request that **Senate Bill # 1496**, relating to Transparency in Health Care, be placed on the:

- ☒ committee agenda at your earliest possible convenience.
- ☐ next committee agenda.

A handwritten signature in black ink, appearing to read "Rob Bradley", is written over a horizontal line.

Senator Rob Bradley
Florida Senate, District 7

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/28/16
Meeting Date

1496
Bill Number (if applicable)

Topic TRANSPARENCY

Amendment Barcode (if applicable)

Name Bill Bell

Job Title General Counsel

Address 306 E College Ave

Phone 272-9800

Tallah FL 32301
City State Zip

Email bill@stark

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Hospital Assn

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

1/28/2016
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1496
Bill Number (if applicable)

Topic Health Cost Transparency

Amendment Barcode (if applicable)

Name Corrina Madrid

Job Title Chapter President

Address _____

Phone 904-534-5628

Street Jacksonville State FL
City _____ Zip _____

Email corrina.madrid
@nmss.org

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing National Multiple Sclerosis Society

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Jan 28, 2016
Meeting Date

SB1496
Bill Number (if applicable)

Topic transparency

Amendment Barcode (if applicable)

Name Richard Polengin

Job Title _____

Address 1300 N Duvall St
Street

Phone (850) 224-4206

Tallahassee FL 32303
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing League of Women Voters of Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

Jan 28, 2016

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB1496

Bill Number (if applicable)

Topic Transparency

Amendment Barcode (if applicable)

Name Richard Polenzin

Job Title Government Affairs Director

Address 1300 N Duval St

Phone (850) 224-4201

Street Tallahassee FL 32303

City State Zip

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Alliance for Retiree Americans

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Jan 28, 14
Meeting Date

1496
Bill Number (if applicable)

Topic All Payers Claims Data Base

Amendment Barcode (if applicable)

Name Toni Large

Job Title

Address 519 E. Park Ave

Phone (850) 556-1461

Street

Tallahassee FL 32301

City

State

Zip

Email toni@sulaw.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Fl College of Emergency Physicians / Fl Orthopedic Society

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: PCS/SB 1496 (664560)

INTRODUCER: Appropriations Subcommittee on Health and Human Services and Senator Bradley

SUBJECT: Transparency in Health Care

DATE: February 1, 2016

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	Favorable
2.	Brown	Pigott	AHS	Recommend: Fav/CS
3.			AP	

I. Summary:

PCS/SB 1496 increases the transparency and availability of health care pricing and quality of service information. The Agency for Health Care Administration (AHCA) is required to contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures to facilitate price comparison of typical health care services provided in hospitals and ambulatory surgery centers (ASCs). Quality indicators for services at the facilities will also be made available to the consumer to facilitate health care decision making.

Under the bill, hospitals and ASCs are required to provide access to the searchable service bundles on their websites. Consumers will be presented with estimated average payment and estimated payment ranges for each service bundle, by facility, facilities within geographic boundaries, and nationally. A hospital or ASC must notify consumers of other health care providers that may bill separately from the facility, as well as information about the facility's financial assistance policies and collection procedures.

A hospital's or ASC's website must also provide hyperlinks to the websites of insurers and health maintenance organizations (HMOs) for which the facility is in-network or a preferred provider to enable an insured patient to research cost-sharing responsibilities for the service bundle. Insurers and HMOs are required to provide on their websites a method for policy holders to estimate their cost-sharing responsibilities by service bundle, based on the insured's policy and known usage. These estimates must include both in-network and out-of-network providers. Insurers and HMOs are also required to provide hyperlinks on their website to the AHCA's performance outcome and financial data.

Consumers may request personalized good faith estimates of charges for non-emergency medical services from hospitals, ASCs, and health care practitioners relating to medical services provided in the hospital or ASC. The bill also requires home health agencies and home medical equipment

providers to provide consumers with good-faith estimates of medical services and supplies. These good-faith estimates must be provided to the consumer within seven days after the request. Information must also be provided about the health care provider's financial assistance policies and collection procedures.

A patient may also request an itemized bill or statement from a hospital or ASC after discharge. The hospital or ASC must provide an itemized bill or statement within seven days that is specific, written in plain language, and identifies all services provided by the facility, as well as rates charged, amounts due, and the payment status. The itemized bill or statement must inform the patient to contact his or her insurer regarding the patient's share of costs. The facility must provide records to verify the bill or statement upon request.

The bill requires the consumer advocate in the Department of Financial Services (DFS) to receive and investigate complaints from insured and uninsured patients concerning billing practices. If, after investigating a complaint, the consumer advocate determines the billing practices and charges were unfair, the consumer advocate will report these findings to the AHCA and the Department of Health (DOH) for regulatory and disciplinary action. The bill provides for penalties for unconscionable prices. The consumer advocate is also authorized to mediate billing complaints and negotiate payment arrangements.

The bill requires health insurers and HMOs that participate in the state group health insurance plan or Medicaid managed care to submit claims data to the vendor selected by the AHCA.

The AHCA estimates the bill will have a negative recurring fiscal impact of approximately \$2.7 million in general revenue. Estimates of the fiscal impact of the new duties of the consumer advocate within the DFS are not available at this time. See Section V.

The bill has an effective date of July 1, 2016, except as otherwise provided in the bill.

II. Present Situation:

Health Care Price and Quality Transparency

In general, the term “transparency,” when applied to health care, refers to the ability of a patient or the public to investigate and compare different health care providers for pricing and quality of care for one or more procedures. Although simple sounding, health care price transparency is difficult to implement due to legal challenges, the various manners in which health care is provided, and the various manners in which health care costs are paid. Demonstrating this difficulty, the Health Care Incentives Improvement Institute gave an F grade to 45 out of 50 states, including Florida, in its 2015 Report Card on State Price Transparency Laws.^{1, 2}

Some difficulties in implementing health care price transparency include:

¹ Health Care Incentives Improvement Institute, *Report Card on State Price Transparency Laws*, (July 2015), available at http://www.hci3.org/wp-content/uploads/files/files/2015_Report_PriceTransLaws_06.pdf (last visited on Jan. 14, 2016).

² Only one state, New Hampshire, received an A rating. Colorado and Maine received B's, and Vermont and Virginia received C's.

- Legal barriers, including the confidentiality of some contractual information between health care providers and insurers, as well as health insurer trade secret information;³
- Difficulty in determining who will be providing care and whether or not all providers are in a patient's insurance network;⁴
- General confusion over billing practices;⁵ and
- Difficulty drawing comparisons between patients' particular situations.⁶

Common Definitions in Health Care Pricing

Another basic difficulty in interpreting health care pricing is understanding the definition of many terms. Some common definitions include:

- "Charge," which means the dollar amount a provider charges for services rendered, before any contracted discounts are applied; a charge can be different from the amount paid;
- "Cost," the definition of which varies by the party incurring the expense:
 - To the patient, cost is the amount payable out of pocket for health care services;
 - To the provider, cost is the expense (direct and indirect) incurred to deliver health care services to patients;
 - To the insurer, cost is the amount payable to the provider (or reimbursable to the patient) for services rendered;
 - To the employer, cost is the expense related to providing health benefits (premiums or claims paid);
- "Price," which means the total amount a provider expects to be paid by payers and/or patients for health care services; and
- "Out-of-pocket payment," which means the portion of total payment for medical services and treatment for which the patient is responsible, including copayments, coinsurance, and deductibles.⁷

Current Florida Requirements for Health Care Price and Quality Transparency

Current Florida law establishes multiple requirements regarding health care cost and quality transparency. Examples of such requirements include:

- Florida's Patient's Bill of Rights and Responsibilities,⁸ which establishes the right of patients to, among other rights, be given information of known financial resources for the patient's health care, a reasonable estimate of charges before a procedure, and an itemized bill;

³ Id.

⁴ Anne Weiss and Susan Dentzer, *Three Key Lessons from the Health Care Transparency Summit*, Robert Wood Foundation, (April 16, 2015) http://www.rwjf.org/en/culture-of-health/2015/04/3_key_lessons_fromt.html?cid=xrs_rss-pr (last visited on Jan. 14, 2016).

⁵ Many hospital bills, and bills issued by other health care facilities, consist of billing codes and names of procedures or medications which may not be easily understood by a layperson. Additionally, it may be difficult to determine whether charges on the bill have been paid, need to be paid, or will be paid by a third party such as a health insurer.

⁶ For example, an older patient may be more fragile and require more recovery time and caution when administering a procedure and, therefore, may be charged more than a younger patient for the same procedure. Additionally, actual payment amounts to the health care provider may differ from patient to patient depending on whether that patient has insurance and the magnitude of any discounts that the insurer has negotiated with that health care provider.

⁷ Health care Financial Management Association Price Transparency Taskforce, *Price Transparency in Health Care*, p.2 (2014) (on file with the Senate Committee on Health Policy).

⁸ Section 381.026, F.S.

- The requirement for hospitals and ambulatory surgery centers (ASCs) to provide patients and their physicians with itemized bills upon request;⁹
- The requirement for pharmacies, health insurers, and health maintenance organizations (HMOs) to inform customers of the availability of the Agency for Health Care Administration's (AHCA's) quality and cost information;¹⁰ and
- The requirement for HMOs to disclose financial data to customers and provide customers with estimated costs for services.¹¹

The Florida Center for Health Information and Policy Analysis

Section 408.05, F.S., establishes the Florida Center for Health Information and Policy Analysis (Florida Center). The Florida Center is required to establish a comprehensive health information system to provide for the collection, compilation, coordination, analysis, indexing, dissemination, and utilization of collected and extant health-related data. The Florida Center is responsible for:

- Collecting adverse incident reports from hospitals, ASCs, HMOs, nursing homes, and assisted living facilities (ALFs);
- Collecting discharge data from licensed hospitals, ASCs, emergency departments, cardiac catheterization laboratories, and lithotripsy;
- Administering patient injury reporting, tracking, trending, and problem resolution programs for hospitals, ASCs, nursing homes, ALFs, and some HMOs
- Processing patient data requests and providing technical assistance; and
- Administering www.FloridaHealthFinder.gov, Florida's state-run website which provides easy access to health care information through health care quality comparison tools, a health encyclopedia, and other resources. The public may access the website to learn about medical conditions, compare health care facilities and providers, and find health care resources. The website also allows users to compare price ranges for some commonly offered health care services between health care providers.^{12, 13}

The Florida Commission on Health care and Hospital Funding

On May 5, 2015, Governor Rick Scott signed Executive Order 15-99 that established the Commission on Health care and Hospital Funding (commission).¹⁴ The commission was created to investigate and advise on the role of taxpayer funding for hospitals, insurers, and health care providers, and the affordability, access, and quality of health care services they provide. The commission has met 15 times between May 20, 2015 and January 19, 2016, and will continue meeting. The commission has heard testimony and collected data from numerous sources, including physicians, hospitals, state agencies, health maintenance organizations, and the public,

⁹ Section 395.301, F.S.

¹⁰ Sections 465.0244, 627.54, and 641.54, F.S.

¹¹ Section 641.54, F.S.

¹² See *Florida Center for Health Information and Policy Analysis*, <http://www.ahca.myflorida.com/schs/index.shtml> (last visited on Jan. 14, 2016) and the Florida Health Finder FAQ, <http://www.floridahealthfinder.gov/media/training-video.aspx> (last visited on Jan. 14, 2016)

¹³ Quality and price data is available on the website and searchable for approximately 150 conditions. Email from Orlando Pryor, AHCA Legislative Affairs Office (Jan. 15, 2016) (on file with the Senate Committee on Health Policy).

¹⁴ Executive order 15-99, available at http://www.flgov.com/wp-content/uploads/orders/2015/EO_15-99.pdf, (last visited on Jan. 15, 2016).

but it has not yet published conclusions or final recommendations. On November 19, 2015, the commission endorsed proposed bill language from Governor Scott to address the issue of health care price and quality transparency.^{15, 16} Many of the concepts inherent to the Governor's proposal are addressed in SB 1496.

III. Effect of Proposed Changes:

Section 1 amends the licensure requirements for hospitals and ambulatory surgical centers (ASCs) in s. 395.301, F.S., to require that such facilities meet new standards for providing financial information and quality of service measures to patients and the public.¹⁷

General Requirements for the Provision of Information to the Public

The bill requires each hospital and ASC to:

- Provide timely and accurate financial information and quality of service measures to prospective patients, actual patients, and patient's legal guardians or survivors;
- Provide information on payments made to that facility via the facility's website, under the following parameters:
 - The posted information must be presented and searchable in accordance with, and through a hyperlink to, the system and service bundles established by the Agency for Health Care Administration (AHCA).
 - The minimum information that must be provided by the facility for each service bundle includes:
 - The estimated average payment received from all payers except Medicaid and Medicare; and
 - The estimated payment range.
 - The facility must state in plain language that the information provided is an estimate of costs and that actual costs will be based on services actually provided.
 - The facility must assist the consumer in accessing his or her health insurer's or HMO's website for information on estimated copayments, deductibles, and other cost-sharing responsibilities;
- Post information on its website, including:
 - The names of all health insurers and HMOs for which the facility is a network provider or a preferred provider, along with links to the respective websites;
 - Information for uninsured or out-of-network patients on:
 - The facility's financial assistance policy including the application process, payment plans, and discounts; and
 - The facility's collection procedures and charity care policies;
 - A notification to patients and prospective patients that services may be provided in the facility by the facility and by other health care providers who may bill separately;

¹⁵ Letter from the Commission on Health care and Hospital Funding to Senate President Andy Gardiner and Speaker of the House of Representatives Steve Crisafulli (November 19, 2015) (on file with the Senate Committee on Health Policy).

¹⁶ Governor's Recommended Bill, *Health Care Transparency*, available at http://www.healthandhospitalcommission.com/docs/Health_careTransparencyProposal.pdf (last visited on Jan. 15, 2016).

¹⁷ Note: Some of the effects detailed in the analysis of section 1 of the bill are requirements that are in current law and which are either kept intact or revised and restated. Due to the significant reorganization of s. 395.301, F.S., the total effects of all new, current law, and revised requirements are included in this analysis as effects of the bill.

- Notification that patients and prospective patients may request a personalized estimate of charges from the facility; and
- A link to health-related data, including quality measures and statistics that are disseminated by the AHCA; and
- Take action to notify the public that health-related data is electronically available to the public and provide a link to the AHCA's website.

Requirements to Respond to Specific Requests for Information

Upon specific request, the bill requires each facility to provide:

- A written, good-faith estimate of reasonably anticipated facility charges for the non-emergency treatment of the requestor's specific condition, under the following parameters:
 - The estimate must be provided within seven business days after the receipt of the request;
 - The facility is not required to adjust the estimate to account for any insurance coverage;
 - The estimate may be based on the service bundles created by the AHCA unless the patient requests a more specific estimate;
 - The facility must inform the patient that he or she may contact his or her health insurer or HMO for additional information on cost-sharing responsibilities;
 - The estimate must provide information on the facility's financial assistance policy, including the application process, payment plans, and discounts;
 - The estimate must provide information on the facility's charity care policy and collection procedures;
 - Upon request, the facility must notify the requestor of any revision to the estimate;
 - The estimate must contain a notice that services may be provided by other health care providers who may bill separately;
 - The facility must take action to notify the public that such estimates are available;
 - The facility will be fined \$500 for each instance of failing to timely provide a requested estimate; and
 - The provision of the estimate does not preclude the charges from exceeding the estimate;
- An itemized bill or statement to the patient, or the patient's survivor or legal guardian, under the following parameters:
 - The initial itemized statement or bill:
 - Must be provided within seven days of the patient's discharge or the patient's request;
 - Must detail the specific nature of charges or expenses in plain language, comprehensible to an ordinary layperson;
 - Must contain a statement of specific services received and expenses incurred by date;
 - Must enumerate in detail, as prescribed by the AHCA, the constituent components of the services received within each department of the facility;
 - Must include unit price data on rates charged by the facility;
 - Must identify each item as paid, pending payment by a third party, or pending payment by the patient;
 - Must include the amount due, if applicable;
 - Must advise the patient or the patient's legal survivor or guardian to contact the patient's health insurer or HMO regarding the patient's cost-sharing responsibilities;
 - Must include a notice of hospital-based physicians and other health care providers who bill separately;
 - May not include any generalized category of expenses;

- Must list drugs by brand or generic name;
- Must identify the date, type, and length of treatment for any physical, occupational, or speech therapy provided; and
- Must prominently display the telephone number of the medical facility's patient liaison;
- Any subsequent bill must contain all of the information required in the initial bill with any revisions clearly delineated;
- A facility must make available at no charge, except copying fees, both in the facility's office and electronically, all records necessary for the verification of the accuracy of the invoice or bill within 10 business days after a request for such records and before payment of the statement or bill; and
- Each facility must establish a method of responding to a patient's question about his or her itemized bill within seven business days after the question is received.

If the patient is not satisfied with the facility's response to a question, the facility must provide the patient with the address and contract information for the consumer advocate as provided in s. 627.0613, F.S.

Miscellaneous Provisions

The bill deletes statutory language:

- Stating that any person who receives an itemized statement is fully and accurately informed as to each charge and service provided by the institution preparing the statement;
- Requiring an itemized statement to contain a disclosure identifying the ownership status, either for-profit or not-for-profit, of the facility preparing the statement;
- Requiring an itemized bill to be provided to the patient's physician at no charge;
- Restricting physicians, dentists, podiatrists, and other licensed facilities from adding to the price charged by a third party except for a service or handling charge which represents a cost actually incurred.

The bill also makes other technical and conforming changes.

Section 2 creates s. 395.3012, F.S., to allow the AHCA to impose fines based on the findings of the consumer advocate's investigation of billing complaints pursuant to s. 627.0613(6), F.S. The bill sets the fines for noncompliance at the greater of \$2,500 per violation or double the amount of the original charges.

Sections 3 and 4 amend ss. 400.487 and 400.934, F.S., respectively, to require home health agencies and home medical equipment providers to, upon request, provide a written, good-faith estimate of reasonably anticipated charges for services provided by that health care provider within seven business days after receiving a request and to provide information disclosing payment plans, discounts, other available assistance, and collection procedures. Additionally, home health agencies and home medical equipment providers must inform the requestor that he or she may contact his or her health insurer or HMO for additional information concerning cost sharing responsibilities.

Section 5 amends s. 408.05, F.S., to replace the Florida Center for Health Information and Policy Analysis with the Florida Center for Health Information and Transparency (center), to be housed within the AHCA. The center's responsibilities are streamlined and updated to reflect current data needs. The center is tasked with collecting, compiling, coordinating, analyzing, indexing, and disseminating health-related data and statistics. The center and the AHCA must meet numerous requirements, as described below.¹⁸

Health Related Data

The bill:

- Requires that the center be staffed as necessary to carry out its functions;
- Requires that the center maintain data sets in existence before July 1, 2016, unless such data are duplicated and readily available from other credible sources;
- Requires that the center collect data on:
 - Health resources, including licensed health care practitioners by specialty and type of practice and including data collected by the Department of Health (DOH) pursuant to ss. 458.3191 and 456.0081, F.S.;
 - Health service inventories, including acute care, long-term care, and other institutional care facilities and specific services provided by hospitals, nursing homes, home health agencies, and other licensed health care facilities;
 - Service utilization for licensed health care facilities;
 - Health care costs and financing;
 - The extent of public and private health insurance coverage in Florida; and
 - Specific quality-of-care initiatives involving various health care providers when extant data is not adequate to achieve the objectives of the initiatives;
- Eliminates the requirement that the center collect data on:
 - The extent and nature of illness and disability of the state population;
 - The impact of illness and disability of the state population on the state economy;
 - Environmental, social, and other health hazards;
 - Health knowledge and practices of the people in Florida; and
 - Family formation, growth, and dissolution.

Health Information Transparency

The bill:

- Requires the AHCA to:
 - Contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison, and the platform must allow a consumer to search by condition or service bundle that is comprehensible to an ordinary layperson and may not require registration, password, or user identification;
 - Collect and compile information on and coordinate the activities of state agencies involved in providing health information to consumers;

¹⁸ As similarly noted in Section 1, due to significant revision and organizational changes in this section, the total effects of all new, revised, and current law requirements are included in this analysis as effects of the bill.

- Promote data sharing by making state-collected data available, transferable, and readily usable;
- Develop written agreements with local, state, and federal agencies to facilitate the sharing of data related to health care;
- Establish by rule the types of data collected, compiled, processed, used, or shared;
- Consult with contracted vendors, the State Consumer Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data;
- Monitor data collection procedures and test data quality to facilitate the dissemination of data that are accurate, valid, reliable, and complete;
- Develop methods for archiving data, retrieving archived data, and editing data, and verifying data;
- Make available health care quality measures that will allow consumers to compare outcomes and other performance measures for health care services; and
- Make available the results of special health surveys, health care research, and health care evaluations conducted or supported by under s. 408.05, F.S.;
- Restricts the AHCA from establishing an all-payer claims database without express legislative authority;
- Eliminates requirements, except as detailed above, for the AHCA and the center to:
 - Review the statistical activities of state agencies to ensure they are consistent with the comprehensive health information system;
 - Establish minimum health-care-related data sets;
 - Establish advisory standards for the quality of health statistical and epidemiological data collection;
 - Prescribe standards for the publication of health-care-related data;
 - Establish a long-range plan for making health care quality measures and financial data available;
 - Provide technical assistance to persons or organizations engaged in health planning activities;
 - Administer, manage, and monitor grants related to health information services; and
 - Aid in the dissemination of data through the publication of reports, including an annual report, and conducting special studies and surveys.

The vendor must:

- Be a non-profit research institute that is qualified under s. 1874 of the federal Social Security Act to receive Medicare claims data and which receives claims data from multiple private insurers nationwide;
- Have a national database consisting of at least 15 billion claim lines of administrative claims data from multiple payers capable of being expanded by adding third-party payers, including employers with Employee Retirement Income Security Act of 1974 (ERISA) plans;
- Have a well-developed methodology for analyzing claims data within defined service bundles; and
- Have a bundling methodology that is available in the public domain to allow for consistency and comparison of state and national benchmarks with local regions and specific providers.

Section 6 amends s. 408.061, F.S., to:

- Require that the AHCA mandate the submission of data from health care facilities, health care providers, and health insurers in order to facilitate transparency in health care pricing and quality measures;
- Provide that data submitted by health care providers may include actual charges to patients as specified by rule; and
- Provide that data submitted by health insurers may include payments to health care facilities and health care providers as specified by rule.

Section 7 amends s. 456.0575, F.S., to require that every licensed health care practitioner must provide, upon request by a patient, a good-faith estimate of reasonably anticipated charges for any non-emergency services to treat the patient's condition at a hospital or ASC. This estimate must be provided within seven business days after receiving the request and before providing the service for which the request for an estimate was made. The practitioner must inform the patient that he or she may contact his or her health insurer or HMO for additional information concerning cost-sharing responsibilities. The practitioner must also provide information to uninsured or out of network patients on the practitioner's financial assistance policy, including the application process, payment plans, discounts, and other available assistance, the practitioner's charity care policy, and the practitioner's collection procedures.

The bill provides that such an estimate does not preclude the actual charges from exceeding the estimate and that failure to provide a requested estimate in accordance with the provisions stated and without good cause will result in disciplinary action and a fine of \$500 for each instance of failure to provide the requested estimate.

Section 8 amends s. 456.072, F.S., to include the failure to comply with fair billing practices pursuant to s. 627.0613, F.S., in the list of grounds for which disciplinary actions may be taken against a health care practitioner.

Section 9 amends s. 627.0613, F.S., to expand the duties of the consumer advocate.¹⁹ The bill requires that:

- The consumer advocate must report to the AHCA and the DOH the findings resulting from investigation of unresolved complaints concerning the billing practices of any hospital, ASC, or health care practitioner licensed under ch. 456, F.S.;
- The AHCA and the DOH must grant the consumer advocate access to any files, records, and data which are necessary for such investigations;
- The consumer advocate must provide mediation between providers and patients to resolve billing complaints and negotiate arrangements for extended payment schedules; and
- The consumer advocate must maintain a process for receiving and investigating complaints concerning billing practices by hospitals, ASCs, and health care practitioners licensed under ch. 456, F.S.

Under the bill, such investigations by the consumer advocate are limited to determining compliance with the following:

¹⁹ The consumer advocate is appointed by, and reports to, the Chief Financial Officer and is tasked with representing the general public before various state agencies.

- The patient was informed before a non-emergency procedure of the expected payments related to the procedure, the contact information for health insurers or HMOs, and the expected involvement of other providers who may bill separately;
- The patient was informed of policies and procedures to qualify for discounts;
- The patient was informed of collection procedures and given the opportunity to participate in an extended payment schedule;
- The patient was given a written, personal, and itemized estimate as required in s. 395.301, F.S., for facilities and s. 456.0575, F.S., for health care practitioners for services in a facility;
- The statement or bill delivered to the patient was accurate and included all required information; and
- The billed amounts were fair charges, defined as “the common and frequent range of charges for patients who are similarly situated requiring the same or similar medical services.”

Section 10 creates s. 627.6385, F.S., to require each health insurer to:

- Make available on its website a method for policyholders to estimate their cost-sharing responsibilities for health care services and procedures based on the service bundles established in s. 408.05(3)(c), F.S., or based on a personalized estimate, and a link to the health and quality information disseminated by the AHCA;
- Include in every policy delivered or issued to a person in Florida a notice that the information required by this section is available electronically and the address of the website where the information can be accessed; and
- If the health insurer participates in the state group health insurance plan or Medicaid managed care, provide all claims data to the fullest extent possible to the contracted vendor selected by the AHCA under s. 408.05(3)(c), F.S.

Section 11 amends s. 641.54, F.S., to require each HMO to:

- Make available electronically or by request the estimated amount of any cost-sharing responsibilities for any covered services described by the service bundles established pursuant to s. 408.05(3)(c), F.S., or as described in a personalized estimate received from a health care facility or health care practitioner;
- If the HMO participates in the state group health insurance plan or Medicaid managed care, provide all claims data to the fullest extent possible to the contracted vendor selected by the AHCA under s. 408.05(3)(c), F.S.; and
- Create a link on its website to the health information disseminated by the AHCA.

Section 12 amends s. 409.967, F.S., to require that Medicaid managed care plans provide all claims data to the fullest extent possible to the contracted vendor selected by the AHCA under s. 408.05(3)(c), F.S.

Section 13 amends s. 110.123, F.S., to require that the Department of Management Services make arrangements to provide claims data of the state group health insurance plan to the contracted vendor selected by the AHCA pursuant to s. 408.05(3)(c), F.S. The bill also requires that each health plan awarded a contract in state group health insurance must provide claims data to the selected vendor.

Sections 14 through 20 amend various sections of law to make technical and conforming changes.

Section 21 provides that the bill takes effect on July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

PCS/SB 1496 may have a positive fiscal impact on consumers of health care services to the extent the transparency measures allow consumers to make better informed choices on where to obtain their health care services based on price and quality, take advantage of discounts or other financial assistance, or negotiate with health care service providers on the specific costs of services.

The bill may have a negative fiscal impact on providers of health care services, health insurers, and HMOs related to posting health care information on their webpages or providing patient-specific estimates.

C. Government Sector Impact:

The AHCA estimates that the bill will have recurring costs to the agency of approximately \$2.7 million per year, all of which is general revenue. Contracted services account for approximately \$2.5 to \$2.6 million of the annual costs. Approximately \$133,000 of the annual costs are for two full-time-equivalent positions. Additional recurring costs include approximately \$12,000 per year for expenses and less than \$1,000 per year for human resource services. The AHCA also estimates non-recurring costs for Fiscal Year 2016-2017 of \$9,054.²⁰

²⁰ Fiscal analysis provided by the AHCA on January 19, 2016. On file with Senate Health Policy staff.

An estimate of the fiscal impact of the new duties of the office of the consumer advocate within the Department of Financial Services (DFS) is not yet available, but an estimate has been requested of the DFS.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 395.301, 400.487, 400.934, 408.05, 408.061, 456.0575, 456.072, 627.0613, 641.54, 409.967, 110.123, 20.42, 381.026, 395.602, 395.6025, 408.07, 408.18, and 465.0244.

This bill creates the following sections of the Florida Statutes: 395.3012 and 627.6385.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

Recommended CS by Appropriations Subcommittee on Health and Human Services on January 28, 2016:

The proposed CS:

- Requires a licensed hospital or ambulatory surgery center to make certain information available on its website that must be presented and searchable in accordance with, and through a hyperlink to, the system established by the Agency for Health Care Administration and its vendor under the bill, while the underlying bill did not require the hyperlink;
- Deletes from the bill requirements for nursing homes to provide specified information upon request;
- Deletes from the bill provisions entitling health insurers and health maintenance organizations to tax credits under certain conditions; and
- Deletes from the bill provisions establishing a tax credit of \$50 per employee per data submission, up to \$500,000, which could be used against either Florida's sales and use tax or corporate income tax for employers with plans covered by the Employee Retirement Income Security Act of 1974, under certain conditions.

B. Amendments:

None.



616578

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/28/2016	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Richter) recommended the following:

Senate Amendment

Delete lines 133 - 135
and insert:
payment data must be presented and searchable in accordance
with, and through a hyperlink to, the system established by the
agency and its vendor using the descriptive service bundles
developed under s. 408.05(3)(c). At



378426

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/28/2016	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Richter) recommended the following:

Senate Amendment

Delete lines 364 - 366
and insert:

(2) The administrative fines for noncompliance with s.
395.301 are the greater of \$2,500 per violation or double the
amount of the original charges.



575020

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/28/2016	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Richter) recommended the following:

Senate Amendment (with title amendment)

Delete lines 367 - 388.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 33 - 34

and insert:

consumer advocate; amending ss. 400.487 and 400.934,
F.S.; requiring home health



234188

LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
01/28/2016	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Richter) recommended the following:

Senate Amendment (with title amendment)

Delete lines 1073 - 1077.

Delete lines 1176 - 1254.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 81 - 82

and insert:

amending s. 641.54, F.S.; revising



234188

11 Delete lines 99 - 109
12 and insert:
13 data to the vendor selected by the agency; amending
14 ss. 20.42,



602790

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/28/2016	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Richter) recommended the following:

Senate Substitute for Amendment (234188) (with title amendment)

Delete lines 1073 - 1077.

Delete lines 1104 - 1109.

Delete lines 1176 - 1254.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 81 - 91



602790

and insert:

amending s. 641.54, F.S.; revising the provision
requiring a health maintenance organization to make
certain information available to its subscribers;
requiring a health maintenance organization that
participates in the state group health insurance plan
or Medicaid managed care to provide all claims data to
a contracted vendor selected by the agency; amending
s. 409.967, F.S.; requiring

Delete lines 99 - 109

and insert:

data to the vendor selected by the agency; amending
ss. 20.42,

By Senator Bradley

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1 A bill to be entitled
 2 An act relating to transparency in health care;
 3 amending s. 395.301, F.S.; requiring a facility
 4 licensed under ch. 395, F.S., to provide timely and
 5 accurate financial information and quality of service
 6 measures to certain individuals; providing an
 7 exemption; requiring a licensed facility to make
 8 available on its website certain information on
 9 payments made to that facility for defined bundles of
 10 services and procedures and other information for
 11 consumers and patients; requiring that facility
 12 websites provide specified information and notify and
 13 inform patients or prospective patients of certain
 14 information; requiring a facility to provide a
 15 written, good faith estimate of charges to a patient
 16 or prospective patient within a certain timeframe;
 17 requiring a facility to provide information regarding
 18 financial assistance from the facility which may be
 19 available to a patient or a prospective patient;
 20 providing a penalty for failing to provide an estimate
 21 of charges to a patient; deleting a requirement that a
 22 licensed facility not operated by the state provide
 23 notice to a patient of his or her right to an itemized
 24 statement or bill within a certain timeframe; revising
 25 the information that must be included on a patient's
 26 statement or bill; requiring that certain records be
 27 made available through electronic means that comply
 28 with a specified law; reducing the response time for
 29 certain patient requests for information; creating s.
 30 395.3012, F.S.; authorizing the Agency for Health Care
 31 Administration to impose penalties based on certain
 32 findings of an investigation as determined by the

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33 consumer advocate; amending ss. 400.165, 400.487, and
 34 400.934, F.S.; requiring nursing homes, home health
 35 agencies, and home medical equipment providers to
 36 provide upon request certain written estimates of
 37 charges within a certain timeframe; amending s.
 38 408.05, F.S.; revising requirements for the collection
 39 and use of health-related data by the agency;
 40 requiring the agency to contract with a vendor to
 41 provide an Internet-based platform with certain
 42 attributes; requiring potential vendors to have
 43 certain qualifications; prohibiting the agency from
 44 establishing a certain database under certain
 45 circumstances; amending s. 408.061, F.S.; revising
 46 requirements for the submission of health care data to
 47 the agency; amending s. 456.0575, F.S.; requiring a
 48 health care practitioner to provide a patient upon his
 49 or her request a written, good faith estimate of
 50 anticipated charges within a certain timeframe;
 51 amending s. 456.072, F.S.; providing that the failure
 52 to comply with fair billing practices by a health care
 53 practitioner is grounds for disciplinary action;
 54 amending s. 627.0613, F.S.; providing that the
 55 consumer advocate must represent the general public
 56 before other state agencies; authorizing the consumer
 57 advocate to report findings relating to certain
 58 investigations to the agency and the Department of
 59 Health; authorizing the consumer advocate to have
 60 access to files, records, and data of the agency and
 61 the department necessary for certain investigations;

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62 authorizing the consumer advocate to maintain a
 63 process to receive and investigate complaints from
 64 patients relating to compliance with certain billing
 65 and notice requirements by licensed health care
 66 facilities and practitioners; defining a term;
 67 authorizing the consumer advocate to provide mediation
 68 between providers and consumers relating to certain
 69 matters; creating s. 627.6385, F.S.; requiring a
 70 health insurer to make available on its website
 71 certain methods that a policyholder can use to make
 72 estimates of certain costs and charges; providing that
 73 an estimate does not preclude an actual cost from
 74 exceeding the estimate; requiring a health insurer to
 75 make available on its website a hyperlink to certain
 76 health information; requiring a health insurer to
 77 include certain notice; requiring a health insurer
 78 that participates in the state group health insurance
 79 plan or Medicaid managed care to provide all claims
 80 data to a contracted vendor selected by the agency;
 81 providing a credit against the premium tax to certain
 82 health insurers; amending s. 641.54, F.S.; revising
 83 the provision requiring a health maintenance
 84 organization to make certain information available to
 85 its subscribers; requiring a health maintenance
 86 organization that participates in the state group
 87 health insurance plan or Medicaid managed care to
 88 provide all claims data to a contracted vendor
 89 selected by the agency; providing a credit against
 90 certain premium taxes to specified health maintenance

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91 organizations; amending s. 409.967, F.S.; requiring
 92 managed care plans to provide all claims data to a
 93 contracted vendor selected by the agency; amending s.
 94 110.123, F.S.; requiring the Department of Management
 95 Services to provide certain data to the contracted
 96 vendor for the price transparency database established
 97 by the agency; requiring a contracted vendor for the
 98 state group health insurance plan to provide claims
 99 data to the vendor selected by the agency; creating s.
 100 212.099, F.S.; defining terms; authorizing a credit
 101 against sales and use tax for taxpayers that provide
 102 health care claims information; providing a limitation
 103 on credit amounts; providing penalties for
 104 fraudulently claiming the credit; creating s. 220.197,
 105 F.S.; defining terms; authorizing a credit against
 106 corporate income tax for corporations that provide
 107 health care claims information; providing a limitation
 108 on credit amounts; providing penalties for
 109 fraudulently claiming the credit; amending ss. 20.42,
 110 381.026, 395.602, 395.6025, 408.07, 408.18, and
 111 465.0244, F.S.; conforming provisions to changes made
 112 by the act; providing effective dates.

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

115
 116 Section 1. Section 395.301, Florida Statutes, is amended to
 117 read:

118 395.301 Price transparency; itemized patient statement or
 119 ~~bill; form and content prescribed by the agency;~~ patient

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admission status notification.—

(1) A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to prospective and actual patients of the facility, or to patients' survivors or legal guardians, as appropriate. Such information shall be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05. Licensed facilities operating exclusively as state mental health treatment facilities or as mobile surgical facilities are exempt from the requirements of this subsection.

(a) Each licensed facility shall make available to the public on its website information on payments made to that facility for defined bundles of services and procedures. The payment data must be presented and searchable in accordance with the system established by the agency and its vendor using the descriptive service bundles developed under s. 408.05(3)(c). At a minimum, the facility shall provide the estimated average payment received from all payors, excluding Medicaid and Medicare, for the descriptive service bundles available at that facility and the estimated payment range for such bundles. Using plain language, comprehensible to an ordinary layperson, the facility must disclose that the information on average payments and the payment ranges is an estimate of costs that may be incurred by the patient or prospective patient and that actual costs will be based on the services actually provided to the patient. The facility shall also assist the consumer in accessing his or her health insurer's or health maintenance organization's website for information on estimated copayments, deductibles, and other cost-sharing responsibilities. The

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facility's website must:

1. Identify and post the names of all health insurers and health maintenance organizations for which the facility is a network provider or preferred provider and include a hyperlink to the website of each.

2. Provide information to uninsured patients and insured patients whose health insurer or health maintenance organization does not include the facility as a network provider or preferred provider on the facility's financial assistance policy, including the application process, payment plans, and discounts, and the facility's charity care policy and collection procedures.

3. Notify patients or prospective patients that services may be provided in the health care facility by the facility as well as by other health care providers who may separately bill the patient.

4. Inform patients or prospective patients that they may request from the facility and other health care providers a more personalized estimate of charges and other information.

(b)1. Upon request, and before providing any nonemergency medical services, each licensed facility shall provide a written, good faith estimate of reasonably anticipated charges by the facility for the treatment of the patient's or prospective patient's specific condition. The facility must provide the estimate in writing to the patient or prospective patient within 7 business days after the receipt of the request and is not required to adjust the estimate for any potential insurance coverage. The estimate may be based on the descriptive service bundles developed by the agency under s. 408.05(3)(c)

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unless the patient or prospective patient requests a more personalized and specific estimate that accounts for the specific condition and characteristics of the patient or prospective patient. The facility shall inform the patient or prospective patient that he or she may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities.

2. In the estimate, the facility shall provide to the patient or prospective patient information on the facility's financial assistance policy, including the application process, payment plans, and discounts and the facility's charity care policy and collection procedures.

3. Upon request, the facility shall notify the patient or prospective patient of any revision to the estimate.

4. In the estimate, the facility must notify the patient or prospective patient that services may be provided in the health care facility by the facility as well as by other health care providers that may separately bill the patient.

5. The facility shall take action to educate the public that such estimates are available upon request.

6. Failure to timely provide the estimate pursuant to this paragraph shall result in a fine of \$500 for each instance of the facility's failure to provide the requested information.

The provision of an estimate does not preclude the actual charges from exceeding the estimate.

(c) Each facility shall make available on its website a hyperlink to the health-related data, including quality measures and statistics that are disseminated by the agency pursuant to

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s. 408.05. The facility shall also take action to notify the public that such information is electronically available and provide a hyperlink to the agency's website.

(d)1. Upon request, and after the patient's discharge or release from the facility, the facility must provide a licensed facility not operated by the state shall notify each patient during admission and at discharge of his or her right to receive an itemized bill upon request. Within 7 days following the patient's discharge or release from a licensed facility not operated by the state, the licensed facility providing the service shall, upon request, submit to the patient, or to the patient's survivor or legal guardian, as ~~may be~~ appropriate, an itemized statement or bill detailing in plain language, comprehensible to an ordinary layperson, the specific nature of charges or expenses incurred by the patient, ~~which in~~ The initial statement or bill ~~billing~~ shall be provided within 7 days after the patient's discharge or release from the facility or after a request for such statement or bill, whichever is later. The initial statement or bill must contain a statement of specific services received and expenses incurred by date for such items of service, enumerating in detail as prescribed by the agency the constituent components of the services received within each department of the licensed facility and including unit price data on rates charged by the licensed facility, ~~as prescribed by the agency~~. The statement or bill must identify each item as paid, pending payment by a third party, or pending payment by the patient and must include the amount due, if applicable. If an amount is due from the patient, a due date must be included. The initial statement or bill must inform the

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patient or the patient's survivor or legal guardian, as appropriate, to contact the patient's insurer or health maintenance organization regarding the patient's cost-sharing responsibilities.

2. Any subsequent statement or bill provided to a patient or to the patient's survivor or legal guardian, as appropriate, relating to the episode of care must include all of the information required by subparagraph 1., with any revisions clearly delineated.

3.(2)(a) Each such statement or bill provided submitted pursuant to this subsection section:

a.1. Must ~~May not~~ include notice charges of hospital-based physicians and other health care providers who bill if billed separately.

b.2. May not include any generalized category of expenses such as "other" or "miscellaneous" or similar categories.

c.3. Must ~~Shall~~ list drugs by brand or generic name and not refer to drug code numbers when referring to drugs of any sort.

d.4. Must ~~Shall~~ specifically identify physical, occupational, or speech therapy treatment as to the date, type, and length of treatment when such ~~therapy~~ treatment is a part of the statement or bill.

~~(b) Any person receiving a statement pursuant to this section shall be fully and accurately informed as to each charge and service provided by the institution preparing the statement.~~

~~(2)(3) On each itemized statement submitted pursuant to subsection (1) there shall appear the words "A FOR PROFIT (or NOT FOR PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL CENTER) LICENSED BY THE STATE OF FLORIDA" or substantially~~

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~~similar words sufficient to identify clearly and plainly the ownership status of the licensed facility.~~ Each itemized statement or bill must prominently display the telephone ~~phone~~ number of the medical facility's patient liaison who is responsible for expediting the resolution of any billing dispute between the patient, or the patient's survivor or legal guardian ~~his or her representative~~, and the billing department.

~~(4) An itemized bill shall be provided once to the patient's physician at the physician's request, at no charge.~~

~~(5) In any billing for services subsequent to the initial billing for such services, the patient, or the patient's survivor or legal guardian, may elect, at his or her option, to receive a copy of the detailed statement of specific services received and expenses incurred for each such item of service as provided in subsection (1).~~

~~(6) No physician, dentist, podiatric physician, or licensed facility may add to the price charged by any third party except for a service or handling charge representing a cost actually incurred as an item of expense; however, the physician, dentist, podiatric physician, or licensed facility is entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, shall be set forth clearly in the bill to the patient.~~

~~(7) Each licensed facility not operated by the state shall provide, prior to provision of any nonemergency medical services, a written good faith estimate of reasonably anticipated charges for the facility to treat the patient's condition upon written request of a prospective patient. The estimate shall be provided to the prospective patient within 7~~

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294 ~~business days after the receipt of the request. The estimate may~~
 295 ~~be the average charges for that diagnosis related group or the~~
 296 ~~average charges for that procedure. Upon request, the facility~~
 297 ~~shall notify the patient of any revision to the good faith~~
 298 ~~estimate. Such estimate shall not preclude the actual charges~~
 299 ~~from exceeding the estimate. The facility shall place a notice~~
 300 ~~in the reception area that such information is available.~~
 301 ~~Failure to provide the estimate within the provisions~~
 302 ~~established pursuant to this section shall result in a fine of~~
 303 ~~\$500 for each instance of the facility's failure to provide the~~
 304 ~~requested information.~~

305 ~~(8) Each licensed facility that is not operated by the~~
 306 ~~state shall provide any uninsured person seeking planned~~
 307 ~~nonemergency elective admission a written good faith estimate of~~
 308 ~~reasonably anticipated charges for the facility to treat such~~
 309 ~~person. The estimate must be provided to the uninsured person~~
 310 ~~within 7 business days after the person notifies the facility~~
 311 ~~and the facility confirms that the person is uninsured. The~~
 312 ~~estimate may be the average charges for that diagnosis-related~~
 313 ~~group or the average charges for that procedure. Upon request,~~
 314 ~~the facility shall notify the person of any revision to the good~~
 315 ~~faith estimate. Such estimate does not preclude the actual~~
 316 ~~charges from exceeding the estimate. The facility shall also~~
 317 ~~provide to the uninsured person a copy of any facility discount~~
 318 ~~and charity care discount policies for which the uninsured~~
 319 ~~person may be eligible. The facility shall place a notice in the~~
 320 ~~reception area where such information is available. Failure to~~
 321 ~~provide the estimate as required by this subsection shall result~~
 322 ~~in a fine of \$500 for each instance of the facility's failure to~~

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323 ~~provide the requested information.~~

324 ~~(3)(9)~~ If a licensed facility places a patient on
 325 observation status rather than inpatient status, observation
 326 services shall be documented in the patient's discharge papers.
 327 The patient or the patient's survivor or legal guardian ~~proxy~~
 328 shall be notified of observation services through discharge
 329 papers, which may also include brochures, signage, or other
 330 forms of communication for this purpose.

331 ~~(4)(10)~~ A licensed facility shall make available to a
 332 patient all records necessary for verification of the accuracy
 333 of the patient's statement or bill within 10 ~~30~~ business days
 334 after the request for such records. The records verification
 335 information must be made available in the facility's offices and
 336 through electronic means that comply with the Health Insurance
 337 Portability and Accountability Act of 1996 (HIPAA). Such records
 338 must ~~shall~~ be available to the patient before ~~prior to~~ and after
 339 payment of the statement or bill or claim. The facility may not
 340 charge the patient for making such verification records
 341 available; however, the facility may charge its usual fee for
 342 providing copies of records as specified in s. 395.3025.

343 ~~(5)(11)~~ Each facility shall establish a method for
 344 reviewing and responding to questions from patients concerning
 345 the patient's itemized statement or bill. Such response shall be
 346 provided within 7 business ~~30~~ days after the date a question is
 347 received. If the patient is not satisfied with the response, the
 348 facility must provide the patient with the address and contact
 349 information of the consumer advocate as provided in s. 627.0613
 350 agency to which the issue may be sent for review.

351 ~~(12) Each licensed facility shall make available on its~~

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~~Internet website a link to the performance outcome and financial data that is published by the Agency for Health Care Administration pursuant to s. 408.05(3)(k). The facility shall place a notice in the reception area that the information is available electronically and the facility's Internet website address.~~

Section 2. Section 395.3012, Florida Statutes, is created to read:

395.3012 Penalties for unconscionable prices.-

(1) The agency may impose administrative fines based on the findings of the consumer advocate's investigation of billing complaints pursuant to s. 627.0613(6).

(2) The administrative fines for noncompliance with s. 395.301 are the greater of \$2,500 per violation or double the amount of the charges that exceed fair charges.

Section 3. Present subsections (1) through (5) of section 400.165, Florida Statutes, are redesignated as subsections (2) through (6), respectively, a new subsection (1) is added to that section, and present subsection (4) of that section is amended, to read:

400.165 Itemized resident billing, form and content prescribed by the agency.-

(1) Every licensed nursing home shall provide upon the request of a resident or prospective resident or his or her legal guardian a written, good faith estimate of reasonably anticipated charges for the resident at the nursing home. The nursing home must provide the estimate to the requestor within 7 business days after receiving the request. The nursing home must also provide information disclosing the nursing home's payment

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plans, discounts, and other available assistance and its collection procedures.

(5)-(4) In any billing for services subsequent to the initial billing for such services, the resident, or the resident's survivor or legal guardian, may elect, at his or her option, to receive a copy of the detailed statement of specific services received and expenses incurred for each such item of service as provided in subsection (2) ~~subsection (1)~~.

Section 4. Subsection (1) of section 400.487, Florida Statutes, is amended to read:

400.487 Home health service agreements; physician's, physician assistant's, and advanced registered nurse practitioner's treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate.-

(1)(a) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient's legal representative specifying the home health services to be provided, the rates or charges for services paid with private funds, and the sources of payment, which may include Medicare, Medicaid, private insurance, personal funds, or a combination thereof. A home health agency providing skilled care must make an assessment of the patient's needs within 48 hours after the start of services.

(b) Every licensed home health agency shall provide upon the request of a prospective patient or his or her legal guardian a written, good faith estimate of reasonably anticipated charges for the prospective patient for services provided by the home health agency. The home health agency must

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provide the estimate to the requestor within 7 business days after receiving the request. The home health agency must inform the prospective patient, or his or her legal guardian, that he or she may contact the prospective patient's health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The home health agency must also provide information disclosing the home health agency's payment plans, discounts, and other available assistance and its collection procedures.

Section 5. Subsection (23) is added to section 400.934, Florida Statutes, to read:

400.934 Minimum standards.—As a requirement of licensure, home medical equipment providers shall:

(23) Provide upon the request of a prospective patient or his or her legal guardian a written, good faith estimate of reasonably anticipated charges for the prospective patient for services provided by the home medical equipment provider. The home medical equipment provider must provide the estimate to the requestor within 7 business days after receiving the request. The home medical equipment provider must inform the prospective patient, or his or her legal guardian, that he or she may contact the prospective patient's health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The home medical equipment provider must also provide information disclosing the home medical equipment provider's payment plans, discounts, and other available assistance and its collection procedures.

Section 6. Section 408.05, Florida Statutes, is amended to read:

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408.05 Florida Center for Health Information and Transparency Policy Analysis.—

(1) ESTABLISHMENT.—The agency shall establish and maintain a Florida Center for Health Information and Transparency to collect, compile, coordinate, analyze, index, and disseminate Policy Analysis. The center shall establish a comprehensive health information system to provide for the collection, compilation, coordination, analysis, indexing, dissemination, and utilization of both purposefully collected and extant health-related data and statistics. The center shall be staffed as necessary with public health experts, biostatisticians, information system analysts, health policy experts, economists, and other staff necessary to carry out its functions.

(2) HEALTH-RELATED DATA.—The comprehensive health information system operated by the Florida Center for Health Information and Transparency Policy Analysis shall identify the best available data sets, compile new data when specifically authorized, data sources and promote the use coordinate the compilation of extant health-related data and statistics. The center must maintain any data sets in existence before July 1, 2016, unless such data sets duplicate information that is readily available from other credible sources, and may and purposefully collect or compile data on the following:

(a) The extent and nature of illness and disability of the state population, including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality.

(b) The impact of illness and disability of the state population on the state economy and on other aspects of the

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well-being of the people in this state.

~~(c) Environmental, social, and other health hazards.~~

~~(d) Health knowledge and practices of the people in this state and determinants of health and nutritional practices and status.~~

~~(a)(e)~~ Health resources, including licensed physicians, dentists, nurses, and other health care practitioners professionals, by specialty and type of practice. Such data shall include information collected by the Department of Health pursuant to ss. 458.3191 and 459.0081.

(b) Health service inventories, including and acute care, long-term care, and other institutional care facilities facility supplies and specific services provided by hospitals, nursing homes, home health agencies, and other licensed health care facilities.

(c)(f) Service utilization for licensed health care facilities of health care by type of provider.

(d)(g) Health care costs and financing, including trends in health care prices and costs, the sources of payment for health care services, and federal, state, and local expenditures for health care.

~~(h) Family formation, growth, and dissolution.~~

(e)(i) The extent of public and private health insurance coverage in this state.

(f)(j) Specific quality-of-care initiatives involving The quality of care provided by various health care providers when extant data is not adequate to achieve the objectives of the initiatives.

(3) COMPREHENSIVE HEALTH INFORMATION TRANSPARENCY SYSTEM.--

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In order to disseminate and facilitate the availability of ~~produce~~ comparable and uniform health information and statistics for the development of policy recommendations, the agency shall perform the following functions:

(a) Collect and compile information on and coordinate the activities of state agencies involved in providing the design and implementation of the comprehensive health information to consumers system.

(b) Promote data sharing through dissemination of state-collected health data by making such data available, transferable, and readily usable ~~Undertake research, development, and evaluation respecting the comprehensive health information system.~~

(c) Contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison. The Internet-based platform must allow a consumer to search by condition or service bundles that are comprehensible to an ordinary layperson and may not require registration, a security password, or user identification. The vendor must be a nonprofit research institute that is qualified under s. 1874 of the Social Security Act to receive Medicare claims data and that receives claims data from multiple private insurers nationwide. The vendor must have:

1. A national database consisting of at least 15 billion claim lines of administrative claims data from multiple payors capable of being expanded by adding third-party payors, including employers with health plans covered by the Employee Retirement Income Security Act of 1974 (ERISA).

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526 2. A well-developed methodology for analyzing claims data
 527 within defined service bundles.

528 3. A bundling methodology that is available in the public
 529 domain to allow for consistency and comparison of state and
 530 national benchmarks with local regions and specific providers.

531 ~~(e) Review the statistical activities of state agencies to~~
 532 ~~ensure that they are consistent with the comprehensive health~~
 533 ~~information system.~~

534 (d) Develop written agreements with local, state, and
 535 federal agencies to facilitate for the sharing of data related
 536 to health care health-care-related data or using the facilities
 537 and services of such agencies. State agencies, local health
 538 councils, and other agencies under state contract shall assist
 539 the center in obtaining, compiling, and transferring health-
 540 care-related data maintained by state and local agencies.
 541 Written agreements must specify the types, methods, and
 542 periodicity of data exchanges and specify the types of data that
 543 will be transferred to the center.

544 (e) Establish by rule the types of data collected,
 545 compiled, processed, used, or shared. ~~Decisions regarding center~~
 546 ~~data sets should be made based on consultation with the State~~
 547 ~~Consumer Health Information and Policy Advisory Council and~~
 548 ~~other public and private users regarding the types of data which~~
 549 ~~should be collected and their uses. The center shall establish~~
 550 ~~standardized means for collecting health information and~~
 551 ~~statistics under laws and rules administered by the agency.~~

552 (f) Consult with contracted vendors, the State Consumer
 553 Health Information and Policy Advisory Council, and other public
 554 and private users regarding the types of data that should be

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555 collected and the use of such data.

556 (g) Monitor data collection procedures and test data
 557 quality to facilitate the dissemination of data that is
 558 accurate, valid, reliable, and complete.

559 ~~(f) Establish minimum health care related data sets which~~
 560 ~~are necessary on a continuing basis to fulfill the collection~~
 561 ~~requirements of the center and which shall be used by state~~
 562 ~~agencies in collecting and compiling health-care-related data.~~
 563 ~~The agency shall periodically review ongoing health care data~~
 564 ~~collections of the Department of Health and other state agencies~~
 565 ~~to determine if the collections are being conducted in~~
 566 ~~accordance with the established minimum sets of data.~~

567 (g) Establish advisory standards to ensure the quality of
 568 health statistical and epidemiological data collection,
 569 processing, and analysis by local, state, and private
 570 organizations.

571 ~~(h) Prescribe standards for the publication of health-care-~~
 572 ~~related data reported pursuant to this section which ensure the~~
 573 ~~reporting of accurate, valid, reliable, complete, and comparable~~
 574 ~~data. Such standards should include advisory warnings to users~~
 575 ~~of the data regarding the status and quality of any data~~
 576 ~~reported by or available from the center.~~

577 (h)(i) Develop Prescribe standards for the maintenance and
 578 preservation of the center's data. This should include methods
 579 for archiving data, retrieval of archived data, and data editing
 580 and verification.

581 ~~(j) Ensure that strict quality control measures are~~
 582 ~~maintained for the dissemination of data through publications,~~
 583 ~~studies, or user requests.~~

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584 ~~(i)(k) Make Develop, in conjunction with the State Consumer~~
 585 ~~Health Information and Policy Advisory Council, and implement a~~
 586 ~~long-range plan for making available health care quality~~
 587 ~~measures and financial data that will allow consumers to compare~~
 588 ~~outcomes and other performance measures for health care~~
 589 ~~services. The health care quality measures and financial data~~
 590 ~~the agency must make available include, but are not limited to,~~
 591 ~~pharmaceuticals, physicians, health care facilities, and health~~
 592 ~~plans and managed care entities. The agency shall update the~~
 593 ~~plan and report on the status of its implementation annually.~~
 594 ~~The agency shall also make the plan and status report available~~
 595 ~~to the public on its Internet website. As part of the plan, the~~
 596 ~~agency shall identify the process and timeframes for~~
 597 ~~implementation, barriers to implementation, and recommendations~~
 598 ~~of changes in the law that may be enacted by the Legislature to~~
 599 ~~eliminate the barriers. As preliminary elements of the plan, the~~
 600 ~~agency shall:~~

601 ~~1. Make available patient-safety indicators, inpatient~~
 602 ~~quality indicators, and performance outcome and patient charge~~
 603 ~~data collected from health care facilities pursuant to s.~~
 604 ~~408.061(1)(a) and (2). The terms "patient-safety indicators" and~~
 605 ~~"inpatient quality indicators" have the same meaning as that~~
 606 ~~ascribed by the Centers for Medicare and Medicaid Services, an~~
 607 ~~accrediting organization whose standards incorporate comparable~~
 608 ~~regulations required by this state, or a national entity that~~
 609 ~~establishes standards to measure the performance of health care~~
 610 ~~providers, or by other states. The agency shall determine which~~
 611 ~~conditions, procedures, health care quality measures, and~~
 612 ~~patient charge data to disclose based upon input from the~~

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613 ~~council. When determining which conditions and procedures are to~~
 614 ~~be disclosed, the council and the agency shall consider~~
 615 ~~variation in costs, variation in outcomes, and magnitude of~~
 616 ~~variations and other relevant information. When determining~~
 617 ~~which health care quality measures to disclose, the agency:~~

618 ~~a. Shall consider such factors as volume of cases, average~~
 619 ~~patient charges, average length of stay, complication rates,~~
 620 ~~mortality rates, and infection rates, among others, which shall~~
 621 ~~be adjusted for case mix and severity, if applicable.~~

622 ~~b. May consider such additional measures that are adopted~~
 623 ~~by the Centers for Medicare and Medicaid Studies, an accrediting~~
 624 ~~organization whose standards incorporate comparable regulations~~
 625 ~~required by this state, the National Quality Forum, the Joint~~
 626 ~~Commission on Accreditation of Healthcare Organizations, the~~
 627 ~~Agency for Healthcare Research and Quality, the Centers for~~
 628 ~~Disease Control and Prevention, or a similar national entity~~
 629 ~~that establishes standards to measure the performance of health~~
 630 ~~care providers, or by other states.~~

631
 632 ~~When determining which patient charge data to disclose, the~~
 633 ~~agency shall include such measures as the average of~~
 634 ~~undiscounted charges on frequently performed procedures and~~
 635 ~~preventive diagnostic procedures, the range of procedure charges~~
 636 ~~from highest to lowest, average net revenue per adjusted patient~~
 637 ~~day, average cost per adjusted patient day, and average cost per~~
 638 ~~admission, among others.~~

639 ~~2. Make available performance measures, benefit design, and~~
 640 ~~premium cost data from health plans licensed pursuant to chapter~~
 641 ~~627 or chapter 641. The agency shall determine which health care~~

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quality measures and member and subscriber cost data to disclose, based upon input from the council. When determining which data to disclose, the agency shall consider information that may be required by either individual or group purchasers to assess the value of the product, which may include membership satisfaction, quality of care, current enrollment or membership, coverage areas, accreditation status, premium costs, plan costs, premium increases, range of benefits, copayments and deductibles, accuracy and speed of claims payment, credentials of physicians, number of providers, names of network providers, and hospitals in the network. Health plans shall make available to the agency such data or information that is not currently reported to the agency or the office.

3. Determine the method and format for public disclosure of data reported pursuant to this paragraph. The agency shall make its determination based upon input from the State Consumer Health Information and Policy Advisory Council. At a minimum, the data shall be made available on the agency's Internet website in a manner that allows consumers to conduct an interactive search that allows them to view and compare the information for specific providers. The website must include such additional information as is determined necessary to ensure that the website enhances informed decisionmaking among consumers and health care purchasers, which shall include, at a minimum, appropriate guidance on how to use the data and an explanation of why the data may vary from provider to provider.

4. Publish on its website undiscounted charges for no fewer than 150 of the most commonly performed adult and pediatric procedures, including outpatient, inpatient, diagnostic, and

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~~preventative procedures.~~

~~(4) TECHNICAL ASSISTANCE.—~~

~~(a) The center shall provide technical assistance to persons or organizations engaged in health planning activities in the effective use of statistics collected and compiled by the center. The center shall also provide the following additional technical assistance services:~~

~~1. Establish procedures identifying the circumstances under which, the places at which, the persons from whom, and the methods by which a person may secure data from the center, including procedures governing requests, the ordering of requests, timeframes for handling requests, and other procedures necessary to facilitate the use of the center's data. To the extent possible, the center should provide current data timely in response to requests from public or private agencies.~~

~~2. Provide assistance to data sources and users in the areas of database design, survey design, sampling procedures, statistical interpretation, and data access to promote improved health-care-related data sets.~~

~~3. Identify health care data gaps and provide technical assistance to other public or private organizations for meeting documented health care data needs.~~

~~4. Assist other organizations in developing statistical abstracts of their data sets that could be used by the center.~~

~~5. Provide statistical support to state agencies with regard to the use of databases maintained by the center.~~

~~6. To the extent possible, respond to multiple requests for information not currently collected by the center or available from other sources by initiating data collection.~~

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7. ~~Maintain detailed information on data maintained by other local, state, federal, and private agencies in order to advise those who use the center of potential sources of data which are requested but which are not available from the center.~~

~~8. Respond to requests for data which are not available in published form by initiating special computer runs on data sets available to the center.~~

~~9. Monitor innovations in health information technology, informatics, and the exchange of health information and maintain a repository of technical resources to support the development of a health information network.~~

~~(b) The agency shall administer, manage, and monitor grants to not for profit organizations, regional health information organizations, public health departments, or state agencies that submit proposals for planning, implementation, or training projects to advance the development of a health information network. Any grant contract shall be evaluated to ensure the effective outcome of the health information project.~~

~~(c) The agency shall initiate, oversee, manage, and evaluate the integration of health care data from each state agency that collects, stores, and reports on health care issues and make that data available to any health care practitioner through a state health information network.~~

~~(5) PUBLICATIONS; REPORTS; SPECIAL STUDIES. The center shall provide for the widespread dissemination of data which it collects and analyzes. The center shall have the following publication, reporting, and special study functions:~~

~~(a) The center shall publish and make available periodically to agencies and individuals health statistics~~

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~~publications of general interest, including health plan consumer reports and health maintenance organization member satisfaction surveys; publications providing health statistics on topical health policy issues; publications that provide health status profiles of the people in this state, and other topical health statistics publications.~~

~~(j)(b) The center shall publish, Make available, and disseminate, promptly and as widely as practicable, the results of special health surveys, health care research, and health care evaluations conducted or supported under this section. Any publication by the center must include a statement of the limitations on the quality, accuracy, and completeness of the data.~~

~~(c) The center shall provide indexing, abstracting, translation, publication, and other services leading to a more effective and timely dissemination of health care statistics.~~

~~(d) The center shall be responsible for publishing and disseminating an annual report on the center's activities.~~

~~(e) The center shall be responsible, to the extent resources are available, for conducting a variety of special studies and surveys to expand the health care information and statistics available for health policy analyses, particularly for the review of public policy issues. The center shall develop a process by which users of the center's data are periodically surveyed regarding critical data needs and the results of the survey considered in determining which special surveys or studies will be conducted. The center shall select problems in health care for research, policy analyses, or special data collections on the basis of their local, regional, or state~~

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~~importance, the unique potential for definitive research on the problem, and opportunities for application of the study findings.~~

~~(4)(6)~~ PROVIDER DATA REPORTING.—This section does not confer on the agency the power to demand or require that a health care provider or professional furnish information, records of interviews, written reports, statements, notes, memoranda, or data other than as expressly required by law. The agency may not establish an all-payor claims database or a comparable database without express legislative authority.

~~(5)(7)~~ BUDGET; FEES.—

(a) The Legislature intends that funding for the Florida Center for Health Information and Transparency Policy Analysis be appropriated from the General Revenue Fund.

(b) The Florida Center for Health Information and Transparency Policy Analysis may apply for and receive and accept grants, gifts, and other payments, including property and services, from any governmental or other public or private entity or person and make arrangements as to the use of same, including the undertaking of special studies and other projects relating to health-care-related topics. Funds obtained pursuant to this paragraph may not be used to offset annual appropriations from the General Revenue Fund.

(c) The center may charge such reasonable fees for services as the agency prescribes by rule. The established fees may not exceed the reasonable cost for such services. Fees collected may not be used to offset annual appropriations from the General Revenue Fund.

~~(6)(8)~~ STATE CONSUMER HEALTH INFORMATION AND POLICY

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ADVISORY COUNCIL.—

(a) There is established in the agency the State Consumer Health Information and Policy Advisory Council to assist the center ~~in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities and to recommend improvements for purposes of public health, policy analysis, and transparency of consumer health care information.~~ The council ~~consists~~ shall consist of the following members:

1. An employee of the Executive Office of the Governor, to be appointed by the Governor.

2. An employee of the Office of Insurance Regulation, to be appointed by the director of the office.

3. An employee of the Department of Education, to be appointed by the Commissioner of Education.

4. Ten persons, to be appointed by the Secretary of Health Care Administration, representing other state and local agencies, state universities, business and health coalitions, local health councils, professional health-care-related associations, consumers, and purchasers.

(b) Each member of the council shall be appointed to serve for a term of 2 years following the date of appointment, ~~except the term of appointment shall end 3 years following the date of appointment for members appointed in 2003, 2004, and 2005.~~ A vacancy shall be filled by appointment for the remainder of the term, and each appointing authority retains the right to reappoint members whose terms of appointment have expired.

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(c) The council may meet at the call of its chair, at the request of the agency, or at the request of a majority of its membership, but the council must meet at least quarterly.

(d) Members shall elect a chair and vice chair annually.

(e) A majority of the members constitutes a quorum, and the affirmative vote of a majority of a quorum is necessary to take action.

(f) The council shall maintain minutes of each meeting and shall make such minutes available to any person.

(g) Members of the council shall serve without compensation but shall be entitled to receive reimbursement for per diem and travel expenses as provided in s. 112.061.

(h) The council's duties and responsibilities include, but are not limited to, the following:

1. To develop a mission statement, goals, and a plan of action for the identification, collection, standardization, sharing, and coordination of health-related data across federal, state, and local government and private sector entities.

2. To develop a review process to ensure cooperative planning among agencies that collect or maintain health-related data.

3. To create ad hoc issue-oriented technical workgroups on an as-needed basis to make recommendations to the council.

~~(7)-(9) APPLICATION TO OTHER AGENCIES. Nothing in This~~ section does not shall limit, restrict, affect, or control the collection, analysis, release, or publication of data by any state agency pursuant to its statutory authority, duties, or responsibilities.

Section 7. Subsection (1) of section 408.061, Florida

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Statutes, is amended to read:

408.061 Data collection; uniform systems of financial reporting; information relating to physician charges; confidential information; immunity.—

(1) The agency shall require the submission by health care facilities, health care providers, and health insurers of data necessary to carry out the agency's duties and to facilitate transparency in health care pricing data and quality measures. Specifications for data to be collected under this section shall be developed by the agency and applicable contract vendors, with the assistance of technical advisory panels including representatives of affected entities, consumers, purchasers, and such other interested parties as may be determined by the agency.

(a) Data submitted by health care facilities, including the facilities as defined in chapter 395, shall include, but are not limited to: case-mix data, patient admission and discharge data, hospital emergency department data which shall include the number of patients treated in the emergency department of a licensed hospital reported by patient acuity level, data on hospital-acquired infections as specified by rule, data on complications as specified by rule, data on readmissions as specified by rule, with patient and provider-specific identifiers included, actual charge data by diagnostic groups or other bundled groupings as specified by rule, financial data, accounting data, operating expenses, expenses incurred for rendering services to patients who cannot or do not pay, interest charges, depreciation expenses based on the expected useful life of the property and equipment involved, and

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874 demographic data. The agency shall adopt nationally recognized
 875 risk adjustment methodologies or software consistent with the
 876 standards of the Agency for Healthcare Research and Quality and
 877 as selected by the agency for all data submitted as required by
 878 this section. Data may be obtained from documents such as, but
 879 not limited to: leases, contracts, debt instruments, itemized
 880 patient statements or bills, medical record abstracts, and
 881 related diagnostic information. Reported data elements shall be
 882 reported electronically in accordance with rule 59E-7.012,
 883 Florida Administrative Code. Data submitted shall be certified
 884 by the chief executive officer or an appropriate and duly
 885 authorized representative or employee of the licensed facility
 886 that the information submitted is true and accurate.

887 (b) Data to be submitted by health care providers may
 888 include, but are not limited to: professional organization and
 889 specialty board affiliations, Medicare and Medicaid
 890 participation, types of services offered to patients, actual
 891 charges to patients as specified by rule, amount of revenue and
 892 expenses of the health care provider, and such other data which
 893 are reasonably necessary to study utilization patterns. Data
 894 submitted shall be certified by the appropriate duly authorized
 895 representative or employee of the health care provider that the
 896 information submitted is true and accurate.

897 (c) Data to be submitted by health insurers may include,
 898 but are not limited to: claims, payments to health care
 899 facilities and health care providers as specified by rule,
 900 premium, administration, and financial information. Data
 901 submitted shall be certified by the chief financial officer, an
 902 appropriate and duly authorized representative, or an employee

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903 of the insurer that the information submitted is true and
 904 accurate.

905 (d) Data required to be submitted by health care
 906 facilities, health care providers, or health insurers may ~~shall~~
 907 not include specific provider contract reimbursement
 908 information. However, such specific provider reimbursement data
 909 shall be reasonably available for onsite inspection by the
 910 agency as is necessary to carry out the agency's regulatory
 911 duties. Any such data obtained by the agency as a result of
 912 onsite inspections may not be used by the state for purposes of
 913 direct provider contracting and are confidential and exempt from
 914 ~~the provisions of s. 119.07(1) and s. 24(a), Art. I of the State~~
 915 Constitution.

916 (e) A requirement to submit data shall be adopted by rule
 917 if the submission of data is being required of all members of
 918 any type of health care facility, health care provider, or
 919 health insurer. Rules are not required, however, for the
 920 submission of data for a special study mandated by the
 921 Legislature or when information is being requested for a single
 922 health care facility, health care provider, or health insurer.

923 Section 8. Section 456.0575, Florida Statutes, is amended
 924 to read:

925 456.0575 Duty to notify patients.—

926 (1) Every licensed health care practitioner shall inform
 927 each patient, or an individual identified pursuant to s.
 928 765.401(1), in person about adverse incidents that result in
 929 serious harm to the patient. Notification of outcomes of care
 930 that result in harm to the patient under this section shall not
 931 constitute an acknowledgment of admission of liability, nor can

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such notifications be introduced as evidence.

(2) Every licensed health care practitioner must provide upon request by a patient, before providing any nonemergency medical services in a facility licensed under chapter 395, a written, good faith estimate of reasonably anticipated charges to treat the patient's condition at the licensed facility. The health care practitioner must provide the estimate to the patient within 7 business days after receiving the request and is not required to adjust the estimate for any potential insurance coverage. The health care practitioner must inform the patient that he or she may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The health care practitioner must provide information to uninsured patients and insured patients for whom the practitioner is not a network provider or preferred provider which discloses the practitioner's financial assistance policy, including the application process, payment plans, discounts, and other available assistance; the practitioner's charity care policy; and the practitioner's collection procedures. Such estimate does not preclude the actual charges from exceeding the estimate. Failure to provide the estimate in accordance with this subsection, without good cause, within the 7 business days shall result in disciplinary action against the health care practitioner and a fine of \$500 for each instance of the practitioner's failure to provide the requested estimate.

Section 9. Paragraph (oo) is added to subsection (1) of section 456.072, Florida Statutes, to read:

456.072 Grounds for discipline; penalties; enforcement.—

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(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(oo) Failure to comply with fair billing practices pursuant to s. 627.0613(6).

Section 10. Section 627.0613, Florida Statutes, is amended to read:

627.0613 Consumer advocate.—The Chief Financial Officer must appoint a consumer advocate who must represent the general public of the state before the department, ~~and the office, and~~ other state agencies, as required by this section. The consumer advocate must report directly to the Chief Financial Officer, but is not otherwise under the authority of the department or of any employee of the department. The consumer advocate has such powers as are necessary to carry out the duties of the office of consumer advocate, including, but not limited to, the powers to:

(1) Recommend to the department or office, by petition, the commencement of any proceeding or action; appear in any proceeding or action before the department or office; or appear in any proceeding before the Division of Administrative Hearings relating to subject matter under the jurisdiction of the department or office.

(2) Report to the Agency for Health Care Administration and to the Department of Health any findings resulting from investigation of unresolved complaints concerning the billing practices of any health care facility licensed under chapter 395 or any health care practitioner subject to chapter 456.

(3) ~~(2)~~ Have access to and use of all files, records, and data of the department or office.

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(4) Have access to any files, records, and data of the Agency for Health Care Administration and the Department of Health which are necessary for the investigations authorized by subsection (6).

~~(5) (3)~~ Examine rate and form filings submitted to the office, hire consultants as necessary to aid in the review process, and recommend to the department or office any position deemed by the consumer advocate to be in the public interest.

(6) Maintain a process for receiving and investigating complaints from insured and uninsured patients of health care facilities licensed under chapter 395 and health care practitioners subject to chapter 456 concerning billing practices. Investigations by the office of the consumer advocate shall be limited to determining compliance with the following requirements:

(a) The patient was informed before a nonemergency procedure of expected payments related to the procedure as provided in s. 395.301, contact information for health insurers or health maintenance organizations to determine specific cost-sharing responsibilities, and the expected involvement in the procedure of other providers who may bill independently.

(b) The patient was informed of policies and procedures to qualify for discounted charges.

(c) The patient was informed of collection procedures and given the opportunity to participate in an extended payment schedule.

(d) The patient was given a written, personal, and itemized estimate upon request as provided in ss. 395.301 and 456.0575.

(e) The statement or bill delivered to the patient was

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accurate and included all information required pursuant to s. 395.301.

(f) The billed amounts were fair charges. As used in this paragraph, the term "fair charges" means the common and frequent range of charges for patients who are similarly situated requiring the same or similar medical services.

(7) Provide mediation between providers and patients to resolve billing complaints and negotiate arrangements for extended payment schedules.

~~(8) (4)~~ Prepare an annual budget for presentation to the Legislature by the department, which budget must be adequate to carry out the duties of the office of consumer advocate.

Section 11. Section 627.6385, Florida Statutes, is created to read:

627.6385 Disclosures to policyholders; calculations of cost sharing.—

(1) Each health insurer shall make available on its website:

(a) A method for policyholders to estimate their copayments, deductibles, and other cost-sharing responsibilities for health care services and procedures. Such method of making an estimate shall be based on service bundles established pursuant to s. 408.05(3)(c). Estimates do not preclude the actual copayment, coinsurance percentage, or deductible, whichever is applicable, from exceeding the estimate.

1. Estimates shall be calculated according to the policy and known plan usage during the coverage period.

2. Estimates shall be made available based on providers that are in-network or out-of-network.

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3. A policyholder must be able to create estimates by any combination of the service bundles established pursuant to s. 408.05(3)(c) or by a specified provider or a comparison of providers.

(b) A method for policyholders to estimate their copayments, deductibles, and other cost-sharing responsibilities based on a personalized estimate of charges received from a facility pursuant to s. 395.301 or a practitioner pursuant to s. 456.0575.

(c) A hyperlink to the health information, including, but not limited to, service bundles and quality of care information, which is disseminated by the Agency for Health Care Administration pursuant to s. 408.05(3).

(2) Each health insurer shall include in every policy delivered or issued for delivery to any person in the state or in materials provided as required by s. 627.64725 notice that the information required by this section is available electronically and the address of the website where the information can be accessed.

(3) Each health insurer that participates in the state group health insurance plan created pursuant to s. 110.123 or Medicaid managed care pursuant to part IV of chapter 409 shall provide all claims data to the fullest extent possible to the contracted vendor selected by the Agency for Health Care Administration under s. 408.05(3)(c).

(4) Each health insurer that provides all claims data to the fullest extent possible to the contracted vendor under s. 408.05(3)(c) is entitled to a 0.05 percent credit against the premium tax established pursuant to s. 624.509, notwithstanding

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any premium tax credit limitation imposed by s. 624.509.

Section 12. Subsection (6) and present subsection (7) of section 641.54, Florida Statutes, are amended, present subsection (7) of that section is redesignated as subsection (9), and a new subsection (7) and subsection (8) are added to that section, to read:

641.54 Information disclosure.—

(6) Each health maintenance organization shall make available to its subscribers on its website or by request the estimated copayment ~~copay~~, coinsurance percentage, or deductible, whichever is applicable, for any covered services as described by the searchable bundles established on a consumer-friendly, Internet-based platform pursuant to s. 408.05(3)(c) or as described in a personalized estimate received from a facility pursuant to s. 395.301 or a practitioner pursuant to s. 456.0575, the status of the subscriber's maximum annual out-of-pocket payments for a covered individual or family, and the status of the subscriber's maximum lifetime benefit. Such estimate does ~~shall~~ not preclude the actual copayment ~~copay~~, coinsurance percentage, or deductible, whichever is applicable, from exceeding the estimate.

(7) Each health maintenance organization that participates in the state group health insurance plan created pursuant to s. 110.123 or Medicaid managed care pursuant to part IV of chapter 409 shall provide all claims data to the fullest extent possible to the contracted vendor selected by the Agency for Health Care Administration under s. 408.05(3)(c).

(8) Each health maintenance organization that provides all claims data to the fullest extent possible to the contracted

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1106 vendor under s. 408.05(3)(c) is entitled to a 0.05 percent
 1107 credit against the premium tax established pursuant to s.
 1108 624.509, notwithstanding any premium tax credit limitation
 1109 imposed by s. 624.509.

1110 ~~(9)(7)~~ Each health maintenance organization shall make
 1111 available on its ~~Internet~~ website a hyperlink link to the health
 1112 information performance outcome and financial data that is
 1113 disseminated ~~published~~ by the Agency for Health Care
 1114 Administration pursuant to s. 408.05(3) ~~s. 408.05(3)(k)~~ and
 1115 shall include in every policy delivered or issued for delivery
 1116 to any person in the state or any materials provided as required
 1117 by s. 627.64725 notice that such information is available
 1118 electronically and the address of its Internet website.

1119 Section 13. Paragraph (n) is added to subsection (2) of
 1120 section 409.967, Florida Statutes, to read:

1121 409.967 Managed care plan accountability.—

1122 (2) The agency shall establish such contract requirements
 1123 as are necessary for the operation of the statewide managed care
 1124 program. In addition to any other provisions the agency may deem
 1125 necessary, the contract must require:

1126 (n) Transparency.—Managed care plans shall comply with ss.
 1127 627.6385(3) and 641.54(7).

1128 Section 14. Paragraph (d) of subsection (3) of section
 1129 110.123, Florida Statutes, is amended to read:

1130 110.123 State group insurance program.—

1131 (3) STATE GROUP INSURANCE PROGRAM.—

1132 (d)1. Notwithstanding ~~the provisions of~~ chapter 287 and the
 1133 authority of the department, for the purpose of protecting the
 1134 health of, and providing medical services to, state employees

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1135 participating in the state group insurance program, the
 1136 department may contract to retain the services of professional
 1137 administrators for the state group insurance program. The agency
 1138 shall follow good purchasing practices of state procurement to
 1139 the extent practicable under the circumstances.

1140 2. Each vendor in a major procurement, and any other vendor
 1141 if the department deems it necessary to protect the state's
 1142 financial interests, shall, at the time of executing any
 1143 contract with the department, post an appropriate bond with the
 1144 department in an amount determined by the department to be
 1145 adequate to protect the state's interests but not higher than
 1146 the full amount estimated to be paid annually to the vendor
 1147 under the contract.

1148 3. Each major contract entered into by the department
 1149 pursuant to this section shall contain a provision for payment
 1150 of liquidated damages to the department for material
 1151 noncompliance by a vendor with a contract provision. The
 1152 department may require a liquidated damages provision in any
 1153 contract if the department deems it necessary to protect the
 1154 state's financial interests.

1155 4. ~~Section The provisions of s. 120.57(3) applies apply~~ to
 1156 the department's contracting process, except:

1157 a. A formal written protest of any decision, intended
 1158 decision, or other action subject to protest shall be filed
 1159 within 72 hours after receipt of notice of the decision,
 1160 intended decision, or other action.

1161 b. As an alternative to any provision of s. 120.57(3), the
 1162 department may proceed with the bid selection or contract award
 1163 process if the director of the department sets forth, in

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writing, particular facts and circumstances which demonstrate the necessity of continuing the procurement process or the contract award process in order to avoid a substantial disruption to the provision of any scheduled insurance services.

5. The department shall make arrangements as necessary to provide claims data of the state group health insurance plan to the contracted vendor selected by the Agency for Health Care Administration pursuant to s. 408.05(3)(c).

6. Each contracted vendor for the state group health insurance plan shall provide claims data to the fullest extent possible to the vendor selected by the Agency for Health Care Administration pursuant to s. 408.05(3)(c).

Section 15. Effective January 1, 2017, section 212.099, Florida Statutes, is created to read:

212.099 Health information and transparency tax credit.—

(1) As used in this section, the term:

(a) "Eligible employee" means an employee who is employed in this state by an eligible employer and is covered under the eligible employer's health plan covered by the Employee Retirement Income Security Act of 1974.

(b) "Eligible employer" means an employer that provides a health plan covered by the Employee Retirement Income Security Act of 1974 to eligible employees and provides qualifying health care claims information submissions on a quarterly basis.

(c) "Qualifying health care claims information submission" means the submission of health care claims information on eligible employees to the contract vendor selected by the Agency for Health Care Administration pursuant to s. 408.05(3)(c).

(2) A credit against the tax imposed by this chapter is

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authorized for qualifying health care claims information submissions made by an eligible employer. The credit is equal to the number of eligible employees included on each qualifying health care claims information submission multiplied by \$50. The total credit that may be claimed by an eligible employer under this section is \$500,000 annually.

(3) If the credit under this section is greater than can be taken on a single tax return, excess amounts may be taken as credits on any return submitted within 12 months after the submission of the qualifying health care claims information.

(4) A corporation may take the credit under this section against its corporate income tax liability, as provided in s. 220.197; however, a corporation that uses its credit against the tax imposed by chapter 220 may not receive the credit provided in this section. A credit may be taken against only one tax.

(5) Any person who fraudulently claims this credit is liable for repayment of the credit plus a mandatory penalty of 100 percent of the credit and commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 16. Effective January 1, 2017, section 220.197, Florida Statutes, is created to read:

220.197 Health information and transparency tax credit.—

(1) As used in this section, the term:

(a) "Eligible employee" means an employee who is employed in this state by an eligible employer and is covered under the eligible employer's health plan covered by the Employee Retirement Income Security Act of 1974.

(b) "Eligible employer" means an employer that provides a

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health plan covered by the Employee Retirement Income Security Act of 1974 to eligible employees and provides qualifying health care claims information submissions on a quarterly basis.

(c) "Qualifying health care claims information submission" means the submission of health care claims information on eligible employees to the contract vendor selected by the Agency for Health Care Administration pursuant to s. 408.05(3)(c).

(2) A credit against the tax imposed by this chapter is authorized for quarterly qualifying health care claims information submissions made by an eligible employer. The credit is equal to the number of eligible employees included on each qualifying health care claims information submission multiplied by \$50. The credit must be claimed on the next annual return filed by the corporation under this chapter. The total credit that may be claimed by a corporation under this section is \$500,000 annually.

(3) If the credit under this section is greater than can be taken on a single tax return, excess amounts may be carried forward for a period not to exceed 5 years.

(4) The credit provided for in this section may be taken on a consolidated return; however, the total credit taken by the affiliated group is subject to the limitation established under subsection (2).

(5) A corporation may take the credit under this section against its sales tax liability, as provided in s. 212.099; however, a corporation that uses its credit against the tax imposed by chapter 212 may not receive the credit provided in this section. A credit may be taken against only one tax.

(6) Any person who fraudulently claims this credit is

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liable for repayment of the credit plus a mandatory penalty of 100 percent of the credit and commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 17. Subsection (3) of section 20.42, Florida Statutes, is amended to read:

20.42 Agency for Health Care Administration.—

(3) The department shall be the chief health policy and planning entity for the state. The department is responsible for health facility licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the certificate of need program; the operation of the Florida Center for Health Information and Transparency Policy Analysis; the administration of the Medicaid program; the administration of the contracts with the Florida Healthy Kids Corporation; the certification of health maintenance organizations and prepaid health clinics as set forth in part III of chapter 641; and any other duties prescribed by statute or agreement.

Section 18. Paragraph (c) of subsection (4) of section 381.026, Florida Statutes, is amended to read:

381.026 Florida Patient's Bill of Rights and Responsibilities.—

(4) RIGHTS OF PATIENTS.—Each health care facility or provider shall observe the following standards:

(c) *Financial information and disclosure.*—

1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a

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representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.

2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, before treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.

3. A primary care provider may publish a schedule of charges for the medical services that the provider offers to patients. The schedule must include the prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card. The schedule must be posted in a conspicuous place in the reception area of the provider's office and must include, but is not limited to, the 50 services most frequently provided by the primary care provider. The schedule may group services by three price levels, listing services in each price level. The posting must be at least 15 square feet in size. A primary care provider who publishes and maintains a schedule of charges for medical services is exempt from the license fee requirements for a single period of renewal of a professional license under chapter 456 for that licensure term and is exempt from the continuing education requirements of chapter 456 and the rules implementing those requirements for a single 2-year period.

4. If a primary care provider publishes a schedule of charges pursuant to subparagraph 3., he or she must continually

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post it at all times for the duration of active licensure in this state when primary care services are provided to patients. If a primary care provider fails to post the schedule of charges in accordance with this subparagraph, the provider shall be required to pay any license fee and comply with any continuing education requirements for which an exemption was received.

5. A health care provider or a health care facility shall, upon request, furnish a person, before the provision of medical services, a reasonable estimate of charges for such services. The health care provider or the health care facility shall provide an uninsured person, before the provision of a planned nonemergency medical service, a reasonable estimate of charges for such service and information regarding the provider's or facility's discount or charity policies for which the uninsured person may be eligible. Such estimates by a primary care provider must be consistent with the schedule posted under subparagraph 3. Estimates shall, to the extent possible, be written in language comprehensible to an ordinary layperson. Such reasonable estimate does not preclude the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

6. Each licensed facility, except a facility operating exclusively as a state mental health treatment facility or as a mobile surgical facility, not operated by the state shall make available to the public on its Internet website or by other electronic means a description of and a hyperlink link to the health information performance outcome and financial data that is disseminated published by the agency pursuant to s. 408.05(3)

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~~s. 408.05(3)(k)~~. The facility shall place a notice in the reception area that such information is available electronically and the website address. The licensed facility may indicate that the pricing information is based on a compilation of charges for the average patient and that each patient's statement or bill may vary from the average depending upon the severity of illness and individual resources consumed. The licensed facility may also indicate that the price of service is negotiable for eligible patients based upon the patient's ability to pay.

7. A patient has the right to receive a copy of an itemized statement or bill upon request. A patient has a right to be given an explanation of charges upon request.

Section 19. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

(2) DEFINITIONS.—As used in this part, the term:

(e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:

1. The sole provider within a county with a population density of up to 100 persons per square mile;

2. An acute care hospital, in a county with a population density of up to 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;

3. A hospital supported by a tax district or subdistrict whose boundaries encompass a population of up to 100 persons per square mile;

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4. A hospital with a service area that has a population of up to 100 persons per square mile. As used in this subparagraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Transparency Policy Analysis at the agency; or

5. A hospital designated as a critical access hospital, as defined in s. 408.07.

Population densities used in this paragraph must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2021, if the hospital continues to have up to 100 licensed beds and an emergency room. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this paragraph shall be granted such designation upon application, including supporting documentation, to the agency. A hospital that was licensed as a rural hospital during the 2010-2011 or 2011-2012 fiscal year shall continue to be a rural hospital from the date of designation through June 30, 2021, if the hospital continues to have up to 100 licensed beds and an emergency room.

Section 20. Section 395.6025, Florida Statutes, is amended to read:

395.6025 Rural hospital replacement facilities.—

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1396 Notwithstanding ~~the provisions of~~ s. 408.036, a hospital defined
 1397 as a statutory rural hospital in accordance with s. 395.602, or
 1398 a not-for-profit operator of rural hospitals, is not required to
 1399 obtain a certificate of need for the construction of a new
 1400 hospital located in a county with a population of at least
 1401 15,000 but no more than 18,000 and a density of fewer ~~less~~ than
 1402 30 persons per square mile, or a replacement facility, provided
 1403 that the replacement, or new, facility is located within 10
 1404 miles of the site of the currently licensed rural hospital and
 1405 within the current primary service area. As used in this
 1406 section, the term "service area" means the fewest number of zip
 1407 codes that account for 75 percent of the hospital's discharges
 1408 for the most recent 5-year period, based on information
 1409 available from the hospital inpatient discharge database in the
 1410 Florida Center for Health Information and Transparency Policy
 1411 ~~Analysis~~ at the Agency for Health Care Administration.

1412 Section 21. Subsection (43) of section 408.07, Florida
 1413 Statutes, is amended to read:

1414 408.07 Definitions.—As used in this chapter, with the
 1415 exception of ss. 408.031-408.045, the term:

1416 (43) "Rural hospital" means an acute care hospital licensed
 1417 under chapter 395, having 100 or fewer licensed beds and an
 1418 emergency room, and which is:

1419 (a) The sole provider within a county with a population
 1420 density of no greater than 100 persons per square mile;

1421 (b) An acute care hospital, in a county with a population
 1422 density of no greater than 100 persons per square mile, which is
 1423 at least 30 minutes of travel time, on normally traveled roads
 1424 under normal traffic conditions, from another acute care

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1425 hospital within the same county;

1426 (c) A hospital supported by a tax district or subdistrict
 1427 whose boundaries encompass a population of 100 persons or fewer
 1428 per square mile;

1429 (d) A hospital with a service area that has a population of
 1430 100 persons or fewer per square mile. As used in this paragraph,
 1431 the term "service area" means the fewest number of zip codes
 1432 that account for 75 percent of the hospital's discharges for the
 1433 most recent 5-year period, based on information available from
 1434 the hospital inpatient discharge database in the Florida Center
 1435 for Health Information and Transparency Policy Analysis at the
 1436 Agency for Health Care Administration; or

1437 (e) A critical access hospital.

1438
 1439 Population densities used in this subsection must be based upon
 1440 the most recently completed United States census. A hospital
 1441 that received funds under s. 409.9116 for a quarter beginning no
 1442 later than July 1, 2002, is deemed to have been and shall
 1443 continue to be a rural hospital from that date through June 30,
 1444 2015, if the hospital continues to have 100 or fewer licensed
 1445 beds and an emergency room. An acute care hospital that has not
 1446 previously been designated as a rural hospital and that meets
 1447 the criteria of this subsection shall be granted such
 1448 designation upon application, including supporting
 1449 documentation, to the Agency for Health Care Administration.

1450 Section 22. Paragraph (a) of subsection (4) of section
 1451 408.18, Florida Statutes, is amended to read:

1452 408.18 Health Care Community Antitrust Guidance Act;
 1453 antitrust no-action letter; market-information collection and

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education.—

(4) (a) Members of the health care community who seek antitrust guidance may request a review of their proposed business activity by the Attorney General's office. In conducting its review, the Attorney General's office may seek whatever documentation, data, or other material it deems necessary from the Agency for Health Care Administration, the Florida Center for Health Information and Transparency Policy Analysis, and the Office of Insurance Regulation of the Financial Services Commission.

Section 23. Section 465.0244, Florida Statutes, is amended to read:

465.0244 Information disclosure.—Every pharmacy shall make available on its ~~Internet~~ website a hyperlink link to the health information performance outcome and financial data that is disseminated ~~published~~ by the Agency for Health Care Administration pursuant to s. 408.05(3) ~~s. 408.05(3)(k)~~ and shall place in the area where customers receive filled prescriptions notice that such information is available electronically and the address of its Internet website.

Section 24. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2016.

Color Key for Budget Spreadsheet FY 2016-17

Orange = Base/Continuation Budget

Pink = Budget Amendments and/or Non-Policy Technical Adjustments

Purple = Base Budget Reductions Issues & Fund Shifts

Blue = Federal Grants/Donations/Other Entity Contracts (state match in-kind, if applicable)

Yellow = Social Services Estimating Conference

Tan = Full Appropriations Committee Decisions - Statewide Issues

Light Green = Total By Agency

Light Blue = Total for Health and Human Services Appropriations Committee

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee for Fiscal Year 2016-17
January 28, 2016**

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
1		AGENCY/HEALTH CARE ADMIN									1
2	1100001	Startup (OPERATING)	1,563.00	71,046,035	5,873,194,619		312,908,002	3,621,872,692	15,153,124,373	24,961,099,686	2
3	1700A10	Transfer Rate For Appeals Hearings Position From Department Of Children and Families - Add		41,154	-					-	3
4	1700010	Transfer Of Appeals Hearings Positions From Department Of Children and Families For Medicaid Benefits Fair Hearing Appeals - Add	2.00	41,058	31,954				26,414	58,368	4
5	1700050	Transfer To The Agency For Persons With Disabilities Home and Community Based Services Waiver			(659,879)				(1,032,553)	(1,692,432)	5
6	1700300	Transfer Of Qualified Evaluator Network Funding To The Department Of Children and Families			(278,541)				(835,624)	(1,114,165)	6
7	2000200	Realign Budget Authority Between Operating Categories - Deduct			-			(250,000)	(100,000)	(350,000)	7
8	2000210	Realign Budget Authority Between Operating Categories - Add			-			250,000	100,000	350,000	8
9	2000280	Realign Prepaid Health Plan Funding - Deduct			(8,068,944)				(21,195,116)	(29,264,060)	9
10	2000290	Realign Prepaid Health Plan Funding - Add			8,068,944				21,195,116	29,264,060	10
11	2000300	Realign Prepaid Health Plan - Long Term Care Funding - Deduct			(39,914,247)				(59,502,221)	(99,416,468)	11
12	2000310	Realign Prepaid Health Plan - Long Term Care Funding - Add			39,914,247				59,502,221	99,416,468	12
13	2000340	Transfer Project Aids Care Waiver Recipients To The Managed Medical Assistance Program - Deduct			(3,400,762)				(5,321,378)	(8,722,140)	13
14	2000350	Transfer Project Aids Care Waiver Recipients To The Managed Medical Assistance Program - Add			3,385,063				5,337,077	8,722,140	14
15	2000360	Transfer From Lump Sum Category To Operating Category - Deduct			-			(7,479,418)	(7,240,855)	(14,720,273)	15
16	2000370	Transfer From Lump Sum Category To Operating Category - Add			-			7,479,418	7,240,855	14,720,273	16
17	2301510	Institutional and Prescribed Drug Providers			(432,106,115)			4,559,270	(770,373,655)	(1,197,920,500)	17
18	2503080	Direct Billing For Administrative Hearings			(67,991)			(435,373)	(67,991)	(571,355)	18
19	3000120	Supplemental Appropriation For Legal Representation			-			1,664,159	1,564,159	3,228,318	19
20	3000180	Consultant For Development of Managed Care Plan Contract Compliance Monitoring			-			48,000	432,000	480,000	20
21	3000210	Development Of Nursing Home Prospective Payment			-			250,000	250,000	500,000	21
22	3000220	Medicaid Long Term Care Waiver Wait List Reduction			3,600,000				5,633,137	9,233,137	22
23	3001780	Children's Special Health Care			(1,753,961)			1,773,283	8,127,047	8,146,369	23
24	3004500	Medicaid Services			962,545,895			150,285,533	1,160,445,893	2,273,277,321	24
25	33V0160	Reduction Based On Historical Reversions			-			(2,200,000)		(2,200,000)	25
26	33V0620	Management And Efficiency	(20.00)	(450,800)	-			(546,134)	(455,639)	(1,001,773)	26
27	330C400	Contract Savings			-			(781,250)	(1,343,750)	(2,125,000)	27
28	3300100	Delete Unfunded Budget			-		(12,500,000)		(50,000,000)	(62,500,000)	28
29	3400120	General Revenue To Health Care Trust Fund - Deduct			(237,432)					(237,432)	29

DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee for Fiscal Year 2016-17
January 28, 2016

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
30	3400130	General Revenue To Health Care Trust Fund - Add			-			237,432		237,432	30
31	3400200	Realignment Of Tobacco Settlement Trust Fund/General Revenue Appropriations - Deduct			-		(34,400,000)			(34,400,000)	31
32	3400210	Realignment Of Tobacco Settlement Trust Fund/General Revenue Appropriations - Add			34,400,000					34,400,000	32
33	36301C0	Florida Medicaid Management Information System (FMMIS)			-			1,024,463	7,696,907	8,721,370	33
34	36302C0	Consulting Services For Enterprise System			-			300,000		300,000	34
35	36305C0	Advanced Data Analytics and Detection Services			-			293,500	2,641,500	2,935,000	35
36	36322C0	All-Payer Claims Database			-			2,250,000	2,250,000	4,500,000	36
37	4000020	Additional Funding For The Medicaid Program			-	12,500,000				12,500,000	37
38	4002030	Shands Teaching Hospital			-			500,000		500,000	38
39	4100035	Homeless Mental Health Transitional Housing			4,000,000				6,259,041	10,259,041	39
40	4100045	Services To Individuals With Phelan-Mcdermid Disease			2,000,000				3,129,520	5,129,520	40
41	4100055	Medicaid Charter School Reimbursement			4,000,000				6,259,041	10,259,041	41
42	4100065	Funding For Children's Specialty Hospitals			7,345,351					7,345,351	42
43	4100075	Rate Adjusters For Diagnosis Related Groups (DRG)			67,654,649				105,863,302	173,517,951	43
44	4100080	Rate Increase For Private Duty Nursing Services			1,215,752				1,902,358	3,118,110	44
45	4100085	Rate Increase For Labor and Delivery Anesthesiologists			10,000				15,648	25,648	45
46	4100200	Mandatory Federal Requirements To Secure Approval For The Renewal Of Medicaid Waivers			-	150,250			600,750	751,000	46
47	4100510	Other Provider Access - Community Primary Care Grants			-	14,275,470				14,275,470	47
48	4101600	Physician Supplemental Payments			-	5,000,000		72,405,706	121,121,368	198,527,074	48
49	4101660	Rural Inpatient Hospital Reimbursement Adjustment			-	935,762			1,464,243	2,400,005	49
50	4102150	Critical Pediatric Neonatal Intensive Care Unit (NICU)/ Pediatric Intensive Care Unit (PICU) Rate Increase			763,644				3,054,576	3,818,220	50
51	4105400	Establish Budget Authority For Medicaid Services			-			15,890,623	24,123,573	40,014,196	51
52	4106101	Intermediate Care Facilities For Developmentally Disabled Rate Increase			4,023,672				6,296,081	10,319,753	52
53	4106103	Dentaquest			-	81,748			127,917	209,665	53
54	4106104	Mcna Dental			-	73,962			115,733	189,695	54
55	4106110	Florida Kidcare Coverage For Lawfully Residing Children			-			296,429	28,538,785	28,835,214	55
56	4204400	Additional Resources For Fraud and Abuse Prevention			-	250,000				250,000	56
57	5000020	Agency Telecommunication Services			-			563,500	11,500	575,000	57
58	Total	AGENCY/HEALTH CARE ADMIN	1,545.00	70,677,447	6,529,665,918	33,267,192	266,008,002	3,870,251,833	15,826,981,353	26,526,174,298	58
59											59
60		AGENCY/PERSONS WITH DISABL									60
61	1100001	Startup (OPERATING)	2,865.50	102,712,942	500,746,207			2,910,600	695,800,250	1,199,457,057	61
62	160S100	Correct Funding Source Identifier - Add			6,730,264			801,587	33,480	7,565,331	62
63	160S200	Correct Funding Source Identifier - Deduct			(6,730,264)			(619,834)	(215,233)	(7,565,331)	63

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
64	1700020	Transfer From The Agency For Health Care Administration Intermediate Care Facilities To The Agency For Persons With Disabilities - Waivers			659,879				1,032,553	1,692,432	64
65	2503080	Direct Billing For Administrative Hearings			(67,082)				(1,862)	(68,944)	65
66	3000030	Serve Additional Clients On The Home and Community Based Services Waiver	30.00	1,560,000	1,312,847				1,312,849	2,625,696	66
67	3000050	Pre-Admission Screening and Resident Review and Utilization Review			231,250				343,750	575,000	67
68	3000060	Centers For Medicare and Medicaid Rule Implementation			448,022	6,175			454,198	908,395	68
69	3000130	Supports For Behavior Analysis Services			519,847	26,094			545,941	1,091,882	69
70	3300100	Delete Unfunded Budget	(184.00)	(5,613,403)	-				(13,774,152)	(13,774,152)	70
71	3401470	Changes To Federal Financial Participation Rate - State			(5,769,805)					(5,769,805)	71
72	3401480	Changes To Federal Financial Participation Rate - Federal			-				5,769,805	5,769,805	72
73	36201C0	Client Data Management And Electronic Visit Verification Project			-				1,881,929	1,881,929	73
74	36291C0	Information Technology Infrastructure			30,805	61,000			58,695	150,500	74
75	36303C0	Computer Refresh			-	60,000			40,000	100,000	75
76	36304C0	Information Technology Equipment			-	58,158				58,158	76
77	4000040	Establish Budget Authority For Medicaid Services			-				660,406	660,406	77
78	4000050	Employment And Internships - Individual And Family Supports			-	500,000				500,000	78
79	4000160	Medicaid Waiver Rate Study			-	200,000			200,000	400,000	79
80	4000240	The Arc Tampa Bay Foundation			-	150,000				150,000	80
81	4000280	Mailman Center For Child Development			-	800,000				800,000	81
82	4000290	Angels Reach Foundation, Inc.			-	50,000				50,000	82
83	4001200	Serve Additional Clients On The Home And Community Based Services Waiver Waitlist			14,188,744				22,201,981	36,390,725	83
84	4001280	Mactown Fitness And Wellness Services			-	150,000				150,000	84
85	4003200	Our Pride Academy Child Care Training Program			-	1,200,000				1,200,000	85
86	4003306	Operation Grow - Seminole County Work Opportunity Program			-	316,060				316,060	86
87	4003308	Area Stage Company (ASC) Developmental Disabilities Theater Program For Children			-	150,000				150,000	87
88	990G000	Grants And Aids - Fixed Capital Outlay - City of Hialeah Gardens			-	600,000				600,000	88
88a	990G000	Grants And Aids - Fixed Capital Outlay - Brandon Sports and Aquatic Center for Unique Abilities				850,000				850,000	88a
88b	990G000	Grants And Aids - Fixed Capital Outlay - Palm Beach Habilitation Center				649,111				649,111	88b
89	990M000	Maintenance and Repair			-	2,600,000				2,600,000	89
90	Total	AGENCY/PERSONS WITH DISABL	2,711.50	98,659,539	512,300,714	8,426,598	-	3,092,353	716,344,590	1,240,164,255	90
91											91
92		CHILDREN & FAMILIES									92

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
93	1100001	Startup (OPERATING)	11,830.50	477,433,284	1,636,674,414			45,606,318	1,254,436,712	2,936,717,444	93
94	1700A30	Transfer Rate For Appeals Hearings Position To Agency For Health Care Administration (AHCA) - Deduct		(41,154)	-					-	94
95	1700030	Transfer Of Appeals Hearings Positions To Ahca For Medicaid Benefit Fair Hearing Appeals - Deduct	(2.00)	(41,058)	(31,954)				(26,414)	(58,368)	95
96	1700350	Transfer Of Qualified Evaluator Network Funding From The Agency For Health Care Administration			278,541				835,624	1,114,165	96
97	2000010	Realignment Of Information Technology Resources - Deduct			(4,781,352)				(3,458,510)	(8,239,862)	97
98	2000020	Realignment Of Information Technology Resources - Add			4,781,352				3,458,510	8,239,862	98
99	2000030	Realignment Of Data Processing Categories - Deduct			-				(363,236)	(363,236)	99
100	2000040	Realignment Of Data Processing Categories - Add			-				363,236	363,236	100
101	2000050	Transfer Data Processing Category From Executive Leadership To Information Technology - Deduct			(10,288,922)			(2,726,304)	(8,046,473)	(21,061,699)	101
102	2000060	Transfer Data Processing Category From Executive Leadership To Information Technology - Add			10,288,922			2,726,304	8,046,473	21,061,699	102
103	2000390	Mental Health Executive Leadership Positions - Deduct	(5.00)	(251,479)	(389,945)					(389,945)	103
104	2000400	Mental Health Executive Leadership Positions - Add	5.00	251,479	389,945					389,945	104
105	2000410	Transfer Adoption Assistance Payments and Subsidies To A Special Category - Deduct			(85,554,157)				(98,792,527)	(184,346,684)	105
106	2000420	Transfer Adoption Assistance Payments and Subsidies To A Special Category - Add			85,554,157				98,792,527	184,346,684	106
107	2000630	Family Safety Contracted Services Realignment - Deduct			(100,000)					(100,000)	107
108	2000640	Family Safety Contracted Services Realignment - Add			100,000					100,000	108
109	2000730	Child Protection Investigations Expense - Deduct			(381,836)				(232,241)	(614,077)	109
110	2000740	Child Protection Investigations Expense - Add			381,836				232,241	614,077	110
111	2000760	Realignment Of Resources Within The Department - Add	32.00	1,871,460	762,010			1,392,257	178,583	2,332,850	111
112	2000770	Realignment Of Resources Within The Department - Deduct	(32.00)	(1,871,460)	(762,010)			(1,388,286)	(182,554)	(2,332,850)	112
113	2003150	Sexual Violent Predator Program Category Realignment - Add			1,140,000					1,140,000	113
114	2003160	Sexual Violent Predator Program Category Realignment - Deduct			(1,140,000)					(1,140,000)	114
115	2003190	Transfer Optional State Supplementation To Personal Care Allowance - Add			230,220					230,220	115
116	2003200	Transfer Optional State Supplementation To Personal Care Allowance - Deduct			(230,220)					(230,220)	116
117	2503080	Direct Billing For Administrative Hearings			(84,407)					(84,407)	117

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
118	3000091	Cash Assistance Adjustment - Estimating Conference Adjustment			(2,137,971)				(119,309)	(2,257,280)	118
119	3000520	Community Based Care Case Management Workload			9,196,647				5,616,745	14,813,392	119
120	3000540	Child Care Regulation Increase In Staffing To Implement New Federal Health and Safety Requirements			-				614,755	614,755	120
121	3000700	Substance Abuse Licensure Specialist Positions Workload Increase			-			359,212		359,212	121
122	3201010	Eliminate Unfunded Budget			-				(227,084)	(227,084)	122
123	3400220	Changes In Federal Financial Participation For Maintenance Adoption Subsidy - Deduct			(2,016,145)					(2,016,145)	123
124	3400230	Changes In Federal Financial Participation For Maintenance Adoption Subsidy - Add			-				2,016,145	2,016,145	124
125	3401470	Changes To Federal Financial Participation Rate - State			(41,857)					(41,857)	125
126	3401480	Changes To Federal Financial Participation Rate - Federal			-				41,857	41,857	126
127	36312C0	Substance Abuse And Mental Health Financial and Service Accounting System			-	2,000,000				2,000,000	127
128	36327C0	Mainframe Upgrade To Support Access Florida And Florida Safe Families Network (FSFN) Applications			-	730,783			802,786	1,533,569	128
129	36332C0	Strengthening Child Safety Practice Through Technology			-	2,126,194			4,571,816	6,698,010	129
130	36340C0	Improve Medicaid Program Integrity and Reduce Caseload Size			-	112,000			208,000	320,000	130
131	4000040	Medical Care Costs In The State-Operated Mental Health Treatment Facility Northeast Florida State Hospital			-				1,058,705	1,058,705	131
132	4000190	Restore Alcohol, Drug Abuse, And Mental Health Trust Fund Funding			-				20,458,512	20,458,512	132
133	4000235	Healthy Families Expansion			496,125				1,488,375	1,984,500	133
134	4000580	Audio/Video Security Surveillance Systems For State Mental Health Treatment Facilities			-	1,646,485				1,646,485	134
135	4000660	Community Based Care Risk Pool			-	5,000,000				5,000,000	135
136	4000740	Automated Medication Dispensing Systems			-			1,482,796		1,482,796	136
137	4000760	Forensic Bed Expansion	43.00	1,124,951	4,340,618	28,374				4,368,992	137
138	4000802	Homeless Coalitions			700,000	300,000				1,000,000	138
139	4000827	Public Benefits Integrity Data Analytics And Information Sharing Initiative			-	750,000				750,000	139
140	4001120	Federal Funding For Child Welfare Improvement Training Title IV-E			-			77,536	3,064,864	3,142,400	140
141	4001210	Transition Vouchers			3,500,000					3,500,000	141
142	4001260	Enhanced Services For Human Trafficking Victims - Camillus House			-	250,000				250,000	142
142a	4001260	Enhanced Services For Human Trafficking Victims - Kristi House				200,000				200,000	142a
142b	4001260	Enhanced Services For Human Trafficking Victims - Devereux				359,000				359,000	142b
143	4001620	Increase For The Office Of The State Attorney's Contract For The Provision Of Children's Legal Services In Circuit Six			249,500					249,500	143

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
144	4002050	Safety Management Services			-	343,699			7,743,341	8,087,040	144
145	4002250	Emergency Solutions Grant Increase			-				808,951	808,951	145
146	4003340	Camillus House Mental Health			-	200,000				200,000	146
147	4004310	Marissa Amora Relief Bill Annual Request			-	1,700,000				1,700,000	147
148	4004510	Central Receiving Facilities - Grant Program			10,000,000					10,000,000	148
149	4004830	Mental Health Transitional Beds			-	1,814,880				1,814,880	149
150	4004930	Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Expansion	1.00	42,690	6,076,368	4,230				6,080,598	150
151	4005060	Community Forensic Multidisciplinary Teams For Hospital Diversion			3,260,000					3,260,000	151
152	4005150	Children's Community Action Teams			3,750,000					3,750,000	152
153	4006020	Maintenance Adoption Subsidies			3,637,939				3,095,199	6,733,138	153
154	4006021	Adoption Incentive Awards To Community-Based Care Agencies (CBC) and State Employees			3,500,000					3,500,000	154
155	4006860	Mental Health Forensic Beds			1,211,727					1,211,727	155
156	4008160	Stop Violence Against Women Formula Grant Program			-			181,667		181,667	156
157	4402008	Grace Point Crisis Stabilization Unit			-	848,000				848,000	157
158	4402009	Florida Certification Board Behavioral Health Training Center			-	300,000				300,000	158
159	4402020	Recovery Residence Certification Funding			-	100,000				100,000	159
160	4402023	Citrus Health Network Graduate Medical Education (GME) For Psychiatry			-	350,000				350,000	160
161	4402025	Victory For Youth			-	373,800				373,800	161
162	4402026	Meridian Behavioral Healthcare			-	410,000				410,000	162
163	4402027	Directions For Living			-	400,000				400,000	163
164	4402031	David Lawrence Center Providing Behavioral Health Services			100,000					100,000	164
165	4402032	Veterans And Families Pilot Program			-	485,000				485,000	165
166	4402034	Child Welfare Results Oriented Accountability System			-	500,000				500,000	166
167	4402035	His House Children's Home			-	100,000				100,000	167
168	4402036	Mobile Technology For Child Welfare Agencies			-	250,000				250,000	168
169	4402037	Ft. Myers Salvation Army Providing Behavior Health Services			100,000					100,000	169
170	4402039	Day Care Scholarships			-	200,000				200,000	170
171	4402040	Here's Help			-	300,000				300,000	171
172	4402042	Breaking The Cycle Institute			-	100,000				100,000	172
173	4402054	Florida Psychological and Associated Healthcare			-	100,000				100,000	173
174	4402055	Starting Point Behavioral Healthcare			-	100,000				100,000	174
175	4402056	Enrollment Assistance For Supplemental Nutrition Assistance Program			-	250,000			250,000	500,000	175
176	4600310	Family Intensive Treatment Teams			2,800,000					2,800,000	176
177	990G000	Grants And Aids - Fixed Capital Outlay - Gateway Community Services			-	200,000				200,000	177
178	990M000	Maintenance and Repair			-	3,590,434				3,590,434	178
179	Total	CHILDREN & FAMILIES	11,872.50	478,518,713	1,685,559,545	26,522,879	-	47,711,500	1,306,735,609	3,066,529,533	179
180											180
181		ELDER AFFAIRS, DEPT OF									181
182	1100001	Startup (OPERATING)	433.50	18,255,922	121,377,892			720,398	168,308,461	290,406,751	182

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
183	2503080	Direct Billing For Administrative Hearings			5,452					5,452	183
184	330C400	Contract Savings			(2,709)				(31,130)	(33,839)	184
185	3400070	Preadmission Screening And Resident Review (PASRR) Funding - General Revenue			(33,451)					(33,451)	185
186	3400080	Preadmission Screening And Resident Review (PASRR) Funding - Operations And Maintenance Trust Fund			-				33,451	33,451	186
187	3401470	Changes To Federal Participation Rate - State Expenses			(229,391)					(229,391)	187
188	3401480	Changes To Federal Participation Rate - Federal Expenses			-				229,391	229,391	188
189	4100020	Waitlist Priority Score Evaluation			-	61,800				61,800	189
190	4100030	Aging Resource Centers			650,000				650,000	1,300,000	190
191	4100040	Alzheimer'S Disease Initiative - Frail Elders Waiting For Services			1,700,000					1,700,000	191
192	41001C0	Needs Analysis For Client Information And Registration Tracking System			-	125,000			125,000	250,000	192
193	4100200	Serve Additional Clients In The Community Care For The Elderly (CCE) Program			2,000,000					2,000,000	193
194	4100271	Alzheimer'S Community Care, Inc.			-	250,000				250,000	194
195	4100274	City Of Hialeah Gardens - Hot Meals			-	200,000				200,000	195
196	4300120	United Home Care Assisted Living Facility			-	500,000				500,000	196
197	4300135	American Communities Assisted Living Facility			-	200,000				200,000	197
198	4300150	Assisted Living Information Hotline			-	50,000				50,000	198
199	4300170	Easter Seals Of South Florida			-	101,850				101,850	199
200	4400060	Additional Funding For Public Guardianship			-	750,000				750,000	200
201	4900020	Additional Funding To Support The Comprehensive Assessment And Review For Long-Term Care Services (CARES) Program			3,288,197					3,288,197	201
202	990G000	Grants And Aids - Fixed Capital Outlay - Easter Seals South Florida			-	60,037				60,037	202
202a	990G000	Grants And Aids - Fixed Capital Outlay - Violetta Duenas Senior Center			-	100,000				100,000	202a
203	Total	ELDER AFFAIRS, DEPT OF	433.50	18,255,922	128,755,990	2,398,687	-	720,398	169,315,173	301,190,248	203
204											204
205		HEALTH, DEPT OF									205
206	1100001	Startup (OPERATING)	14,358.57	594,848,576	474,697,262		68,000,718	923,135,339	1,298,920,028	2,764,753,347	206
207	160F330	Continuation Of Budget Amendment Transfer Between Categories Administrative Trust Fund - Deduct			-				(250,000)	(250,000)	207
208	160F340	Continuation Of Budget Amendment Transfer Between Categories Administrative Trust Fund - Add			-				250,000	250,000	208
209	160F350	Continuation Of Budget Amendment Transfer Between Categories Federal Grants Trust Fund - Deduct			-				(42,600)	(42,600)	209
210	160F360	Continuation Of Budget Amendment Transfer Between Categories Federal Grants Trust Fund - Add			-				42,600	42,600	210
211	1600230	Continuation Of Budget Amendment For Office Of Compassionate Use Lump Sum Full Time Equivalent (FTE), Rate, Appropriation - Deduct	(3.00)		-				(368,826)	(368,826)	211

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
212	1600240	Continuation Of Budget Amendment For Office Of Compassionate Use Lump Sum Full Time Equivalent (FTE), Rate, Appropriation - Add	3.00	187,149	-			368,826		368,826	212
213	2001020	Realign Rape Crisis Program Trust Fund Expenditures - Deduct			-			(50,924)		(50,924)	213
214	2001030	Realign Rape Crisis Program Trust Fund Expenditures - Add			-			50,924		50,924	214
215	2503080	Direct Billing For Administrative Hearings			-			(163,475)	(19,547)	(183,022)	215
216	3201010	Eliminate Unfunded Budget			-				(45,417)	(45,417)	216
217	33V0620	Management And Efficiency	(517.00)	(8,415,872)	(454,888)			(15,000,000)		(15,454,888)	217
218	3300010	Delete Unfunded Budget			-			(714,572)		(714,572)	218
219	3401470	Changes To Federal Financial Participation Rate - State			(106,182)					(106,182)	219
220	3401480	Changes To Federal Financial Participation Rate - Federal			-				106,182	106,182	220
221	3402050	Fund Shift From Epilepsy Services Trust Fund To General Revenue - Add			561,078					561,078	221
222	3402060	Fund Shift From Epilepsy Services Trust Fund To General Revenue - Deduct			-			(561,078)		(561,078)	222
223	36203C0	Information Technology - Addressing Security Risks And Disaster Recovery Services			1,393,858	904,626				2,298,484	223
224	36327C0	Cancer Registry Enhancements			654,150					654,150	224
225	4000010	Funding For Federally Qualified Health Centers (FQHC)			-	18,276,256				18,276,256	225
226	4000530	Change In Medicaid Federal Medical Assistance Percentage (FMAP)			(56,278)					(56,278)	226
227	4100010	A Safe Haven For Newborns			300,000					300,000	227
228	4100140	Nurse-Family Partnership Program			-	681,250				681,250	228
229	4100190	Auditory-Oral Services For Children With Hearing Loss			-	400,000				400,000	229
230	4100220	Statewide Marketing Campaign			250,000					250,000	230
231	4100230	Sertoma Speech and Hearing Foundation Of Florida - Statewide Network For Newborn Diagnostic Evaluations			-	223,326				223,326	231
232	4101210	Safety Net Program - Children's Medical Services			5,000,000					5,000,000	232
233	4103310	Miami Dade Health Action Network, Community Transformation Model			-	250,000				250,000	233
234	4103350	Teen Xpress			-	350,000				350,000	234
235	4103450	The Center Of Central Florida			-	35,000				35,000	235
236	4200060	Dental Health Initiatives			-	200,000				200,000	236
237	4300015	Sanford-Burnham Medical Research Institute			-			2,600,000		2,600,000	237
238	4300025	Torrey Pines Institute For Molecular Studies			-	250,000				250,000	238
239	4300140	Islet Cell Transplantation To Cure Diabetes			-	321,668				321,668	239
240	4300190	Poison Control Centers			-	3,672,805				3,672,805	240
241	4300240	Brain And Spinal Cord Injury Medicaid Waiver Program			389,032				608,743	997,775	241
242	4300280	University Of Miami - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Research			1,000,000					1,000,000	242

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
243	4300420	Hope And Health Center - Hug Me! Pediatric And Adolescent Human Immunodeficiency Virus (HIV) Care Program			-	710,000				710,000	243
244	4301090	Miami Project To Cure Paralysis			-	200,000				200,000	244
245	4301110	Guardian Hands Foundation			-	50,000				50,000	245
246	4301120	Hands Of St. Lucie County			-	700,000				700,000	246
247	4307070	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Outreach Funding For Broward Health			-	350,000				350,000	247
248	4309000	Tobacco Constitutional Amendment			-		68,079			68,079	248
249	4400010	Rape Crisis Centers			-			122,442		122,442	249
250	4800020	Child Nutrition Program			-				34,344,023	34,344,023	250
251	4800150	Dental Health			-	170,000				170,000	251
252	4800180	Additional Budget Authority For The Preventive Health Services Block Grant Trust Fund			-				412,465	412,465	252
253	4806520	Pregnancy Support Services Program			2,000,000					2,000,000	253
254	4807000	Women, Infant and Children (WIC) Program			-				13,377,720	13,377,720	254
255	5300200	St. Joseph'S Children'S Hospital			-	1,000,000				1,000,000	255
256	5900030	Florida International University - Disaster Medical Response			-	150,000				150,000	256
257	6200080	Mary Brogan Breast And Cervical Cancer Early Detection Program			-	300,000				300,000	257
258	6200560	Additional Grants And Donations Trust Fund Budget Authority To Purchase Pharmaceuticals For The Department Of Corrections			-			3,175,216		3,175,216	258
259	64P0300	Bitner/Plante Amyotrophic Lateral Sclerosis Initiative			-	250,000				250,000	259
260	64P0320	Primary Care - Florida State University - College of Medicine Immokalee			450,000					450,000	260
261	6400430	Increase Disability Determination Budget Authority - United States Trust Fund			-				9,837,129	9,837,129	261
262	6500040	Sant La Haitian Neighborhood Center			-	200,000				200,000	262
263	6500100	Banyan Community Health Center			-	500,000				500,000	263
264	6500120	St. John Bosco Clinic			-	200,000				200,000	264
265	6500160	Florida Association Of Free and Charitable Clinics			9,000,000	500,000				9,500,000	265
266	6500260	Florida International University - Telemedicine and Student Health Services			-	250,000				250,000	266
267	6500270	Expanded Primary Care Access Program - Manatee, Sarasota and Desoto Counties			-	300,000				300,000	267
268	7800100	Andrews Institute Foundation - Eagle Fund			-	100,000				100,000	268
269	7800130	Health Council of South Florida			-	500,000				500,000	269
270	990G000	Grants And Aids - Fixed Capital Outlay - Mount Sinai Medical Center			-	3,000,000				3,000,000	270
270a	990G000	Grants And Aids - Fixed Capital Outlay - Rural Hospital Capital Improvement Plan			-	2,000,000				2,000,000	270a
270b	990G000	Grants And Aids - Fixed Capital Outlay - West Pembroke Pines Clinic			-	200,000				200,000	270b
270c	990G000	Grants And Aids - Fixed Capital Outlay - Florida International University's Disaster Response Program			-	70,000				70,000	270c
271	990M000	Maintenance and Repair			-	3,319,219		7,936,110		11,255,329	271

DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee for Fiscal Year 2016-17 January 28, 2016											
Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
272	Total	HEALTH, DEPT OF	13,841.57	586,619,853	495,078,032	40,584,150	68,068,797	920,529,982	1,357,541,326	2,881,802,287	272
273											273
274		VETERANS' AFFAIRS, DEPT OF									274
275	1100001	Startup (OPERATING)	1,105.50	37,849,292	8,092,729			60,909,665	24,790,774	93,793,168	275
276	2401510	Florida Department Of Veterans' Affairs State Veterans' Nursing Home Program Replace Vans Equipped To Transport Handicapped Residents			-			81,500		81,500	276
277	2402300	Replacement Of Office And Medical Equipment In State Veteran Nursing Homes			-			1,136,000		1,136,000	277
278	3000460	Bureau Of State Approving Agency For Veterans' Training Increase Staffing	1.00	66,000	-				103,584	103,584	278
279	36245C0	Information Technology Base Budget Increase			15,266					15,266	279
280	36370C0	Health Information Technology Systems Upgrade			21,363					21,363	280
281	4000090	Florida Department Of Veterans' Affairs, Florida Is For Veterans, Inc., Workforce Training Grant Aid To Local Governments			-	1,000,000				1,000,000	281
282	4000100	Florida Department Of Veterans' Affairs, Florida Is For Veterans Inc., Entrepreneur Training Grant			-	500,000				500,000	282
283	4200110	Disabled Veterans Insurance Careers Training Program			-	125,000				125,000	283
284	4600130	Veterans Adaptive Bowling Pilot Program			-	75,000				75,000	284
285	990M000	Maintenance and Repair			-			2,000,000		2,000,000	285
286	990P000	Increased Capacity			-			2,363,644	4,389,624	6,753,268	286
287	Total	VETERANS' AFFAIRS, DEPT OF	1,106.50	37,915,292	8,129,358	1,700,000	-	66,490,809	29,283,982	105,604,149	287
288	Grand Total		31,510.57	1,290,646,766	9,359,489,557	112,899,506	334,076,799	4,908,796,875	19,406,202,033	34,121,464,770	288

SECTION 8. The unexpended balance of funds provided to the Agency for Health Care Administration for the Grant Program for Community Primary Care Services in Specific Appropriation 187A, chapter 2015-232, Laws of Florida, shall revert and is reappropriated in Fiscal Year 2016-17 for the same purpose. This section shall take effect upon becoming law.

SECTION 9. There is hereby appropriated \$410,555 in nonrecurring funds from the General Revenue Fund to the Agency for Health Care Administration to cover costs associated with the KidCare program for Fiscal Year 2015-2016. This section shall take effect upon becoming law.

SECTION 10. There is hereby appropriated \$16,276,674 in nonrecurring funds from the General Revenue Fund, \$132,962,786 in nonrecurring funds from the Grants and Donations Trust Fund and \$16,463,245 in nonrecurring funds from the Refugee Assistance Trust Fund to the Agency for Health Care Administration to cover costs associated with the Medicaid program for Fiscal Year 2015-2016.

SECTION 11. There is hereby appropriated \$1,400,000 in nonrecurring funds from the General Revenue Fund to the Agency for Health Care Administration to cover costs associated with the Tobacco Settlement Trust Fund in the Medicaid program for Fiscal Year 2015-2016. This section shall take effect upon becoming law.

SECTION 12. From the funds appropriated in Specific Appropriation 211 of chapter 2015-232, Laws of Florida, to the Agency for Health Care Administration, \$1,400,000 from the Tobacco Settlement Trust Fund is hereby reverted. This section shall take effect upon becoming law.

SECTION 13. The sum of \$24,414,352 from the General Revenue Fund provided to the Agency for Persons with Disabilities in Section 39 of chapter 2015-232, Laws of Florida, shall revert and is appropriated for Fiscal Year 2016-2017 in the Lump Sum - Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Services Waiver cost plans resulting from the application of the U.S. Department of Labor Fair Standards to Domestic Service rule. Such plan must be based upon actuarial findings that detail the cost increases by service category, a comparative analysis between current service rates and those necessary to meet compliance, and the annualized need by fund source necessary to be in full compliance with federal law and regulations. This section shall take effect upon becoming law.

SECTION 14. The unexpended balance of funds from the General Revenue Fund provided to the Agency for Persons with Disabilities in Section 40 of chapter 2015-232, Laws of Florida, shall revert and is appropriated for Fiscal Year 2016-2017 in the Lump Sum - Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Services Waiver cost plans resulting from the application of the U.S. Department of Labor Fair Standards to Domestic Service rule. Such plan must be based upon actuarial findings that detail the cost increases by service category, a comparative analysis between current service rates and those necessary to meet compliance, and the annualized need by fund source necessary to be in full compliance with federal law and regulations. This section shall take effect upon becoming law.

SECTION 15. The unexpended balance of funds provided in Specific Appropriation 251 of chapter 2015-232, Laws of Florida, provided to the Agency for Persons with Disabilities for the Home and Community Based Services Waiver, shall revert and is appropriated for Fiscal Year 2016-2017 in the Lump Sum - Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Services Waiver cost plans resulting from the application of the U.S. Department of Labor Fair Standards to Domestic Service rule. Such plan must be based upon actuarial findings that detail the cost increases by service category, a comparative analysis between current service rates and those necessary to meet compliance, and the annualized need by fund source necessary to be in full

compliance with federal law and regulations. This section shall take effect upon becoming law.

SECTION 16. The unexpended balance in Section 41, chapter 2015-232, Laws of Florida, provided to the Agency for Persons with Disabilities for the Client Data Management System and Electronic Visit Verification Qualified Expenditure Category shall revert and is appropriated to the Agency for Persons with Disabilities for Fiscal Year 2016-2017 in the Home and Community Services Administration category and shall be placed in reserve. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any request for release of funds shall include a detailed operational work and spending plan. This section shall take effect upon becoming law.

SECTION 17. The unexpended balance of funds appropriated to the Department of Children and Families in Specific Appropriation 377K of chapter 2015-232, Laws of Florida, for Central Receiving Facilities shall revert and is appropriated to the department for Fiscal Year 2016-17 for the same purpose.

SECTION 18. The unexpended balance of funds provided in Specific Appropriation 302A, Chapter 2015-232, Laws of Florida, for the Substance Abuse and Mental Health Financial and Services Accountability Management System, shall revert and is appropriated for Fiscal Year 2016-2017 to the Department of Children and Families for the same purpose.

SECTION 19. The unexpended balance of funds provided to the Department of Children and Families in Section 46, Chapter 2015-232, Laws of Florida, for motor vehicle insurance for children in foster care, shall revert and is appropriated for Fiscal Year 2016-2017 to the department for the same purpose.

SECTION 20. In the event and until the Federal Centers for Medicaid and Medicare Services reduces the federal matching percentage related to the Preadmission Screening and Resident Review (PASRR) activities, the Agency for Health Care Administration shall continue to pay the Department of Elder Affairs at the enhanced federal reimbursement rate for all CARES related activities through a transfer from the Grants and Donations Trust Fund until official approval of the amended cost allocation plan is received by the state.

SECTION 21. The unexpended balance of funds provided to the Department of Health for the Ed and Ethel Moore Alzheimer's Disease Research Program in Specific Appropriation 454B and Section 50, chapter 2015-232, Laws of Florida, shall revert and is appropriated for Fiscal Year 2016-2017 for the same purpose.

SECTION 22. The unexpended balance of funds from the General Revenue Fund provided to the Department of Health for the James and Esther King Biomedical Research Program in Section 53 of Chapter 2015-232, Laws of Florida, shall revert and is appropriated to Specific Appropriation 468 for Fiscal Year 2016-2017 for the same purpose.

SECTION 23. The unexpended balance of funds from the General Revenue Fund provided to the Department of Health for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program in Section 54 of Chapter 2015-232, Laws of Florida, shall revert and is appropriated to Specific Appropriation 468 for Fiscal Year 2016-2017 for the same purpose.

SECTION 24. The unexpended balance of funds appropriated to the Department of Veterans' Affairs in Section 56 of chapter 2015-232, Laws of Florida, for Entrepreneur Training shall revert and is appropriated to the department for Fiscal Year 2016-17 for the same purpose.

SECTION 25. The unexpended balance of funds appropriated to the Department of Veterans' Affairs in Section 57 of chapter 2015-232, Laws of Florida, for Work Force Training Grants shall revert and is appropriated to the department for Fiscal Year 2016-17 for the same purpose.

The moneys contained herein are appropriated from the named funds to the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Elder Affairs, Department of Health, and the Department of Veterans' Affairs as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

AGENCY FOR HEALTH CARE ADMINISTRATION

PROGRAM: HEALTH CARE SERVICES

CHILDREN'S SPECIAL HEALTH CARE

172 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS
CORPORATION

Funds in Specific Appropriations 172 and 175 are provided to the Agency for Health Care Administration to contract with the Florida Healthy Kids Corporation to provide comprehensive health insurance coverage, including dental services, to Title XXI children eligible under the Florida KidCare Program and pursuant to section 624.91, Florida Statutes. The corporation shall use local funds to serve non-Title XXI children that are eligible for the program pursuant to section 624.91(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2015-2016 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.

175 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS
CORPORATION DENTAL SERVICES

Funds in Specific Appropriation 175 are provided to the Agency for Health Care Administration for Florida Healthy Kids dental services to be paid a monthly premium of no more than \$15.17 per member per month.

From the funds in Specific Appropriation 175, \$81,748 in nonrecurring funds from the General Revenue Fund and \$127,917 in nonrecurring funds from the Medical Care Trust Fund is provided to DentaQuest to cover costs associated with the Health Insurance Tax on Managed Care rates as mandated by the Affordable Care Act.

From the funds in Specific Appropriation 175, \$73,962 in nonrecurring funds from the General Revenue Fund and \$115,733 in nonrecurring funds from the Medical Care Trust Fund is provided to MCNA Dental to cover costs associated with the Health Insurance Tax on Managed Care rates as mandated by the Affordable Care Act.

EXECUTIVE DIRECTION AND SUPPORT SERVICES

186 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 186, \$2,935,000 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to continue the Public Benefits Integrity Data Analytics and Information Sharing Initiative which will detect and deter fraud, waste, and abuse in Medicaid and other public benefit programs within the state.

From the funds in Specific Appropriation 186, \$500,000 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to contract with an independent consultant to develop a plan to convert Medicaid payments for nursing home services from a cost based reimbursement methodology to a prospective payment system. The study shall identify steps necessary for the transition to be completed in a budget neutral manner. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

From the funds in Specific Appropriation 186, \$480,000 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to contract for the development of a single platform to manage and oversee contracted Statewide Medicaid Managed Care (SMMC) health plans.

From the funds in Specific Appropriation 186, \$8,721,370 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration for the Florida Medicaid Management Information System/Decision Support System/Fiscal Agent (FMMIS/DSS/FA) procurement project. Of these funds, \$7,168,828 shall be placed in reserve. The Agency for Health Care Administration is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent upon the submission of a comprehensive operational work plan reflecting all project tasks; and detailed spend plan reflecting estimated and actual costs that comply with the requirements prescribed and funding approved by the Centers for Medicare and Medicaid Services.

From the funds in Specific Appropriation 186, \$150,250 in nonrecurring funds from the General Revenue Fund and \$600,750 in nonrecurring funds from the Medical Care Trust Fund is provided to expand the scope of evaluations for Medicaid waivers up for renewal as required by the Centers for Medicare and Medicaid (CMS).

187 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 187, \$3,000,000 from the Grants and Donations Trust Fund and \$3,000,000 from the Medical Care Trust Fund may be used by the Agency for Health Care Administration to contract with the Florida Medical Schools Quality Network created under section 409.975(2), Florida Statutes.

From the funds in Specific Appropriation 187, \$250,000 in nonrecurring funds from the General Revenue Fund is provided to the Agency for Health Care Administration to competitively procure a contract for enhanced Medicaid fraud prevention services in Miami-Dade County at the point of service. The vendor selected for this project must be capable of applying unique technical procedures including analytics, biometrics and use of photographic images to ensure that Medicaid services are provided to eligible recipients. In support of the contract, the agreement between the agency and the Department of Highway Safety and Motor Vehicles pursuant to section 322.143(10), Florida Statutes, shall allow the contractor electronic access to the driver's license and photographic database, provided that such access does not include record retention.

MEDICAID SERVICES TO INDIVIDUALS

From the funds in Specific Appropriations 192A through 237, the Agency for Health Care Administration shall provide a quarterly reconciliation report of all Medicaid service appropriation expenditures and fund sources. The reconciliation shall compare actual expenditures paid through each specific appropriation category by fund either through the Florida Medicaid Management Information System (FMMIS) or the Agency for Health Care Administration to expenditure estimates forecasted through the Social Services Estimating Conference Medicaid services forecasting model, as directed in section 216.136(6), Florida Statutes. The comparison shall include fund source detail for each comparison. For any category where a variance is identified, the Agency for Health Care Administration shall submit a written corrective action plan to address each variance by category and fund source. The reconciliation shall be submitted to the Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each quarter. The Agency for Health Care Administration may submit budget amendments to the Legislative Budget Commission to realign appropriation categories based on the reconciliation pursuant to the provisions of chapter 216, Florida Statutes.

192A SPECIAL CATEGORIES
GRANTS AND AIDS - GRANT PROGRAM FOR
COMMUNITY PRIMARY CARE SERVICES

From the funds in Specific Appropriation 192A, \$14,275,470 in nonrecurring General Revenue funds is provided to increase access to primary care services in the state and to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. In developing a plan to increase access to primary care services and the funding of these primary care services, the agency shall solicit proposals from county health departments, community health care clinics, and Federally Qualified Health Centers in order to expand primary care clinic services

for the uninsured and underinsured. The agency shall solicit grant proposals and award grants to those programs most capable of reducing health spending while improving the health status of uninsured and underinsured persons in their communities. Programs receiving these grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services, such as needed physician, dental, nurse practitioner, and pharmaceutical services. There is a cap of \$1,500,000 per grant proposal. The agency shall evaluate grant proposals and develop reporting requirements for grant recipients to measure the effectiveness of the grant-funded programs. The specific reporting requirements shall be incorporated into the competitive solicitation which will also identify the evaluation methodology and establish a timetable for publishing results.

194 SPECIAL CATEGORIES
CASE MANAGEMENT

From the funds in Specific Appropriation 194, \$1,154,142 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 541.

195 SPECIAL CATEGORIES
COMMUNITY MENTAL HEALTH SERVICES

From the funds in Specific Appropriations 195 and 196, the Agency for Health Care Administration in consultation with the Department of Children and Families may seek approval from the federal Centers for Medicare and Medicaid Services to implement a certified public expenditure or similar mechanism to increase reimbursement rates for services reimbursed to community behavioral health care providers.

197 SPECIAL CATEGORIES
DEVELOPMENTAL EVALUATION AND INTERVENTION/
PART C

Funds in Specific Appropriation 197 are contingent on the availability of state match being provided in Specific Appropriation 547.

199 SPECIAL CATEGORIES
GRANTS AND AIDS - RURAL HOSPITAL FINANCIAL
ASSISTANCE PROGRAM

Funds in Specific Appropriation 199 are provided for a federally matched Rural Hospital Disproportionate Share program and a state funded Rural Hospital Financial Assistance program as provided in section 409.9116, Florida Statutes.

From the funds in Specific Appropriation 199, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

201 SPECIAL CATEGORIES
GRANTS AND AIDS - SHANDS TEACHING HOSPITAL

The funds in Specific Appropriation 201 shall be primarily designated for transfer to the Agency for Health Care Administration's Grants and Donations Trust Fund for use in the Medicaid program. Should the Agency for Health Care Administration be unable to use the full amount of these designated funds as Medicaid match, the remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of providing health care services to indigent patients through Shands Healthcare System.

From the funds in Specific Appropriation 201, \$500,000 in nonrecurring funds from the Grants and Donations Trust Fund is provided to Shands Teaching Hospital.

204 SPECIAL CATEGORIES
HOSPICE SERVICES

From the funds in Specific Appropriations 204 and 218, \$15,726,441 from the Grants and Donations Trust Fund and \$24,608,109 from the Medical Care Trust Fund are provided to buy back hospice rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but no higher than, the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

205 SPECIAL CATEGORIES
GRADUATE MEDICAL EDUCATION

From the funds in Specific Appropriation 205, \$31,192,000 from the General Revenue Fund, \$38,990,000 from the Grants and Donations Trust Fund and \$109,818,000 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program and the Graduate Medical Education Startup Bonus Program. Of these funds \$80,000,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909(3), Florida Statutes. Of these funds, \$42,262,976 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909(5), Florida Statutes, and are provided for the following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; endocrinology; family medicine; general surgery; hematology; oncology; infectious diseases; nephrology; neurology; obstetrics/gynecology; ophthalmology; orthopedic surgery; otolaryngology; psychiatry; pulmonary; radiology; rheumatology; thoracic surgery; and urology. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund.

206 SPECIAL CATEGORIES
HOSPITAL INPATIENT SERVICES

Funds in Specific Appropriation 206 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations in the Grants and Donations Trust Fund is not available, the Agency for Health Care Administration may submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation 206, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 206, the Agency for Health Care Administration may establish a global fee for bone marrow transplants and the global fee payment shall be paid to approved bone marrow transplant providers that provide bone marrow transplants to Medicaid beneficiaries.

Any hospital that was exempt from the inpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meets the 11 percent threshold, because of updated audited Disproportionate Share (DSH) data, shall remain exempt from the inpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriations 206 and 216, \$2,867,658 from the Grants and Donations Trust Fund and \$4,487,197 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplants and intestine transplants in Florida. The Agency for Health Care Administration shall establish a global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing these transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the

nonfederal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

From the funds in Specific Appropriation 206, the Agency for Health Care Administration shall apply a six percent adjustment for anticipated case mix increases from improved documentation and coding through the implementation of Diagnosis Related Grouping (DRG). The agency shall also apply a one percent adjustment for real case mix change. By February 28, 2017, the agency shall perform a reconciliation and apply positive or negative adjustments to the reimbursements comparing actual to predicted case mix in aggregate. Actual case mix will be measured using admissions between April 1, 2015, and March 31, 2016, from both the fee-for-service and managed care programs. Actual case mix in state fiscal year 2016-2017 will be assumed to be higher than measured case mix by between zero and three percent based on case mix trending. Effective March 1, 2017, adjustments will be performed prospectively to the fee-for-service DRG payment parameters and will be applied for the remainder of the fiscal year. Adjustments applied must maintain budget neutrality for the fiscal year. No recalculation of managed care capitation payments will be made based upon these adjustments.

From the funds in Specific Appropriation 206, the Agency for Health Care Administration shall continue a Diagnosis Related Grouping reimbursement methodology for hospital inpatient services as directed in section 409.905 (5)(c), Florida Statutes.

Base Rate - \$3,237.45
 Neonates Service Adjustor Severity Level 1 - 1.00
 Neonates Service Adjustor Severity Level 2 - 1.60
 Neonates Service Adjustor Severity Level 3 - 1.80
 Neonates Service Adjustor Severity Level 4 - 2.00
 Pediatrics Service/Age Adjustor - 1.30
 Free Standing Rehabilitation Provider Adjustor - 2.709
 Rural Provider Adjustor - 2.088
 Long Term Acute Care (LTAC) Provider Adjustor - 2.113
 High Medicaid and High Outlier Provider Adjustor - 2.303
 Outlier Threshold - \$60,000
 Marginal Cost Percentage - 60%/80%
 Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4 - 80%
 Marginal Cost Percentage for Neonates Claims Severity 3 or 4 - 80%
 Documentation and Coding Adjustment - 7%
 Level I Trauma Add On - 17%
 Level II or Level II and Pediatric Add On - 11%
 Pediatric Trauma Add On - 4%

Funds in Specific Appropriation 206 reflect an increase of \$935,762 in nonrecurring funds from the General Revenue Fund and \$1,464,246 in nonrecurring funds from the Medical Care Trust Fund for sole community hospitals that meet the definition of "rural hospital" under section 395.602(2)(e), Florida Statutes, to be recognized as rural hospitals in the Agency for Health Care Administration's Diagnosis Related Group (DRG) reimbursement methodology services for hospital inpatient.

207 SPECIAL CATEGORIES
 REGULAR DISPROPORTIONATE SHARE

Funds in Specific Appropriation 207 shall be used for a Disproportionate Share Hospital Program and are contingent on the state share being provided through grants and donations from state, county, or other government entities.

From the funds in Specific Appropriation 207, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

208 SPECIAL CATEGORIES
 LOW INCOME POOL

From the funds in Specific Appropriation 208, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 208, in the event the amount of approved nonfederal share of matching funds is not provided by local governmental entities, the agency may adjust low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient nonfederal matching funds. Any modification, under this provision, shall be consistent with the model, methodology and framework utilized by the Legislature.

From the funds in Specific Appropriation 208, the Agency for Health Care Administration may make low-income pool Medicaid payments in an accelerated manner that is more frequent than on a quarterly basis subject to the availability of state, local and federal funds.

Funds provided in Specific Appropriation 208, are contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds.

209A SPECIAL CATEGORIES

GRANTS AND AIDS - CHILDREN'S SPECIALTY HOSPITALS

Of the funds in Specific Appropriation 209A, \$7,345,351 is provided for children's specialty hospitals in the following manner:

All Children's Hospital.....	4,609,608
Nicklaus Children's Hospital.....	1,935,743
Shriners Hospital for Children.....	400,000
Nemours Children's Health System.....	400,000

211 SPECIAL CATEGORIES

HOSPITAL OUTPATIENT SERVICES

From the funds in Specific Appropriation 211, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriations 211 and 218, \$25,123,536 from the Grants and Donations Trust Fund and \$39,312,309 from the Medical Care Trust Fund are provided so that the Agency for Health Care Administration may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004, provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.

213 SPECIAL CATEGORIES

OTHER FEE FOR SERVICE

Funds in Specific Appropriation 213 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The Agency for Health Care Administration shall limit payment to \$125.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include NDC information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.

From the funds in Specific Appropriation 213, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their physician and dialysis provider to determine their suitability for peritoneal dialysis (PD) as a modality choice. Further, the agency shall consult with the dialysis community concerning suitable voluntary

reporting to the state Medicaid program on members' PD suitability.

216 SPECIAL CATEGORIES
PHYSICIAN AND HEALTH CARE PRACTITIONER
SERVICES

From the funds in Specific Appropriation 216, the Agency for Health Care Administration is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.

From the funds in Specific Appropriations 216, \$5,000,000 in nonrecurring funds from the General Revenue Fund, \$21,524,652 in nonrecurring funds from the Grants and Donations Trust Fund and \$41,504,720 in nonrecurring funds from the Medical Care Trust Fund is provided for a differential fee schedule for payments for services provided by doctors of medicine and osteopathy as well as other licensed health care practitioners acting under the supervision of those doctors pursuant to existing statutes and written protocols employed by or under contract with a medical school in Florida. This provision shall be contingent upon the nonfederal share being provided through grants and donations from state, local or other governmental funds and federal approval of a state plan amendment.

218 SPECIAL CATEGORIES
PREPAID HEALTH PLANS

From the funds in Specific Appropriations 218 and 224, \$6,201,347 from the Grants and Donations Trust Fund and \$9,703,621 from the Medical Care Trust Fund are provided to buy back clinic services rate adjustments, effective on or after July 1, 2008, and are contingent on the nonfederal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the authority appropriated in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

From the funds in Specific Appropriation 218, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 218, \$763,644 from the General Revenue Fund and \$3,054,576 from the Medical Care Trust Fund are provided for a rate increase for Critical Pediatric Neonatal Intensive Care Unit (NICU)/Pediatric Intensive Care Unit (PICU) services.

From the funds in Specific Appropriation 218, \$50,881,054 in nonrecurring funds from the from the Grants and Donations Trust Fund and \$79,616,648 in nonrecurring funds from the Medical Care Trust Fund may be used to pay prepaid Medicaid plans to support access to high quality care from statewide essential providers through a partial sub-capitation amount or equivalent payment based on historic utilization of services.

From the funds in Specific Appropriations 218 and 221, \$1,215,751 from the General Revenue Fund and \$1,902,359 from the Medical Care Trust Fund are provided for a rate increase for Private Duty Nursing services provided by Licensed Practical Nurses.

From the funds in Specific Appropriation 218 and 206, \$10,000 from the General Revenue Fund and \$15,648 from the Medical Care Trust Fund are provided for a rate increase for Labor and Delivery Anesthesiologists.

222 SPECIAL CATEGORIES
STATEWIDE INPATIENT PSYCHIATRIC SERVICES

The funds in Specific Appropriation 222 are provided to the Agency for Health Care Administration for services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit prior authorization of services, monitoring and quality assurance, discharge planning, and continuing stay reviews of all children admitted to the program.

224 SPECIAL CATEGORIES
CLINIC SERVICES

From the funds in Specific Appropriation 224, the Agency for Health Care Administration shall apply a recurring methodology to establish rates taking into consideration the reductions imposed on or after October 1, 2008, in the following manner: (1) the agency shall divide the total amount of each recurring reduction imposed by the number of visits originally used in the rate calculation for each rate setting period on or after October 1, 2008, which will yield a rate reduction per diem for each rate period; (2) the agency shall multiply the resulting rate reduction per diem for each rate setting period on or after October 1, 2008, by the projected number of visits used in establishing the current budget estimate which will yield the total current reduction amount to be applied to current rates; (3) in the event the total current reduction amount is greater than the historical reduction amount, the agency shall hold the rate reduction to the historical reduction amount.

225 SPECIAL CATEGORIES
MEDICAID SCHOOL REFINANCING

From the funds in Specific Appropriation 225, \$4,000,000 from the General Revenue Fund and \$6,259,041 from the Medical Care Trust Fund are provided for school-based services provided by private schools or charter schools that are not participating in the school district's certified match program under section 409.9072, Florida Statutes, to children younger than 21 years of age with specified disabilities who are eligible for Medicaid and part B or part H of the Individuals with Disabilities Act (IDEA), or the exceptional student education program, or who have an individualized educational plan.

226 QUALIFIED EXPENDITURE CATEGORY
PREPAID HEALTH PLANS

From the funds provided in Specific Appropriations 226, \$236,013,498 from the General Revenue Fund and \$369,304,526 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for payments to Medicaid prepaid health plans. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the Agency's capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

MEDICAID LONG TERM CARE

228 SPECIAL CATEGORIES
HOME AND COMMUNITY BASED SERVICES

From the funds in Specific Appropriation 228, \$4,000,000 from the General Revenue fund and \$6,259,041 from the Medical Care Trust Fund are provided for flexible services for persons with severe mental illness or substance abuse disorders, including, but not limited to, temporary housing assistance, subject to federal approval under section 409.906(13)(e), Florida Statutes.

From the funds in Specific Appropriation 228, \$2,000,000 from the General Revenue Fund and \$3,129,520 from the Medical Care Trust Fund is provided for home and community based services for individuals diagnosed with Phelan-McDermid Syndrome under section 409.9064, Florida Statutes, subject to federal approval. Financial eligibility for Medicaid benefits under this plan option will be determined in the same manner as the home and community based services waiver for persons with developmental disabilities.

229 SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/
INTELLECTUALLY DISABLED - SUNLAND CENTER

From the funds in Specific Appropriations 229, 230 and 231, the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, is authorized to transfer funds, in

accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 259 for the Developmental Disabilities Home and Community Based Waiver. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.

230 SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/
DEVELOPMENTALLY DISABLED COMMUNITY

From the funds in Specific Appropriation 230, \$15,255,670 from the Grants and Donations Trust Fund and \$23,871,465 from the Medical Care Trust Fund are provided to buy back intermediate care facilities for the developmentally disabled rate reductions, effective on or after October 1, 2008 and are contingent on the nonfederal share being provided through intermediate care facilities for the developmentally disabled quality assessments. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

The recurring methodology to be utilized by the Agency for Health Care Administration to establish rates taking into consideration the reductions imposed on or after October 1, 2008, shall be to compare the average unit appropriation with actual average unit cost as follows: 1) the average unit appropriation shall be determined by dividing the total appropriation in Specific Appropriation 230 by the total bed days for the past fiscal year; 2) the total actual cost as generated based on the July 1 rate setting shall be divided by the total bed days for the past fiscal year to determine the actual unit cost; 3) the actual unit cost shall be reduced to a Reduced Actual Unit Cost by the same percentage used to calculate the Legislative Appropriation to account for client participation contributions; 4) no negative adjustment to the rates paid to providers shall occur so long as the Reduced Actual Unit Cost is equal to or less than the average unit appropriation; and 5) in the event the Reduced Actual Unit Cost is greater than the average unit appropriation a prorated reduction shall be imposed on all rates after all Quality Assessment Fee funds have been exhausted to cover the rate reductions.

From the funds in Specific Appropriation 230, \$4,023,672 from the General Revenue Fund and \$6,296,081 from the Medical Care Trust Fund are provided for an Intermediate Care Facility for the Developmentally Disabled (ICF/DD) rate increase.

The Agency for Health Care Administration shall not pay any legal judgments, settlements, lawsuit damages or awards imposed by a court as the result of any legal proceeding relating to prior fiscal years without specific authority in the General Appropriations Act.

231 SPECIAL CATEGORIES
NURSING HOME CARE

From the funds in Specific Appropriation 231, the Agency for Health Care Administration, in consultation with the Department of Health, is authorized to transfer funds in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 228 specifically for slots under the Model Waiver, Specific Appropriation 527A Brain and Spinal Cord Home and Community Based Services Waiver, and Specific Appropriation 232 Statewide Medicaid Managed Care Long-Term Care Waiver to transition the greatest number of appropriate eligible beneficiaries from skilled nursing facilities to community-based alternatives in order to maximize the reduction in Medicaid nursing home occupancy. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.

From the funds in Specific Appropriations 231 and 232, \$403,982,869 from the Grants and Donations Trust Fund and \$632,136,313 from the Medical Care Trust Fund are provided to buy back nursing facility rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida

is not obligated to continue reimbursements at the higher amount.

232 SPECIAL CATEGORIES
PREPAID HEALTH PLAN/LONG TERM CARE

From the funds in Specific Appropriation 232, \$3,600,000 from the General Revenue Fund and \$5,633,137 from the Medical Care Trust Fund are provided to serve elders on the Medicaid Long Term Care waitlist who have been classified as a priority score of four or higher.

237 QUALIFIED EXPENDITURE CATEGORY
PREPAID HEALTH PLANS - LONG TERM CARE

From the funds provided in Specific Appropriation 237, \$38,664,030 from the General Revenue Fund and \$60,499,935 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for payments to Medicaid prepaid health plans. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the agency's capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

AGENCY FOR PERSONS WITH DISABILITIES

PROGRAM: SERVICES TO PERSONS WITH DISABILITIES

HOME AND COMMUNITY SERVICES

255 SPECIAL CATEGORIES
GRANT AND AID INDIVIDUAL AND FAMILY
SUPPORTS

Funds in Specific Appropriation 255 expended for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 255, \$500,000 in nonrecurring funds from the General Revenue Fund is provided for supported employment services for individuals on the waiting list for the Developmental Disabilities Medicaid Waiver program in Specific Appropriation 259. The supported employment services shall be provided in a manner consistent with the same rules and regulations governing these services in the Developmental Disabilities Medicaid Waiver program, and may additionally be used toward obtaining and maintaining paid or unpaid internships.

258 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 258, \$1,200,000 in nonrecurring funds from the General Revenue Fund is provided to Our Pride Academy to establish a child care training program for individuals with developmental disabilities.

From the funds in Specific Appropriation 258, \$2,000,000 from the General Revenue Fund is provided to the ARC of Florida for dental services to individuals with developmental disabilities.

From the funds in Specific Appropriation 258, \$1,616,060 in nonrecurring funds from the General Revenue Fund is provided to the following projects:

Angels Reach Foundation, Inc.....	50,000
Area Stage Company (ASC) Developmental Disabilities	
Theater Program for Children.....	150,000
MACTown Fitness and Wellness Center.....	150,000
Mailman Center for Child Development.....	800,000
Operation Grow - Seminole County Work Opportunity Program...	316,060
The Arc Tampa Bay Foundation.....	150,000

259 SPECIAL CATEGORIES
HOME AND COMMUNITY BASED SERVICES WAIVER

From the funds in Specific Appropriation 259, \$14,188,744 from the General Revenue Fund and \$22,201,981 from the Operations and Maintenance Trust Fund are provided to expand the Individual Budget (iBudget) Waiver by removing the greatest number of individuals permissible under the additional funding.

Funds in Specific Appropriation 259 shall not be used for administrative costs. Funds for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 259, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Medicaid Waiver program expenditures for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

261A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
FIXED CAPITAL OUTLAY FOR PERSONS WITH
DISABILITIES

From the funds in Specific Appropriation 261A, \$600,000 in nonrecurring funds from the General Revenue Fund is provided to the City of Hialeah Gardens to provide water therapy for individuals with disabilities.

261B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
BRANDON SPORTS AND AQUATIC CENTER FOR
INDIVIDUALS WITH UNIQUE ABILITIES

From the funds in Specific Appropriation 261B, \$850,000 in nonrecurring funds from the General Revenue Fund is provided to the Brandon Sports and Aquatic Center for individuals with unique abilities.

261C GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
PALM BEACH HABILITATION CENTER FACILITY
MAINTENANCE, REPAIR, OR NEW CONSTRUCTION

From the funds in Specific Appropriation 261C, \$166,511 in nonrecurring funds from the General Revenue Fund is provided to the Palm Beach Habilitation Center for roofing repairs or replacement.

From the funds in Specific Appropriation 261C, \$482,600 in nonrecurring funds from the General Revenue Fund is provided to the Palm Beach Habilitation Center for the repair or replacement of fire safety and potable water systems.

PROGRAM MANAGEMENT AND COMPLIANCE

271 SPECIAL CATEGORIES
HOME AND COMMUNITY SERVICES ADMINISTRATION

From the funds in Specific Appropriation 271, \$1,881,929 in nonrecurring funds from the Operations and Maintenance Trust Fund shall be placed in reserve and is provided to the Agency for Persons with Disabilities to implement the Client Data Management System for the purpose of providing electronic verification of service delivery to recipients by providers, electronic billings for Developmental Disabilities Medicaid Waiver services, and electronic processing of claims. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any request for release of funds shall include a detailed operational work and spending plan.

DEVELOPMENTAL DISABILITY CENTERS - CIVIL PROGRAM

From the funds provided to the Developmental Disability Centers - Civil Program, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total civil program expenditures of the Developmental Disability Centers for

the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

285 FIXED CAPITAL OUTLAY
AGENCY FOR PERSONS WITH DISABILITIES FIXED
CAPITAL OUTLAY NEEDS FOR CENTRALLY MANAGED
FACILITIES

From the funds in Specific Appropriation 285, \$1,305,485 in nonrecurring funds from the General Revenue Fund is provided for William "Billy Joe" Rish Recreational Park.

From the funds in Specific Appropriation 285, \$1,294,515 in nonrecurring funds from the General Revenue Fund is provided for Americans with Disabilities Act (ADA) accessibility modifications and other critical repairs to state facilities.

DEVELOPMENTAL DISABILITY CENTERS - FORENSIC
PROGRAM

From the funds provided to the Developmental Disability Centers - Forensic Program, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total forensic program expenditures of the Developmental Disability Centers for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

CHILDREN AND FAMILIES, DEPARTMENT OF

ADMINISTRATION

PROGRAM: SUPPORT SERVICES

INFORMATION TECHNOLOGY

From the funds in Specific Appropriations 315 through 321B, the Department of Children and Families shall provide a report to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee by December 1, 2016, that categorizes the funding and full-time equivalency positions supporting the Florida Safe Family Network (FSFN), the Florida Online Recipients Integrated Data Access (FLORIDA), or other department applications. The report data must identify funds by the budget entity, program component, appropriation category, fund, and fund source identifier levels.

319A SPECIAL CATEGORIES
FLORIDA SAFE FAMILIES NETWORK (FSFN)
INFORMATION TECHNOLOGY SYSTEM

From the funds in Specific Appropriation 319A, the nonrecurring sums of \$2,126,194 from the General Revenue Fund, \$1,066,914 from the Federal Grants Trust Fund, and \$3,504,902 from the Welfare Transition Trust Fund are provided to the Department of Children and Families to procure contracted services support to enhance the Florida Safe Families Network (FSFN) application. The FSFN enhancements shall include, but not be limited to: a) refinements to the Child Welfare Safety Methodology Practice Model; b) data reporting improvements to support the Community-Based Care providers and management reporting; and c) align the FSFN system processes to recent policy revisions. The enhancements shall be developed and deployed through the department's Software Development Life Cycle. These funds shall be placed in reserve. The department may submit budget amendments, which include a detailed operational work plan and project spending plan, pursuant to chapter 216, Florida Statutes, for the release of these funds.

The department shall provide quarterly updates on the progress of the FSFN enhancements to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget.

321A QUALIFIED EXPENDITURE CATEGORY
SUBSTANCE ABUSE AND MENTAL HEALTH
FINANCIAL AND SERVICES ACCOUNTABILITY
MANAGEMENT SYSTEM

From the funds in Specific Appropriation 321A, the nonrecurring sum of \$2,000,000 from the General Revenue Fund is provided to the Department of Children and Families for the continued development and implementation of a uniform management information and fiscal accounting

system for use by providers of community substance abuse and mental health services. The department is authorized to submit budget amendments requesting release of these funds pursuant to the provisions of chapter 216, Florida Statutes.

321B DATA PROCESSING SERVICES
STATE DATA CENTER - AGENCY FOR STATE
TECHNOLOGY (AST)

From the funds in Specific Appropriation 321B, the nonrecurring sums of \$730,783 from the General Revenue Fund and \$802,786 from the Federal Grants Trust Fund are provided to the Department of Children and Families for the nonrecurring costs associated with the replacement of the mainframe infrastructure supporting the Florida On-Line Recipient Integrated Data Access (FLORIDA) and Florida Safe Families Network (FSFN) applications. The mainframe replacement shall provide increased processing capacity to ensure an acceptable system performance for the users of the FLORIDA and FSFN applications, and support the anticipated system growth based on the department's requested enhancements to the FSFN application. The mainframe replacement shall be physically located at the Southwood Shared Resource Center.

SERVICES

PROGRAM: FAMILY SAFETY PROGRAM

FAMILY SAFETY AND PRESERVATION SERVICES

326 LUMP SUM
SHARED RISK FUND FOR COMMUNITY BASED
PROVIDERS OF CHILD WELFARE SERVICES

The funds provided in Specific Appropriation 326 are available to community-based care lead agencies pursuant to the provisions of section 409.990, Florida Statutes.

329 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 329, the nonrecurring sum of \$750,000 from the General Revenue Fund is provided to the Department of Children and Families to continue contracting for the analytics and predictive analysis initiative within the child welfare system.

From the funds in Specific Appropriation 329, the nonrecurring sum of \$500,000 from the General Revenue Fund shall be placed in reserve and is provided to the Department of Children and Families for the continuation of the Child Welfare Results Oriented Accountability System as described in section 409.997, Florida Statutes. The department is authorized to request the release of funds pursuant to the provisions of chapter 216, Florida Statutes.

From the funds in Specific Appropriation 329, the nonrecurring sum of \$250,000 from the General Revenue Fund shall be placed in reserve and is provided to the Department of Children and Families for mobile technology enhancements for field investigators, inspectors, and caseworkers in the Child Welfare System. The department is authorized to request the release of funds pursuant to the provisions of chapter 216, Florida Statutes.

330 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 330, the nonrecurring sum of \$1,382,800 from the General Revenue fund is provided for the following projects:

Camillus House - Human Trafficking Recovery Program.....	250,000
Kristi House - Drop-in Center for sexually exploited adolescent girls.....	200,000
Devereux, Inc. - Services to sexually exploited youth.....	359,000
Victory For Youth, Inc. - Share Your Heart Program.....	373,800
His House Children's Home - Residential Program.....	100,000
Breaking the Cycle Institute - Child to Parent Domestic Violence Family Program.....	100,000

From the funds in Specific Appropriation 330, the nonrecurring sum of \$200,000 from the General Revenue Fund is provided to the City of Hollywood Community Development Department for day care scholarships for the Liberia and Washington Park neighborhoods.

331 SPECIAL CATEGORIES
GRANTS AND AIDS - GRANTS TO SHERIFFS FOR
PROTECTIVE INVESTIGATIONS

The funds in Specific Appropriation 331 shall be used by the Department of Children and Families to award grants to the sheriffs of the following counties to conduct child protective investigations as mandated in section 39.3065, Florida Statutes. The funds shall be allocated as follows:

Broward County Sheriff.....	15,054,474
Hillsborough County Sheriff.....	13,430,952
Manatee County Sheriff.....	4,719,787
Pasco County Sheriff.....	6,241,374
Pinellas County Sheriff.....	11,828,667
Seminole County Sheriff.....	4,537,152

332 SPECIAL CATEGORIES
GRANTS AND AIDS - DOMESTIC VIOLENCE
PROGRAM

From the funds in Specific Appropriation 332, \$11,964,596 from the General Revenue Fund, \$7,897,064 from the Domestic Violence Trust Fund, \$10,799,061 from the Federal Grants Trust Fund and \$7,750,000 from the Welfare Transition Trust Fund shall be provided to the Florida Coalition Against Domestic Violence for implementation of programs and the management and delivery of services of the state's domestic violence program including implementation of statutory directives contained in chapter 39, Florida Statutes, implementation of special projects, coordinate a strong families and domestic violence campaign, expansion of the child welfare and domestic co-location projects, conduct training and provide technical assistance to certified domestic violence centers and allied professionals, and administration of contracts designated under this appropriation.

From the funds in Specific Appropriation 332, \$208,391 from the Federal Grants Trust Fund is provided to the Florida Coalition Against Domestic Violence to implement portions of the Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program.

From the funds in Specific Appropriation 332, \$195,987 from the Federal Grants Trust Fund is provided to the Florida Council Against Sexual Violence to implement portions of the Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program.

From the funds in Specific Appropriation 332, \$1,192,219 from the Federal Grants Trust Fund shall be transferred to the Department of Health to contract with the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

333 SPECIAL CATEGORIES
GRANTS AND AIDS - CHILD ABUSE PREVENTION
AND INTERVENTION

Funds provided in Specific Appropriation 333 shall be provided for the Healthy Families Program.

338 SPECIAL CATEGORIES
SPECIAL NEEDS ADOPTION INCENTIVES

The funds provided in Specific Appropriation 338, are provided for state employee adoption benefits pursuant to section 409.1664, Florida Statutes.

342 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY BASED CARE
FUNDS FOR PROVIDERS OF CHILD WELFARE
SERVICES

From the funds provided in Specific Appropriation 342, \$2,500,000 from the General Revenue Fund is provided for adoption incentive awards to community-based care lead agencies or their subcontractors, pursuant to section 409.1662, Florida Statutes.

342A SPECIAL CATEGORIES
GRANTS AND AIDS - ADOPTION ASSISTANCE
PAYMENTS AND MAINTENANCE SUBSIDIES

Funds provided in Specific Appropriation 342A, are provided to

community-based care lead agencies for the payment of adoption assistance subsidies pursuant to section 409.166, Florida Statutes.

By February 15, 2017, the Department of Children and Families shall provide to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee, a report providing the total number of finalized adoptions occurring from July 1, 2016 through January 31, 2017. For each lead agency during this period, the report must include the number of adoptions finalized, the average subsidy amount, the number of adoptees receiving an enhanced subsidy, and the average enhanced subsidy amount. The report must also include a year-end projection of the total funding need for adoption assistance subsidies based upon, but not limited to, the aforementioned data requirements.

By April 30, 2017, the department shall perform a reconciliation of the funding appropriated and the projected expenditures for adoption assistance subsidies for each lead agency. Any projected year-end surplus of funding shall either revert or, if necessary, be re-allocated to lead agencies that are projecting a year-end deficit.

PROGRAM: MENTAL HEALTH PROGRAM

MENTAL HEALTH SERVICES

350 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED PROFESSIONAL
SERVICES

From the funds in Specific Appropriation 350, \$1,211,727 from the General Revenue Fund is provided to contract with a mental health facility for no less than 11 additional secure forensic flex beds to ensure capacity for forensic individuals being admitted within 15 days of a court order as required by chapter 916, Florida Statutes.

PROGRAM: ECONOMIC SELF SUFFICIENCY PROGRAM

ECONOMIC SELF SUFFICIENCY SERVICES

361 SPECIAL CATEGORIES
GRANTS AND AIDS - CHALLENGE GRANTS

Funds in Specific Appropriation 361, which have been transferred from the Department of Economic Opportunity, Specific Appropriation 2224, shall be used to provide services to homeless persons according to the provisions of section 420.622, Florida Statutes.

363 SPECIAL CATEGORIES
GRANTS AND AIDS - HOMELESS HOUSING
ASSISTANCE GRANTS

From the funds in Specific Appropriation 363, recurring sum of \$2,700,000 and the nonrecurring sum of \$300,000 from the General Revenue Fund are provided to the local homeless coalitions throughout the state.

364 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 364, the nonrecurring sums of \$250,000 from the General Revenue Fund and \$250,000 from the Federal Grants Trust Fund are provided for enrollment assistance for individuals age sixty and over that are eligible, but are not enrolled in the Supplemental Nutrition Assistance Program.

PROGRAM: COMMUNITY SERVICES

COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES

381 SPECIAL CATEGORIES
GRANTS AND AIDS - PUBLIC SAFETY, MENTAL
HEALTH, AND SUBSTANCE ABUSE LOCAL MATCHING
GRANT PROGRAM

From the funds in Specific Appropriation 381, the recurring sum of \$6,000,000 from the General Revenue Fund is provided to expand the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program.

382 SPECIAL CATEGORIES
CHILDREN'S ACTION TEAMS FOR MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

From the funds provided in Specific Appropriation 382, the sum of \$13,500,000 from the General Revenue Fund shall be used by the Department of Children and Families to contract directly with each of the following providers for a total of \$750,000 each for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as: being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or, poor academic performance and/or suspensions. Children younger than 11 may be candidates if they meet two or more of the aforementioned characteristics.

The department shall fund the following contracts:

SalusCare (Lee Mental Health) - Lee
Manatee Glens - Sarasota, Desoto
Circles of Care - Brevard
Life Management Center - Bay
David Lawrence Center - Collier
Child Guidance Center - Duval
Institute for Child and Family Health - Miami-Dade
Mental Health Care - Hillsborough
Personal Enrichment Mental Health Services - Pinellas
Peace River Center - Polk, Highlands, Hardee
COPE Center - Walton
Lifestream Behavioral Center - Sumter and Lake
Family Preservation Services of Florida - Treasure Coast
Lakeside Behavioral Healthcare - Orange
Citrus Health Network - Miami-Dade
Manatee Glens - Manatee
Lakeview Center - Escambia
Sinfonia - Alachua

From the funds in Specific Appropriation 382, the recurring sum of \$3,750,000 from the General Revenue Fund is provided for five additional Community Action Treatment teams in the areas of greatest need, as determined by the Department of Children and Families.

383 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY MENTAL HEALTH
SERVICES

From the funds in Specific Appropriation 383, the sum of \$455,000 from the General Revenue Fund shall continue to be provided to the Citrus Health Network for behavioral health services.

From the Funds in Specific Appropriation 383, the nonrecurring sum of \$1,814,880 from the General Revenue Fund is provided for mental health transitional beds to move eligible individuals currently in the state mental health institutions to community settings as an alternative to more costly institutional placement. The Department of Children and Families shall contract directly with the three not-for-profit, comprehensive community mental health treatment facilities located in the northern, central, and southern regions of the state that are currently under contract with the department for this service and qualified to provide integrated healthcare, offer a full continuum of care including emergency, residential, and outpatient psychiatric services, and have immediate capacity for placement.

From the funds in Specific Appropriation 383, the recurring sum of \$3,260,000 from the General Revenue Fund is provided for the creation of five pilot community forensic multidisciplinary teams designed to divert individuals from secure forensic commitment by providing community-based services. The teams will be placed in the areas of greatest need, as determined by the Department of Children and Families.

385 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY SUBSTANCE
ABUSE SERVICES

From the funds in Specific Appropriation 385, the recurring sum of \$10,000,000 from the General Revenue Fund shall continue to be provided

for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

From the funds in Specific Appropriation 385, \$750,000 from the General Revenue Fund is provided to the Department of Children and Families to continue contracting directly with Informed Families of Florida for the purpose of providing a statewide program for the prevention of child and adolescent substance abuse.

From the funds in Specific Appropriation 385, \$7,400,000 from the General Revenue Fund shall continue to be provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

From the funds in Specific Appropriation 385, the recurring sum of \$2,800,000 from the General Revenue Fund is provided to expand the Family Intensive Treatment team model in the areas of greatest need, as determined by the Department of Children and Families.

From the funds in Specific Appropriation 385, \$278,100 from the General Revenue Funds shall continue to be provided to First Steps of Sarasota, Inc., for the Drug Free Babies Program.

From the funds in Specific Appropriation 385, the recurring sum of \$200,000 and the nonrecurring sum of \$300,000 from the General Revenue Fund shall be provided to Here's Help, Inc.

From the funds in Specific Appropriation 385, \$250,000 from the General Revenue Fund shall continue to be provided to the Drug Abuse Comprehensive Coordinating Office (DACCOC).

386 SPECIAL CATEGORIES
GRANTS AND AIDS - CENTRAL RECEIVING
FACILITIES

The funds in Specific Appropriation 386 are provided for a statewide initiative to fund centralized receiving systems. A central receiving system consists of a designated central receiving facility and other service providers that serve as a single point or a coordinated system of entry for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes. Centralized receiving systems provide a single point or a coordinated system of entry for an array of behavioral health services, conduct initial assessments and triage, and provide case management and related services, including jail diversion programs for individuals with mental health or substance abuse disorders. The Department of Children and Families shall administer a matching grant program to provide funding for the start-up or on-going costs of a centralized receiving system. Each award, including awards granted by the department in Fiscal Year 2015-2016, may be granted for a period of up to five years, and shall require a local match of at least 50 percent of the state award. The department shall work with local agencies to encourage and support the development of centralized receiving systems.

387 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 387, the sum of \$1,500,000 from the General Revenue Fund shall continue to be provided to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency.

388 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 388, the nonrecurring sum of \$3,293,000 from the General Revenue fund is provided for the following

projects:

Gracepoint - Crisis stabilization units.....	848,000
Meridian Behavioral Healthcare, Inc. - Health home for individuals with severe mental illnesses and substance use disorders.....	410,000
Directions for Living.....	400,000
Citrus Health Network - Graduate Medical Education residency program in psychiatry.....	350,000
Camillus House - Behavioral health services.....	200,000
Florida Certification Board - Expansion of training center..	300,000
Florida Certification Board - Credentialing Program for Recovery Residence Administrators.....	100,000
BayCare Behavioral Health - Veteran Intervention Program....	485,000
Florida Psychological and Associated Healthcare - Behavioral health services.....	100,000
Starting Point Behavioral Healthcare - Behavioral health services.....	100,000

From the funds in Specific Appropriation 388, the sum of \$100,000 from the General Revenue Fund is provided to the David Lawrence Center for behavioral health services.

From the funds in Specific Appropriation 388, the sum of \$100,000 from the General Revenue Fund is provided to the Ft. Myers Salvation Army for behavioral health services.

395 SPECIAL CATEGORIES
CONTRACTED SERVICES - SUBSTANCE ABUSE AND
MENTAL HEALTH ADMINISTRATION

Funds in Specific Appropriation 395 are provided for the administration costs of the seven regional managing entities that deliver behavioral health care through local network providers.

396A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GATEWAY COMMUNITY SERVICES

From the funds in Specific Appropriation 396A, the nonrecurring sum of \$200,000 is provided to Gateway Community Services for the construction and renovation of buildings and patient rooms.

ELDER AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO ELDERS PROGRAM

COMPREHENSIVE ELIGIBILITY SERVICES

397 SALARIES AND BENEFITS

From the funds in Specific Appropriations 397 through 404, \$3,288,197 from the General Revenue Fund is provided to the Department of Elder Affairs to fund the state portion of the Non-Preadmission Screening Resident Review activities. These funds are contingent upon federal approval of the state's submission of the amended Public Assistance Cost Allocation Plan that identifies the services provided by the Department of Elder Affairs' Comprehensive Assessment and Review for Long-Term Care Services (CARES) program for Medicaid-related activities for individuals seeking nursing or community-based services. These funds shall be held in reserve until official approval of the cost allocation plan is received from the federal Centers for Medicare and Medicaid Services by the state. Once official approval has been received, the department is authorized to submit budget amendments for the release of these funds and the placement of trust funded budget equal to the match in reserve, in accordance with chapter 216, Florida Statutes.

HOME AND COMMUNITY SERVICES

410 SPECIAL CATEGORIES
GRANTS AND AIDS - ALZHEIMER'S DISEASE
INITIATIVE

From the funds in Specific Appropriation 410, the following projects are funded from nonrecurring general revenue funds:

Easter Seals of South Florida.....	101,850
Alzheimer's Community Care Association.....	250,000

From the funds in Specific Appropriation 410, \$1,700,000 from the General Revenue Fund is provided for Alzheimer's respite care services to serve individuals on the waitlist statewide.

411 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY CARE FOR THE
ELDERLY

From the funds in Specific Appropriation 411, \$2,000,000 from the General Revenue Fund is provided to serve elders on the waitlist.

From the funds in Specific Appropriation 411, \$650,000 from the General Revenue Fund and \$650,000 from the Operations and Maintenance Trust Fund are provided to the Area Agencies on Aging related to the Statewide Medicaid Managed Care Long Term Care program.

413 SPECIAL CATEGORIES
GRANTS AND AIDS - OLDER AMERICANS ACT
PROGRAM

From the funds in Specific Appropriation 413, the following projects are funded from nonrecurring general revenue funds:

City of Hialeah Gardens - Hot Meals..... 200,000

415 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 415, \$50,000 in nonrecurring funds from the General Revenue fund is provided to the Villa Serena Group in Miami-Dade County to provide a consumer referral program for indigent persons needing a placement in an assisted living facility. The program will provide information and referral to assisted living facilities in Miami-Dade County and shall provide a report by July 1, 2017 to the Executive Office of the Governor, President of the Senate and Speaker of the House of Representatives to document the program's activities and make recommendations to assist indigent person's needing care in an assisted living facility.

From the funds in Specific Appropriation 415, \$500,000 in nonrecurring funds from the General Revenue Fund is provided for United Home Care Assisted Living Facility - Miami Dade to provide subsidized residency to low-income elders.

From the funds in Specific Appropriation 415, \$200,000 in nonrecurring funds from the General Revenue Fund is provided to American Communities for Assisted Living Facility Housing for low income individuals in Miami - Dade County.

419A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - ALZHEIMER'S COMMUNITY
CARE AND SERVICES

From the funds in Specific Appropriation 419A, \$60,037 in nonrecurring funds from the General Revenue Fund to Easter Seals South Florida.

419B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - SENIOR CITIZEN CENTERS

From the funds in Specific Appropriation 419B, \$100,000 in nonrecurring funds from the General Revenue Fund is provide provided to Violeta Duenas Senior Center.

CONSUMER ADVOCATE SERVICES

433 SPECIAL CATEGORIES
PUBLIC GUARDIANSHIP CONTRACTED SERVICES

From the funds in Specific Appropriation 433, \$750,000 in nonrecurring funds from the General Revenue Fund is provided for additional Public Guardianship services.

HEALTH, DEPARTMENT OF

PROGRAM: EXECUTIVE DIRECTION AND SUPPORT

ADMINISTRATIVE SUPPORT

443A LUMP SUM
DISASTER RECOVERY SERVICES

Funds in Specific Appropriation 443A are provided for the Department of Health to obtain a managed disaster recovery service that does not require the purchase of hardware. The department is authorized to submit budget amendments for the release of the lump sum appropriation pursuant to the provisions of chapter 216, Florida Statutes. Requests for release of funds shall include a detailed implementation plan and project spend plan.

PROGRAM: COMMUNITY PUBLIC HEALTH

COMMUNITY HEALTH PROMOTION

The Florida Hospital/Sanford-Burnham Translational Research Institute is designated as a State of Florida resource for research in diabetes diagnosis, prevention and treatment. The Florida Hospital/Sanford-Burnham Translational Research Institute may coordinate with the Department of Health on activities and grant opportunities in relation to research in diabetes diagnosis, prevention and treatment.

453 SALARIES AND BENEFITS

From the funds in Specific Appropriation 453, \$316,778 and four positions are provided to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution.

461 AID TO LOCAL GOVERNMENTS
SCHOOL HEALTH SERVICES

From the funds in Specific Appropriations 461 and 476, \$5,000,000 from the Federal Grants Trust Fund is provided for school health services using Title XXI administrative funding.

464 SPECIAL CATEGORIES
GRANTS AND AIDS - CRISIS COUNSELING

From the funds in Specific Appropriation 464, \$2,000,000 from the General Revenue Fund is provided to the Florida Pregnancy Support Services Program. These funds must be used to provide wellness services, including but not limited to, high blood pressure screening, flu vaccines, anemia testing, thyroid screening, cholesterol screening, diabetes screening, assistance with smoking cessation, and tetanus vaccines.

From the funds in Specific Appropriation 464, a minimum of 85 percent of the appropriated funds shall be spent on direct client services, program awareness, and communications.

The Department of Health shall award a contract to the current Florida Pregnancy Support Services Program contract management provider for this Specific Appropriation. The contract shall provide for payments to such provider of \$400 per month per sub-contracted direct service provider for contract oversight, to include technical and educational support. The department is authorized to spend no more than \$50,000 for agency program oversight activities.

466 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 466, \$2,500,000 from the General Revenue Fund is provided to the Florida Council Against Sexual Violence. At least 95 percent of the funds provided shall be distributed to certified rape crisis centers to provide services statewide for victims of sexual assault.

From the funds in Specific Appropriation 466, \$1,192,219 from the Federal Grants Trust Fund is provided to the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

From the funds in Specific Appropriation 466, \$750,000 from the General Revenue Fund is provided to the Florida Heiken Children's Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for

vision care.

From the funds in Specific Appropriation 466, \$1,000,000 from the General Revenue Fund is provided to VisionQuest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no access to vision care. These services will be provided statewide and VisionQuest shall be reimbursed at current Medicaid rates for exams, refractions, and dispensing; and at a flat rate of \$48 for eyeglasses.

From the funds in Specific Appropriation 466, the following projects are funded with nonrecurring funds from the General Revenue Fund:

Miami Dade Health Action Network.....	250,000
Teen Xpress.....	350,000
Mary Brogan Breast and Cervical Cancer Early Detection Program.....	300,000
Sant La Haitian Neighborhood Center.....	200,000
Banyan Community Health Center.....	500,000
St. John Bosco Clinic.....	200,000
FIU - Telemedicine and Student Health Services.....	250,000
Expanded Primary Care Access - Manatee, Sarasota and Desoto Counties.....	300,000
Andrews Institute Foundation - Eagle Fund.....	100,000
Hands of St. Lucie County.....	700,000
Florida Donated Dental Services.....	170,000
Community Water Fluoridation.....	200,000

From the funds in Specific Appropriation 466, \$450,000 from the General Revenue Fund is provided to the Florida State University College of Medicine - Immokalee.

From the funds in Specific Appropriation 466, \$9,500,000 from the General Revenue Fund, of which \$500,000 is nonrecurring, is provided to the Florida Association of Free and Charitable Clinics.

467 SPECIAL CATEGORIES
GRANTS AND AIDS - HEALTHY START COALITIONS

From the funds in Specific Appropriation 467, \$681,250 in nonrecurring funds from the General Revenue Fund is provided to the Department of Health to fund designated Healthy Start Coalitions and federally qualified health centers to integrate the Nurse-Family Partnership model to provide intensive nurse visitation services for women and their infants. From these funds, the Department of Health shall use \$10,000 to contract with the Nurse-Family Partnership National Service Office for process and outcome data identification, management, and analysis. Any needed training and programmatic support will also be provided.

470 SPECIAL CATEGORIES
WILLIAM G. "BILL" BANKHEAD, JR., AND DAVID
COLEY CANCER RESEARCH PROGRAM

From the funds in Specific Appropriation 470, \$500,000 from the Biomedical Research Trust Fund is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute.

472 SPECIAL CATEGORIES
FLORIDA CONSORTIUM OF NATIONAL CANCER
INSTITUTE CENTERS PROGRAM

Funds in Specific Appropriation 472 are provided for the Florida Consortium of National Cancer Institute (NCI) Centers Program established in section 381.915, Florida Statutes.

Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to participate in the Florida Consortium of National Cancer Institute (NCI) Centers Program as follows: H. Lee Moffitt Cancer Center and Research Institute is eligible for Tier 1 designation as a NCI-designated comprehensive cancer center; and the University of Miami Sylvester Comprehensive Cancer Center and the University of Florida Health Shands Cancer Hospital are eligible for Tier 3 designation in the Florida Consortium of NCI Centers Program.

472A SPECIAL CATEGORIES
BIOMEDICAL RESEARCH

From the funds in Specific Appropriation 472A, \$2,600,000 from the Biomedical Research Trust Fund is provided to the Sanford-Burnham

Medical Research Institute.

From the funds in Specific Appropriation 472A, \$250,000 in nonrecurring funds from the General Revenue Fund is provided to the Torrey Pines Institute for Molecular Studies.

473 SPECIAL CATEGORIES
ENDOWED CANCER RESEARCH

Funds in Specific Appropriation 473 are provided to the Mayo Clinic Cancer Center of Jacksonville to fund an endowed cancer research chair pursuant to section 381.922(4), Florida Statutes.

474 SPECIAL CATEGORIES
ALZHEIMER RESEARCH

Funds in Specific Appropriation 474 are provided for the Ed and Ethel Moore Alzheimer's Disease Research Program established in section 381.82, Florida Statutes.

480 SPECIAL CATEGORIES
COMPREHENSIVE STATEWIDE TOBACCO PREVENTION
AND EDUCATION PROGRAM

Funds in Specific Appropriation 480 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:

State & Community Interventions.....	11,202,740
State & Community Interventions - AHEC.....	5,607,264
Health Communications Interventions.....	22,561,422
Cessation Interventions.....	13,366,084
Cessation Interventions - AHEC.....	7,602,298
Surveillance & Evaluation.....	6,040,199
Administration & Management.....	1,372,012

From the funds in Specific Appropriation 480, the Department of Health may use nicotine replacements and other treatments approved by the federal Food and Drug Administration as part of smoking cessation interventions.

All contracts awarded through this Specific Appropriation shall include performance measures and measurable outcomes. The Department of Health shall establish specific performance and accountability criteria for all intervention and evaluation contracts. The criteria shall be based on best medical practices, past smoking cessation experience, the federal Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs, and the ability to impact the broadest population.

481A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY

From the funds in Specific Appropriation 481A \$3,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Mount Sinai Medical Center.

481B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
RURAL HOSPITALS

From the funds in Specific Appropriation 481B, \$2,000,000 in nonrecurring funds from the General Revenue Fund is provided for the Rural Hospital Capital Improvement Program and shall be allocated in accordance to the grant process in section 395.6061, Florida Statutes.

DISEASE CONTROL AND HEALTH PROTECTION

486 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - RYAN WHITE CONSORTIA

Funds in Specific Appropriation 486 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate

in determining the amount of general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

491 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 491, \$450,000 from the General Revenue Fund is provided to the Birth Defects Registry.

492 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 492, \$1,000,000 from the General Revenue Fund is provided for Florida academic and research institutions designated as Centers for AIDS Research (CFAR) by the National Institutes of Health to enhance high quality HIV/AIDS research projects conducted in response to the health needs of Florida's citizens.

From the funds in Specific Appropriation 492, the following projects are funded with nonrecurring funds from the General Revenue Fund:

The Center of Central Florida.....	35,000
HIV/AIDS Outreach for Broward Health.....	350,000
Hope & Health Center - Hug Me! Pediatric and Adolescent	
HIV Care Program.....	710,000

STATEWIDE PUBLIC HEALTH SUPPORT SERVICES

518 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - LOCAL HEALTH COUNCILS

From the funds in Specific Appropriation 518, \$500,000 in nonrecurring funds from the General Revenue Fund is provided to the Health Council of South Florida.

521A LUMP SUM
COMMUNITY HEALTH CENTERS

The release of nonrecurring funds in Specific Appropriation 521A is contingent upon the Department of Health submitting a budget amendment, in accordance with the provisions of chapter 216, Florida Statutes, detailing the distribution of funds to eligible Federally Qualified Health Centers.

524 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 524, \$500,000 from the General Revenue Fund is provided to the Department of Health to support the Florida Prescription Drug Monitoring Program.

525 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 525, \$250,000 in nonrecurring funds from the General Revenue Fund is provided to the Bitner/Plante Amyotrophic Lateral Sclerosis Initiative of Florida.

526 SPECIAL CATEGORIES
DRUGS, VACCINES AND OTHER BIOLOGICALS

Funds in Specific Appropriation 526 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of state general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

527A SPECIAL CATEGORIES
BRAIN AND SPINAL CORD HOME AND COMMUNITY
BASED SERVICES WAIVER

From the funds in Specific Appropriation 527A, \$389,032 from the General Revenue Fund and \$608,743 from the Brain and Spinal Cord Injury Program Trust Fund are provided to expand the current Traumatic Brain Injury/Spinal Cord Injury Medicaid Waiver to serve an additional 25

individuals. The funding shall be used to reduce the current waitlist for those individuals that are at the greatest risk for institutionalization or developing secondary complications requiring hospitalization.

530 SPECIAL CATEGORIES
GRANTS AND AIDS - STATE AND FEDERAL
DISASTER RELIEF OPERATIONS

From the funds in Specific Appropriation 530, \$150,000 in nonrecurring funds from the General Revenue Fund is provided to Florida International University's Disaster Medical Response Program to enhance the deployment capabilities of the university's disaster medical response teams.

532 SPECIAL CATEGORIES
GRANTS AND AIDS - SPINAL CORD RESEARCH

From the funds in Specific Appropriation 532, \$200,000 in nonrecurring funds from the General Revenue Fund is provided to the Miami Project to Cure Paralysis.

536A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY

From the funds in Specific Appropriation 536A, \$200,000 in nonrecurring funds from the General Revenue Fund are provided to the West Pembroke Pines Clinic.

From the funds in Specific Appropriation 536A, \$70,000 in nonrecurring funds from the General Revenue Fund is provided to Florida International University's Disaster Medical Response Program to enhance the deployment capabilities of the university's disaster medical response teams.

PROGRAM: CHILDREN'S MEDICAL SERVICES

CHILDREN'S SPECIAL HEALTH CARE

From the funds is Specific Appropriations 537 through 549, the Department of Health shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Children's Medical Services expenditures, by program, for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

541 SPECIAL CATEGORIES
GRANTS AND AIDS - CHILDREN'S MEDICAL
SERVICES NETWORK

Funds in Specific Appropriation 541 shall not be used to support continuing education courses or training for health professionals or staff employed by the Children's Medical Services (CMS) Network or under contract with the Department of Health. This limitation shall include but not be limited to: classroom instruction, train the trainer, or web-based continuing education courses that may be considered professional development, or that results in continuing education credits that may be applied towards the initial or subsequent renewal of a health professional's license. This does not preclude the CMS Network from providing information on treatment methodologies or best practices to appropriate CMS Network health professionals, staff, or contractors.

From the funds in Specific Appropriation 541, \$1,000,000 in nonrecurring funds from the General Revenue Fund is provided to the St. Joseph's Children's Hospital.

541A SPECIAL CATEGORIES
GRANTS AND AIDS - SAFETY NET PROGRAM

The funds in Specific Appropriation 541A shall be used by the Department of Health Children's Medical Services Program to provide benefits authorized in section 391.0315, Florida Statutes, for children with chronic and serious medical conditions who do not qualify for Medicaid or Title XXI of the Social Security Act. Children eligible for assistance using these funds must be uninsured, or insured but not covered for medically necessary services, or unable to access services due to lack of providers or lack of financial resources regardless of insurance status. The Department may serve children on a first-come,

first-serve basis until the appropriated funds are fully obligated. Receiving services through the Safety Net Program does not constitute an entitlement for coverage or services when funds appropriated for this purpose are exhausted.

544 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 544, \$250,000 in nonrecurring funds from the General Revenue Fund is provided for the Department of Health and the Information Clearinghouse on Developmental Disabilities Advisory Council to work in collaboration with internal and external stakeholders, including but not limited to, the Children's Medical Services Program, Local Early Steps providers, Area Health Education Centers, the Agency for Health Care Administration, the Agency for Persons with Disabilities, and the Department of Education to conduct a statewide marketing campaign to promote Bright Expectations - the Information Clearinghouse on Developmental Disabilities - established pursuant to section 383.141, Florida Statutes. The statewide marketing campaign shall be designed to educate the broadest population permissible under the funds provided in this Specific Appropriation and shall include, but not be limited to, social media, print, radio, and the proliferation of informational pamphlets in all health care settings where the target market receives health care services.

From the funds in Specific Appropriation 544, the following projects are funded with nonrecurring funds from the General Revenue Fund:

Guardian Hands Foundation.....	50,000
Islet Cell Transplantation to Cure Diabetes.....	321,668
Sertoma Speech and Hearing Foundation of FL.....	223,326

From the funds in Specific Appropriation 544, \$300,000 from the General Revenue Fund is provided to A Safe Haven for Newborns.

From the funds in Specific Appropriation 544, \$400,000 in nonrecurring funds from the General Revenue Fund is provided to the Division of Community Health Promotion Bureau of Chronic Disease for grants to auditory-oral early intervention programs serving deaf children in multiple counties including rural and underserved areas. These early intervention programs must solely offer auditory-oral educational habilitation and services, as defined in section 1002.391, Florida Statutes, and have a supervisor and faculty members who are credentialed as Certified Listening and Spoken Language Specialists.

547 SPECIAL CATEGORIES
GRANTS AND AIDS - DEVELOPMENTAL EVALUATION
AND INTERVENTION SERVICES/PART C

From the funds in Specific Appropriation 547, \$3,783,221 from the General Revenue Fund is provided as the state match for Medicaid reimbursable early intervention services in Specific Appropriation 197.

From the funds in Specific Appropriation 547, at least 85 percent of funds distributed to Local Early Steps providers must be spent on direct client services.

VETERANS' AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO VETERANS' PROGRAM

VETERANS' HOMES

579 FIXED CAPITAL OUTLAY
STATE NURSING HOME FOR VETERANS - DMS MGD

Funds in Specific Appropriation 579 are provided for the continued construction of a seventh State Veterans' Nursing Home in St. Lucie County.

580 FIXED CAPITAL OUTLAY
MAINTENANCE AND REPAIR OF STATE-OWNED
RESIDENTIAL FACILITIES FOR VETERANS

Funds in Specific Appropriation 580 are provided to support the following maintenance and repair projects:

Lake City State Veterans' Home.....	250,000
Daytona Beach State Veterans' Home.....	200,000

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Land o' Lakes State Veterans' Home.....	450,000
Pembroke Pines State Veterans' Home.....	190,000
Panama City State Veterans' Home.....	220,000
Port Charlotte State Veterans' Home.....	490,000
St. Augustine State Veterans' Home.....	200,000

VETERANS' BENEFITS AND ASSISTANCE

593A SPECIAL CATEGORIES

GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 593A, the nonrecurring sum of \$75,000 from the General Revenue Fund is provided for a Veterans Adaptive Bowling Pilot Program.

From the funds in Specific Appropriation 593A, \$125,000 in nonrecurring funds from the General Revenue Fund is provided to Disabled Veterans Insurance Careers Inc., for career training and job placement.

Health and Human Services Implementing Bill Summaries

Budget Flexibility for Hospital Funding Programs

- The Agency for Health Care Administration is authorized to submit a budget amendment to realign funding based on the model, methodology, and framework in the “Medicaid Hospital Funding Programs”.
- Funding changes shall be consistent with the intent of the model, methodology, and framework displayed, demonstrated, and explained in the “Medicaid Hospital Funding Programs” document, while allowing for the appropriate realignment to appropriation categories related to Medicaid Low-Income Pool, Disproportionate Share Hospital, Graduate Medical Education, Inpatient Hospital and Outpatient Hospital programs, Prepaid Health Plans, and the diagnosis related groups (DRG) methodology for hospital reimbursement, including requests for additional trust fund budget authority.
- If the chair or vice chair of the LBC or the President of the Senate or the Speaker of the House timely advises the Executive Office of the Governor, in writing, that the budget amendment exceeds the delegated authority of the Executive Office of the Governor or is contrary to legislative policy or intent, the Executive Office of the Governor shall void the action.
- This section expires July 1, 2017.

APD Wait List Prioritization

- The Agency for Persons with Disabilities shall offer enrollment in the Medicaid home and community-based waiver program in the following order of priority:
 - Individuals in category 1
 - Individuals in category 2
 - Individuals in categories 3 and 4 in an order based on the Agency for Persons with Disabilities Waitlist Prioritization Tool.
 - Individuals in category 6 shall be moved to the waiver during the 2016-2017 fiscal year, to the extent funds are available, based on meeting the following criteria:
 - The individual is 30 years of age or older;
 - The individual resides in the family home;
 - The individual has been on the wait list for waiver services for at least 10 continuous years; and
 - The individual is classified at a level of need equal to Level 3, Level 4, or Level 5 based on the Questionnaire for Situational Information.
- The agency shall allow an individual who meets the eligibility requirements to receive home and community-based services in this state if the individual’s parent or legal guardian is an active-duty military servicemember and, at the time of the servicemember’s transfer to this state, the individual was receiving home and community-based services in another state.
- Upon the placement of individuals on the waiver, individuals remaining on the wait list are deemed not to have been substantially affected by agency action and are, therefore, not entitled to a hearing under s. 393.125, Florida Statutes, or an administrative proceeding under chapter 120, Florida Statutes.
- This section expires July 1, 2017.

APD Algorithm

- Provides that until the Agency for Persons with Disabilities adopts a new allocation algorithm and methodology by final rule:
 - Each client's iBudget in effect as of July 1, 2016, shall remain at its July 1, 2016, funding level.
 - The Agency for Persons with Disabilities shall determine the iBudget for a client newly enrolled on the home and community-based services waiver on or after July 1, 2016, using the same allocation algorithm and methodology used for the iBudgets in effect as of July 1, 2016.
- After a new algorithm and methodology is adopted by final rule, a client's new iBudget shall be determined based on the new allocation algorithm and methodology and shall take effect as of the client's next support plan update.
- Funding allocated under subsections (1) and (2) may be increased pursuant to s. 393.0662(1)(b), Florida Statutes. A client's funding allocation may also be increased if the client has a significant need for transportation services to a waiver-funded adult day training program or to a waiver-funded supported employment. However, such increases may not result in the total of all clients' projected annual iBudget expenditures exceeding the agency's appropriation for waiver services.
- This section expires July 1, 2017.

Nursing Home Transition to Home and Community Based Services Waivers

- The Agency for Health Care Administration shall ensure that nursing facility residents who are eligible for funds to transition to home and community-based services waivers must first have resided in a skilled nursing facility for at least 60 consecutive days.
- This section expires July 1, 2017.

Medicaid Long-term Managed Care Prioritization

- The Agency for Health Care Administration and the Department of Elderly Affairs shall prioritize individuals for enrollment in the Medicaid Long-Term Care Waiver program using a frailty-based screening that provides a priority score and shall enroll individuals in the program according to the assigned priority score as funds are available.
- The agency may adopt rules and enter into interagency agreements necessary to administer enrollment to eligible individuals. Such rules or interagency agreements adopted by the agency relating to the scoring process may delegate to the Department of Elderly Affairs the responsibility for implementing and administering the scoring process, providing notice of Medicaid fair hearing rights, and the responsibility for defending, as needed, the scores assigned to persons on the program wait list in any resulting Medicaid fair hearings.
- The Department of Elderly Affairs may delegate the provision of notice of Medicaid fair hearing rights to its contractors.
- This section expires July 1, 2017.

Medicaid Managed Medical Assistance Realignment

- The Agency for Health Care Administration, in consultation with the Department of Health, may submit a budget amendment to realign funding within and between agencies based on implementation of the Managed Medical Assistance component of the Statewide Medicaid Managed Care program for the Children's Medical Services program of the Department of Health.
- The realignment shall reflect the actual enrollment changes due to the transfer of beneficiaries from fee-for-service to the capitated Children's Medical Services Network. The Agency for Health Care Administration may submit a request for nonoperating budget authority to transfer the federal funds to the Department of Health.
- This section expires July 1, 2017.

Prescription drug monitoring program.—

- For the 2016-2017 fiscal year only, the department may use state funds appropriated in the FAA to administer the prescription drug monitoring program.
- Neither the Attorney General nor the department may use funds received as part of a settlement agreement to administer the prescription drug monitoring program.
- This subsection expires July 1, 2017

Medicaid Hospital Funding Programs

- The calculations for the Medicaid Low-Income Pool, Disproportionate Share Hospital, and hospital reimbursement programs for the 2016-2017 fiscal year contained in the document titled "Medicaid Hospital Funding Programs," dated ____, 2016, and filed with the Secretary of the Senate, are incorporated by reference for the purpose of displaying the calculations used by the Legislature, consistent with the requirements of state law, in making appropriations for the Medicaid Low-Income Pool, Disproportionate Share Hospital, and hospital reimbursement programs.
- This section expires July 1, 2017.

Personal Needs Allowance – State Veteran's Nursing Homes

- Provides that the provisions of s. 296.37(1), F.S., be waived for the 2016-2017 fiscal year to increase the income disregard for the contribution of care from \$35 to \$105 per month for residents of State Veterans' Nursing Homes. This will maintain parity in the amount of income that all residents are allowed to keep for incidental expenses not covered by room and board.
- This section expires July 1, 2017.

Medicaid Conforming Bill 2016-17

Identity Verification for Medicaid Fraud Prevention

s. 322.143, Fla. Stat.

- Allows for access to the Department of Highway Safety and Motor Vehicle's driver license photo database, under a written agreement with the department, as a personal identifier for verification of Medicaid eligibility to combat Medicaid fraud.

Rural Hospitals

s. 395.602(2)(e), Fla. Stat.

- Revises the definition of "rural hospital" to include sole community hospitals with up to 175 licensed beds.

Fair Hearings on Medicaid

s. 409.285, Fla. Stat.

- Requires that appeals related to Medicaid programs administered by AHCA must be directed to AHCA.
- Requires that appeals related to Medicaid programs administered by APD must be directed to APD.

Kidcare and Medicaid Eligibility for Lawfully Residing Immigrant Children

ss. 409.811, 409.814, 409.904, and 624.91, Fla. Stat.

- Eliminates the five-year waiting period for lawfully residing immigrant children to be eligible for Kidcare and Medicaid. (Identical to provisions of SB 248.)

Limitation on Payments for ER Visits

s. 409.905(5), Fla. Stat.

- Repeals the current-law provision that limits payment for hospital ER visits for non-pregnant Medicaid recipients 21 years of age or older to six visits per fiscal year.

Medicaid Temporary Housing Assistance

ss. 409.906(13)(e) and 409.968(5), Fla. Stat.

- Directs AHCA to seek federal approval to provide temporary housing assistance for persons with severe mental illness and/or substance abuse disorders through the Medicaid program.

Medicaid Eligibility for Phelan-McDermid Syndrome

s. 409.9063, Fla. Stat.

- Directs AHCA to seek federal approval to provide home and community based services for individuals diagnosed with Phelan-McDermid Syndrome.

Overpayments to Medicaid Providers that Go Out-of-Business

s. 409.907(12), Fla. Stat.

- Authorizes AHCA to certify that a Medicaid provider has gone out of business and that any overpayments made to the provider cannot be collected, in accordance with federal law.

Charter Schools and Private Schools as Medicaid Providers

s. 409.9072, Fla. Stat.

- Provides that charter schools and private schools may become Medicaid providers in order to provide the same school-based services for Medicaid-eligible children that public school districts may provide under the certified school match program.

Rates for Medicaid Providers

s. 409.908(23), Fla. Stat.

- Revises the requirement for AHCA to set rates for certain providers at levels that ensure no increase in statewide expenditures resulting from changes in unit costs, by no longer including nursing homes, effective July 1, 2017.

Statewide Medicaid Residency Program

s. 409.909, Fla. Stat.

- Adds psychiatry to the current list of primary care specialties.

Disproportionate Share Hospital Program

ss. 409.911, 409.9113, 409.9115, and 409.9119 Fla. Stat.

- Directs AHCA to use the average of the 2007, 2008, and 2009 audited DSH data to determine each hospital's Medicaid days and charity care for the 2016-17 fiscal year.
- Amends various DSH statutes to notwithstanding the current calculations and methodologies for the DSH programs in deference to the DSH distributions contained in the Senate's LIP model for 2016-17.

Managed Care Payments to Non-contracted Providers for Emergency Services

ss. 409.9128(5), 409.967(2)(b), 409.975(1), and 641.513(6)-(7), Fla. Stat.

- Brings Florida law into compliance with federal law regarding the amount a Medicaid managed care plan must pay to a non-contracted provider for emergency services.
- Provides parameters for the amount a Florida Healthy Kids HMO must pay to a non-contracted provider for emergency services.

Essential Providers

s. 409.975(1), Fla. Stat.

- Clarifies the definition of the term "essential provider" in MMA relating to requirements for managed care plans to have essential providers in their networks.

Contracted Rates Between Hospitals and Managed Care Plans

s. 409.975(6), Fla. Stat.

- Deletes from statute provisions requiring MMA managed care plans to negotiate payment rates with hospitals within a certain range under certain circumstances, unless AHCA approves of rates higher than 120% of the Medicaid fee-for-service rate.

PACE

- Provides that the existing Program for All-inclusive Care for the Elderly (PACE) organization authorized for up to 150 PACE slots in Broward County under ch. 2012-33, L.O.F., may also use those same slots for frail elders in Miami-Dade County, subject to federal approval and a contract amendment with AHCA.
- Authorizes a new PACE project in Escambia County with up to 100 slots, subject to federal approval.

Department of Health 2016 Conforming Bill

The bill amends s. 381.82, F.S., regarding the Ed and Ethel Moore Alzheimer's Disease Research Program

- Allows the Ed and Ethel Moore Alzheimer's Disease Research Program to carry forward unexpended funds up to 5 years.
- This will enable scientists to conduct research projects that span multiple fiscal years.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/28/16
Meeting Date

Bill Number (if applicable)

Topic APD

Amendment Barcode (if applicable)

Name Kathy Clinton

Job Title Chair - Florida Association of Home Care Providers

Address 5650 S. Washington Ave.
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Phone 321-543-4431

Titusville FL 32780
City State Zip

Email Florida AHCP@gmail.com

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Association of Home Care Providers

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

CourtSmart Tag Report

Room: SB 401

Case No.:

Caption: Senate Appropriations Subcommittee on Health and Human Services

Type:

Judge:

Started: 1/28/2016 10:06:20 AM

Ends: 1/28/2016 11:15:13 AM

Length: 01:08:54

10:06:26 AM	Sen. Garcia (Chair)
10:06:54 AM	SB 1496
10:07:07 AM	Sen. Bradley
10:09:28 AM	Am. 616578
10:09:35 AM	Sen. Bradley
10:10:06 AM	Am. 378426
10:10:18 AM	Sen. Bradley
10:10:57 AM	Am. 234188
10:11:23 AM	Am. 602790 (SA to Am. 234188)
10:11:34 AM	Sen. Bradley
10:11:52 AM	Sen. Sobel
10:12:01 AM	Sen. Bradley
10:12:39 AM	Sen. Sobel
10:12:48 AM	Sen. Bradley
10:13:07 AM	Sen. Sobel
10:13:21 AM	Sen. Bradley
10:13:31 AM	Sen. Garcia
10:13:45 AM	Am. 575020
10:13:51 AM	Sen. Bradley
10:14:44 AM	SB 1496 (cont.)
10:14:45 AM	Sen. Smith
10:14:59 AM	Sen. Bradley
10:16:14 AM	Sen. Smith
10:16:49 AM	Sen. Bradley
10:17:22 AM	Sen. Smith
10:18:31 AM	Sen. Bradley
10:19:26 AM	Sen. Smith
10:19:35 AM	Sen. Bradley
10:19:59 AM	Sen. Smith
10:20:25 AM	Sen. Bradley
10:21:40 AM	Sen. Grimsley
10:22:26 AM	Sen. Bradley
10:24:34 AM	Sen. Grimsley
10:25:07 AM	Sen. Bradley
10:25:47 AM	Sen. Grimsley
10:26:09 AM	Sen. Bradley
10:29:14 AM	Sen. Sobel
10:29:43 AM	Sen. Bradley
10:30:37 AM	Sen. Bean
10:31:40 AM	Sen. Bradley
10:32:32 AM	Sen. Sobel
10:33:02 AM	Sen. Bradley
10:34:07 AM	Sen. Sobel
10:34:40 AM	Sen. Bradley
10:34:45 AM	Sen. Sobel
10:34:52 AM	Sen. Bradley
10:35:19 AM	Sen. Garcia
10:35:45 AM	Sen. Bradley
10:36:23 AM	Sen. Sobel
10:36:33 AM	Sen. Bradley
10:36:36 AM	Sen. Sobel
10:36:39 AM	Sen. Bradley

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