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|--------------|--|
| <b>Tab 2</b> | <b>SB 348</b> by <b>Bean (CO-INTRODUCERS) Harrell</b> ; (Identical to H 06031) Florida Kidcare Program |
|--------------|--|

The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**  
 APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND  
 HUMAN SERVICES  
 Senator Bean, Chair  
 Senator Harrell, Vice Chair

**MEETING DATE:** Wednesday, December 11, 2019  
**TIME:** 4:00—6:00 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

**MEMBERS:** Senator Bean, Chair; Senator Harrell, Vice Chair; Senators Book, Diaz, Farmer, Flores, Hooper, Passidomo, Rader, and Rouson

| TAB                             | BILL NO. and INTRODUCER   | BILL DESCRIPTION and<br>SENATE COMMITTEE ACTIONS   | COMMITTEE ACTION           |
|---------------------------------|---|--|----------------------------|
| 1                               | Presentation on Governor's Fiscal Year 2020-2021 Budget Recommendations:<br>Agency for Health Care Administration<br>Agency for Persons with Disabilities<br>Department of Children and Families<br>Department of Elderly Affairs<br>Department of Health<br>Department of Veteran' Affairs |  | Presented                  |
| 2                               | <b>SB 348</b><br>Bean<br>(Identical H 6031)   | Florida Kidcare Program; Removing the lifetime maximum cap on covered expenses for a child enrolled in the Florida Healthy Kids program, etc.<br><br>HP 11/05/2019 Favorable<br>AHS 12/11/2019 Favorable<br>AP | Favorable<br>Yeas 7 Nays 0 |
| Other Related Meeting Documents |   |  |                            |

GOVERNOR RON DESANTIS

**A BOLDER, BRIGHTER,  
BETTER FUTURE**



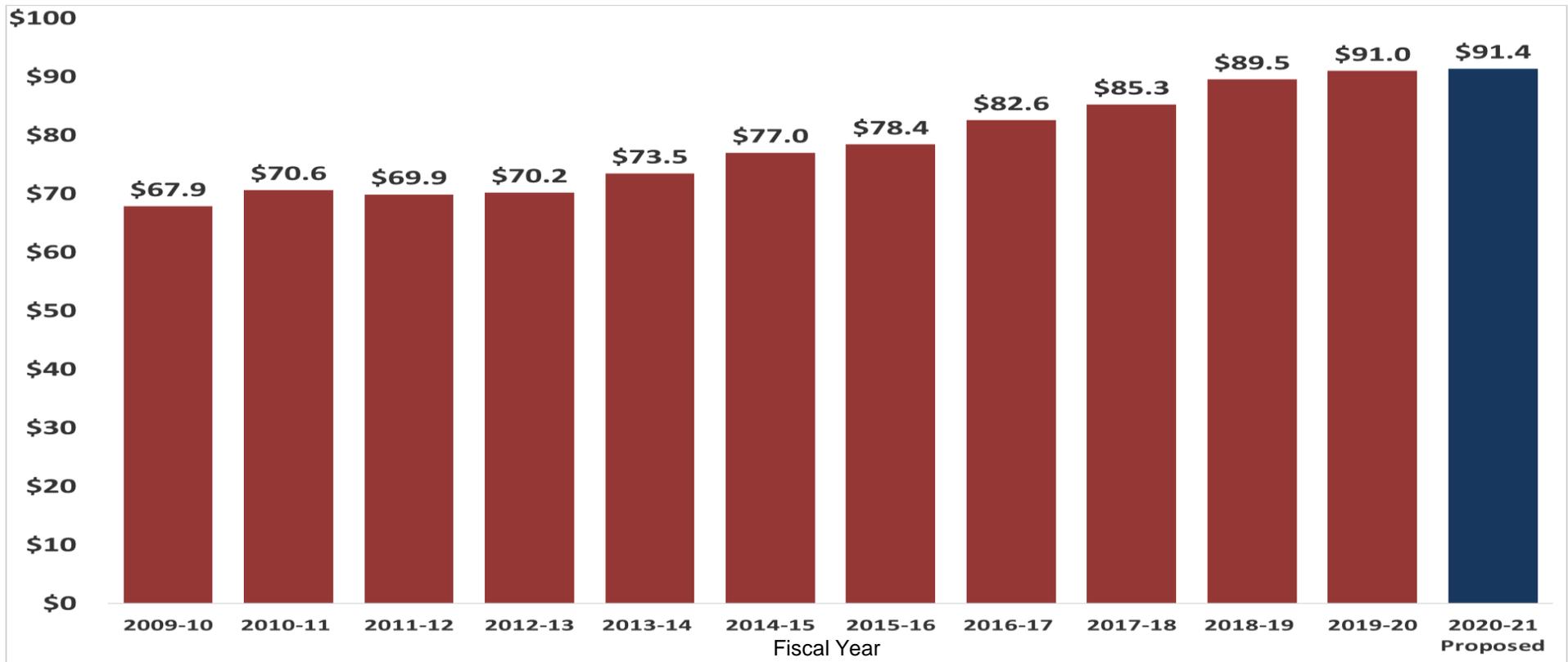
2020-2021 BUDGET & POLICY RECOMMENDATIONS

# The Governor's Office of Policy and Budget Health and Human Services

- 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



# Governor's Recommended Budget – Total Budget Fiscal Year 2020-21 \$ in Billions



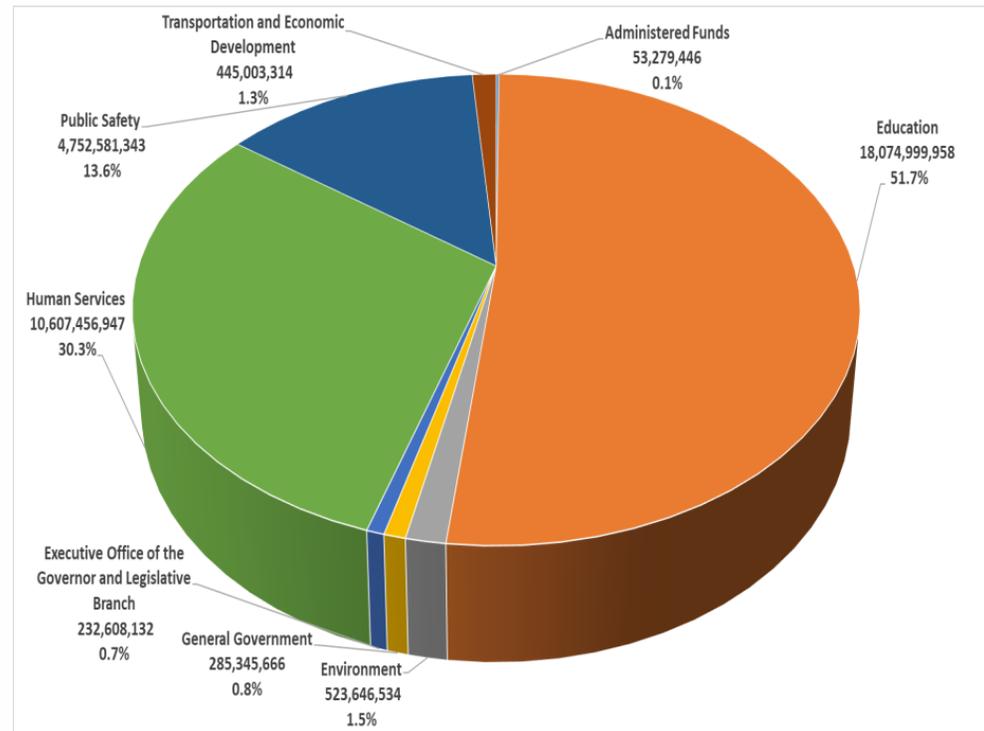
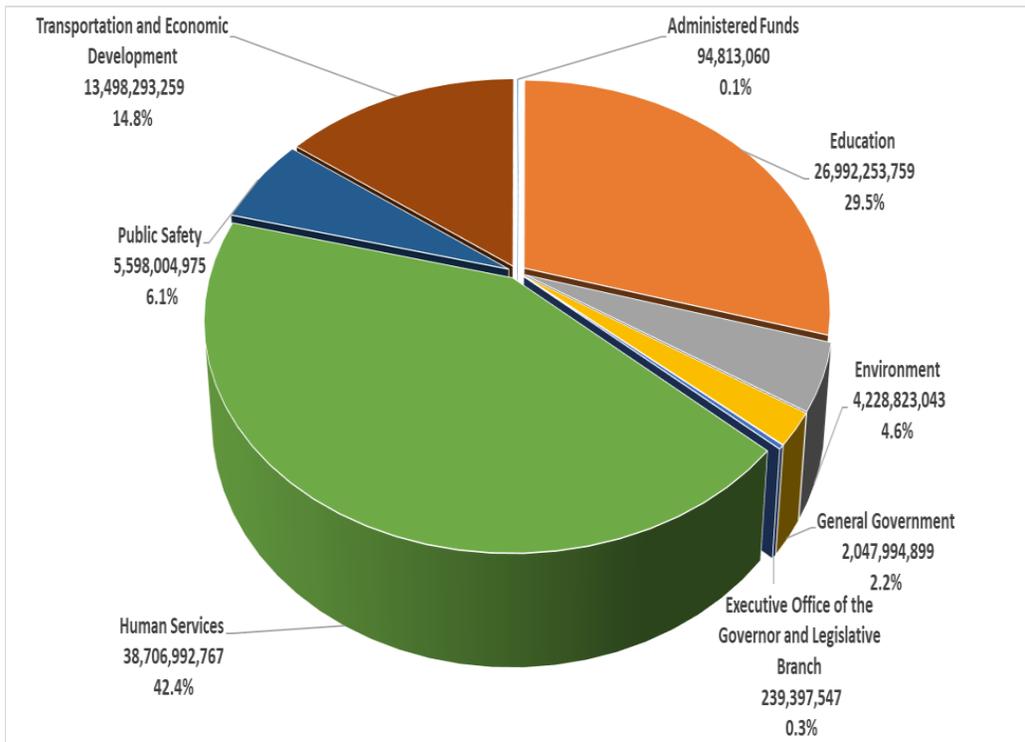
The proposed FY 2021 appropriations totaling \$91.4 billion are \$0.41 billion or 0.5% above FY 2020.



# Governor's Recommended Budget Fiscal Year 2020-21

Total Budget  
\$91.4 Billion

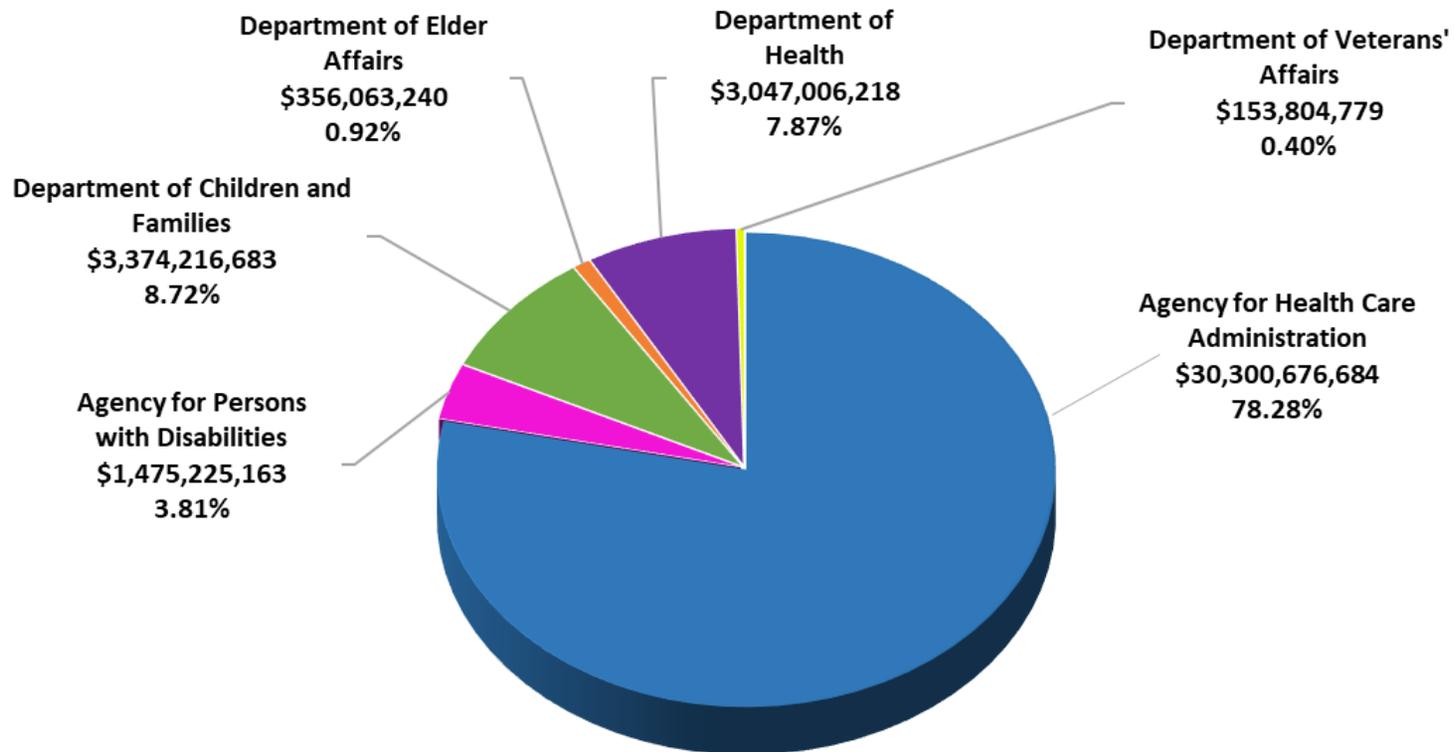
General Revenue  
\$35.0 Billion



**Health and Human Services represents the largest portion of the total budget and Education represents the largest portion of the General Revenue budget.**



# Governor's Recommended Budget Fiscal Year 2020-2021 Health and Human Services Budget-\$38.7 Billion



# Department Veterans' Affairs Highlights

| Major Issues Funded                               | Amount       |
|---|--------------|
| Operations of Two New State Veteran Nursing Homes | \$18,271,959 |
| State Veteran Nursing Home Operations             | \$6,730,321  |
| Employment for Veterans                           | \$2,500,000  |



# Department of Elder Affairs Highlights

| Major Issues Funded            | Amount      |
|--------------------------------|-------------|
| Guardianship Services          | \$6,492,378 |
| Livable Florida Initiative     | \$440,510   |
| Community Programs for Seniors | \$9,610,500 |



# Agency for Health Care Administration Highlights

| Major Issues Funded  | Amount        |
|--|---------------|
| Canadian Prescription Drug Importation   | \$20,427,019  |
| Florida Health Care Connection   | \$107,769,316 |
| Reimbursement Rate for Intermediate Care Facilities for Individuals with Intellectual Disabilities | \$38,363,421  |



# Agency for Persons with Disabilities Highlights

| Major Issues Funded  | Amount       |
|--|--------------|
| Supporting Individuals on the Home and Community Based Services Waitlist | \$56,565,936 |
| iConnect System  | \$1,528,166  |
| Supported Employment Program   | \$1,000,000  |



# Department of Health Highlights

| Major Issues Funded                                  | Amount       |
|--|--------------|
| Emerging Diseases/Hepatitis A                        | \$14,105,926 |
| Overdose Data to Action Grant                        | \$8,715,196  |
| Reducing Infant and Maternal Morbidity and Mortality | \$2,000,000  |
| Comprehensive Approach to HIV Care                   | \$15,226,844 |



# Department of Children and Families Highlights

| Major Issues Funded                             | Amount       |
|---|--------------|
| Child Welfare Accountability and Transformation | \$51,928,306 |
| Opioid Epidemic                                 | \$12,454,888 |
| Mental Health and Substance Abuse               | \$17,623,039 |





# Questions



**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

Meeting Date \_\_\_\_\_ Bill Number (if applicable) \_\_\_\_\_  
Topic GOVERNOR'S RECOMMENDED BUDGET Amendment Barcode (if applicable) \_\_\_\_\_  
Name RICHARD PRUDOM  
Job Title SECRETARY  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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

Representing ELDER AFFAIRS

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.*

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

12/11

Meeting Date

Bill Number (if applicable)

Topic AGENCY BUDGET

Amendment Barcode (if applicable)

Name Mary C. Mahen

Job Title Secretary

Address 2727 Mahen Dr

Phone 850 412-3603

Street

JCH

City

FL

State

32308

Zip

Email Mary.mahen@ahca.myflorida.com

Speaking:  For  Against  Information

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

Representing AHCA

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**

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

12/11/2019

*Meeting Date*

*Bill Number (if applicable)*

Topic Presentation on Governor's FY 20-21 Budget Recommendations

*Amendment Barcode (if applicable)*

Name Barbara Palmer

Job Title Director

Address 4030 Esplanade Way

Phone 850-488-1558

*Street*

Tallahassee

FL

32399

Email barbara.palmer@apdcares.org

*City*

*State*

*Zip*

Speaking:  For  Against  Information

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

Representing Agency for Persons with Disabilities

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.*

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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)

12/11/19

Meeting Date

Bill Number (if applicable)

Topic Governor's Recommended Budget Amendment Barcode (if applicable)

Name Mary Beth Vickers

Job Title Policy Coordinator

Address Governors OPB  
Street

Phone

City

State

Zip

Email

Speaking:  For  Against  Information

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

Representing Governor's Office

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

12/11/19

Meeting Date

Bill Number (if applicable)

Topic Bolder, Brighter, Better budget presentation

Amendment Barcode (if applicable)

Name Secretary Richard Prudom

Job Title Secretary of the Department of Elder Affairs

Address 4040 Esplanade Way Phone \_\_\_\_\_

Street

Tallahassee

City

FL

State

32311

Zip

Email \_\_\_\_\_

Speaking:  For  Against  Information

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

Representing \_\_\_\_\_

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.

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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)

12/11/19

Meeting Date

Bill Number (if applicable)

Topic Budget DOH

Amendment Barcode (if applicable)

Name Dr. Scott Pivkees

Job Title Surgeon General

Address 4052 Bald Cypress way

Phone 850-245-4494

Street Tallahassee

Email Scott.Pivkees@FL

City Tallahassee State FL Zip 32399

Health.go

Speaking:  For  Against  Information

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

Representing Department of Health

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.

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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)

12/11/19

Meeting Date

Bill Number (if applicable)

Topic Presentation of the Governor's Recommended Budget for Fiscal Year 2020-2021

Amendment Barcode (if applicable)

Name Chad Poppell

Job Title Secretary

Address 1317 Winewood Blvd.

Phone 8504889410

Street

Tallahassee

FL

32399

Email chad.poppell@myflfamilies.com

City

State

Zip

Speaking:  For  Against  Information

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

Representing Department of Children & Families

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.*

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**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.)

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

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BILL: SB 348

INTRODUCER: Senator Bean

SUBJECT: Florida Kidcare Program

DATE: December 10, 2019

REVISED: \_\_\_\_\_

|    | ANALYST         | STAFF DIRECTOR | REFERENCE  | ACTION                      |
|----|-----------------|----------------|------------|-----------------------------|
| 1. | <u>Kibbey</u>   | <u>Brown</u>   | <u>HP</u>  | <b>Favorable</b>            |
| 2. | <u>McKnight</u> | <u>Kidd</u>    | <u>AHS</u> | <b>Recommend: Favorable</b> |
| 3. | _____           | _____          | <u>AP</u>  | _____                       |

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**I. Summary:**

SB 348 repeals the \$1 million lifetime benefit maximum on covered expenses for a child enrolled in the Florida Healthy Kids (Healthy Kids) program.

The bill has an estimated fiscal impact of \$1.55 million to the Healthy Kids program. Of this amount, \$0.35 million is General Revenue, and \$1.2 million is federal funding. See Section V.

This bill takes effect upon becoming a law.

**II. Present Situation:**

**The Federal State Children’s Health Insurance Program**

The State Children’s Health Insurance Program (CHIP), enacted as part of the Balanced Budget Act of 1997, created Title XXI of the federal Social Security Act and provides health insurance to uninsured children in low-income families either through a Medicaid delivery system, a separate children’s health program, or a combination of both.<sup>1</sup> The CHIP was designed as a federal and state partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much income to be eligible for Medicaid, but not enough money to purchase private, comprehensive health insurance.

The CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government. On January 22, 2018, Congress passed a six-year extension of CHIP funding through September 30, 2023.<sup>2</sup>

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<sup>1</sup> National Conference of State Legislatures, *Children’s Health Insurance Program Overview*, (January 10, 2017) available at <http://www.ncsl.org/research/health/childrens-health-insurance-program-overview.aspx> (last visited Oct. 29, 2019).

<sup>2</sup> Kaiser Family Foundation, *Summary of the 2018 CHIP Funding Extension*, (January 24, 2018) available at <https://www.kff.org/medicaid/fact-sheet/summary-of-the-2018-chip-funding-extension/> (last visited Oct. 29, 2019).

## The Florida KidCare Program

The Florida KidCare (KidCare) program was established in 1998 as a combination of Medicaid delivery systems and public and private partnerships, with a wrap-around delivery system serving children with special health care needs.<sup>3</sup> The KidCare program, codified in ss. 409.810-409.821, F.S., encompasses four government-sponsored health insurance programs serving Florida's children: MediKids, Florida Healthy Kids (Healthy Kids), Children's Medical Services Network (CMSN), and Medicaid for children.<sup>4</sup>

Three of the four programs, MediKids, Healthy Kids, and the CMSN, directly receive federal CHIP funding and constitute Florida's CHIP program. However, CHIP funding is also used to enhance the match rate for some children in Medicaid. More specifically:

- *MediKids* is a Medicaid “look-alike” program administered by the Agency for Health Care Administration (AHCA) for children ages 1 through 4 who are at or below 200 percent of the federal poverty level (FPL).<sup>5</sup> Families whose income exceeds 200 percent of the FPL can elect to participate in the MediKids full-pay premium option.<sup>6</sup>
- *Healthy Kids* is for children ages 5 through 18 and administered by the Florida Healthy Kids Corporation (FHKC). Children in families with income between 133 percent and 200 percent of the FPL (\$33,383 and \$50,200 for a family of four) are eligible for subsidized coverage through the Healthy Kids program.<sup>7</sup> Families whose income exceeds 200 percent of the FPL can elect to participate in the Healthy Kids full-pay option.<sup>8</sup>
- *Children's Medical Services Network* (CMSN) is a program for children from birth through age 18 with special health care needs.<sup>9</sup> The Department of Health (DOH) operates the program which is open to all children who meet the clinical eligibility criteria that are Medicaid or Title XXI eligible.<sup>10</sup>
- *Medicaid* eligibility is determined by the Department of Children and Families (DCF) and provides Title XIX coverage to infants from birth to age 1 who are at or below 200 percent of the FPL and children ages 1 through 18 who are at or below 133 percent of the FPL.<sup>11</sup>

Families who receive Medicaid are not responsible for paying premiums or co-payments. Families with children that qualify for other KidCare program components are responsible for paying monthly premiums and co-payments for certain services. The total monthly family payment for CHIP enrollees is \$15 or \$20 for families with incomes between 133 percent and

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<sup>3</sup> Chapter 1998-288, Laws of Fla.

<sup>4</sup> Florida KidCare, <https://www.floridakidcare.org/> (last visited Oct. 29, 2019).

<sup>5</sup> Section 409.8132(6), F.S.

<sup>6</sup> Agency for Health Care Administration, Florida Kidcare, *Welcome to Medikids*, [https://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/program\\_policy/FLKidCare/PDF/FLORIDA\\_MEDIKIDS\\_INFORMATION\\_2019.pdf](https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/PDF/FLORIDA_MEDIKIDS_INFORMATION_2019.pdf) (last visited Oct. 29, 2019).

<sup>7</sup> Florida Healthy Kids Corporation, *Subsidized Premiums/Copays*, <https://www.healthykids.org/cost/subsidized/> (last visited Oct. 29, 2019).

<sup>8</sup> *Id.*

<sup>9</sup> *See* ch. 391, F.S.

<sup>10</sup> *Id.*

<sup>11</sup> Florida Healthy Kids, *Florida Kidcare Health and Dental Insurance 2019 General Annual Income Guidelines*, [https://www.healthykids.org/kidcare/eligibility/Florida\\_KidCare\\_Income\\_Guidelines.pdf](https://www.healthykids.org/kidcare/eligibility/Florida_KidCare_Income_Guidelines.pdf) (last visited Oct. 29, 2019).

200 percent of the FPL.<sup>12</sup> The per-child monthly premium rate is \$157 for full-pay MediKids coverage and \$230 for full-pay Healthy Kids coverage, including dental coverage.<sup>13</sup>

As of November 2019, 31,428 children are enrolled in subsidized MediKids; 8,815 children are enrolled in MediKids under the full-pay option; 195,286 children are enrolled in subsidized Healthy Kids; 16,373 children are enrolled in Healthy Kids under the full-pay option; 13,452 children are enrolled in the CMSN; and 2,053,565 children are enrolled in the Medicaid program.<sup>14</sup>

The KidCare program is jointly administered by the AHCA, the FHKC, the DOH, the DCF, and the Office of Insurance Regulation. The general KidCare program responsibilities of each agency are outlined in the table below:

| <b>Entity</b>                                       | <b>Responsibilities</b>  |
|---|--|
| Agency for Health Care Administration <sup>15</sup> | <ul style="list-style-type: none"> <li>• Administration of the state Medicaid program that serves individuals eligible for Medicaid under Title XIX.</li> <li>• Administration of the MediKids program that serves Title XXI children from age 1 through age 4.</li> <li>• The Title XXI state contact with the federal Centers for Medicare &amp; Medicaid Services.</li> <li>• Distribution of federal funds for Title XXI programs.</li> <li>• Management of the contract with the FHKC.</li> <li>• Development and maintenance of the Title XXI Florida KidCare State Plan.</li> </ul> |
| Department of Children and Families <sup>16</sup>   | <ul style="list-style-type: none"> <li>• Processing Medicaid applications and determining children’s eligibility for Medicaid.</li> </ul>  |
| Department of Health <sup>17</sup>                  | <ul style="list-style-type: none"> <li>• Administration of the CMSN that offers a range of services to Title XIX and XXI children from birth through age 18 who have special health care needs.</li> <li>• Chair of the Florida KidCare Coordinating Council.</li> <li>• In consultation with the FHKC and the DCF, establishment of a toll-free telephone line to assist families with questions about the program.</li> </ul>  |
| Florida Healthy Kids Corporation <sup>18</sup>      | <ul style="list-style-type: none"> <li>• Under a contract with the AHCA, perform the administrative KidCare functions including eligibility determination, premium billing and collection, refunds, and customer service.</li> <li>• Administration of the Florida Healthy Kids program for Title XXI children from age 5 through age 18.</li> </ul>   |

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> Agency for Health Care Administration, Florida KidCare, *Florida KidCare Enrollment Report, November 2019* (on file with the Senate Appropriations Subcommittee on Health and Human Services).

<sup>15</sup> See part II of ch. 409, F.S.

<sup>16</sup> Section 409.818(1), F.S.

<sup>17</sup> See ch. 391 and s. 409.818(2), F.S.

<sup>18</sup> Section 624.91, F.S.

Office of Insurance  
Regulation<sup>19</sup>

- Certification that health benefits coverage plans seeking to provide services under the KidCare program, aside from services provided under Healthy Kids and CMSN, meet, exceed, or are equivalent to the benchmark benefit plan and that the health insurance plans will be offered at an approved rate.

### **Florida KidCare Program Administration and Eligibility**

The Healthy Kids program component of KidCare is administered by the nonprofit Florida Healthy Kids Corporation (FHKC), established in s. 624.91, F.S. The FHKC contracts with managed care plans throughout the state for the provision of health care coverage.

The KidCare application is a simplified application that serves applicants for both the Title XXI KidCare program and Title XIX Medicaid. Pursuant to federal law, each application is screened for the child's eligibility for Title XIX Medicaid. Children who appear to be eligible for Medicaid are referred to the DCF for Medicaid eligibility determination, and children who appear to have a special health care need are referred to the CMSN within the DOH for evaluation.

If eligible for Medicaid, the child is enrolled immediately into that program. If the child is not eligible for Medicaid, the application is processed for Title XXI, and if the child is eligible under Title XXI, the child is enrolled into the appropriate KidCare program component.

### **Healthy Kids Lifetime Maximum**

Florida Healthy Kids is the only Kidcare program that has a lifetime benefit maximum. Since the inception of Florida's CHIP program in 1998, the state has had the lifetime benefit maximum in place.<sup>20</sup> The FHKC has removed children from the state program upon reaching the \$1 million threshold. The FHKC determined that between October 1, 2015 through September 20, 2019, 12 enrollees reached the lifetime limit.<sup>21</sup> As the chart below indicates, at the time the twelve enrollees exceeded the lifetime benefit maximum<sup>22</sup> and, therefore, were terminated from the Healthy Kids program, three became enrolled in Medicaid, eight were enrolled in the CMSN, and one was deceased.<sup>23</sup>

<sup>19</sup> Section 409.818(4), F.S.

<sup>20</sup> Chapter 1998-288, s. 40, Laws of Fla.

<sup>21</sup> Email from the Florida Healthy Kids Corporation (October 4, 2019) (on file with the Senate Committee on Health Policy).

<sup>22</sup> The FHKC's managed care organizations (MCOs) are only made aware that the limit is reached upon receipt of claims for payment submitted by health care providers, and claims may be submitted after the limit is reached. The MCOs negotiate claims payments with providers once the claims amount exceeds \$1 million to minimize the exposure, thereby some health care providers may not receive their contracted rate. The MCOs are paid on a fully-capitated basis and bear the full risk any time an enrollee exceeds the \$1 million lifetime benefit maximum. *See* email from the Florida Healthy Kids Corporation (December 9, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

<sup>23</sup> *Supra* note 21.

| Age at Healthy Kids Termination | Year | Approximate Time to Reach \$1M in Paid Claims | Primary Driver(s)    | Medical Claims Paid Amount | Pharmacy Claims Paid Amount | Total Paid Claims by Carriers | Status at Healthy Kids Termination |
|---------------------------------|------|---|----------------------|----------------------------|-----------------------------|-------------------------------|------------------------------------|
| 16                              | 2016 | 8 months                                      | Lymphoma             | \$988,050.32               | \$20,774.47                 | \$1,008,824.79                | CMS                                |
| 10                              | 2016 | 21 months                                     | Stem Cell Transplant | \$809,187.25               | \$202,918.10                | \$1,012,105.35                | Medicaid                           |
| 9                               | 2017 | 23 months                                     | Hemophilia           | \$1,857.32                 | \$1,252,669.62              | \$1,254,526.94                | Medicaid                           |
| 18                              | 2017 | 85 months                                     | Cystic Fibrosis      | \$874,158.33               | \$213,415.30                | \$1,087,573.63                | Deceased                           |
| 17                              | 2017 | 30 months                                     | Hemophilia           | \$6,927.27                 | \$1,329,201.46              | \$1,336,128.73                | CMS                                |
| 17                              | 2018 | 7 months                                      | Extensive Burns      | \$1,003,967.34             | \$-                         | \$1,003,967.34                | Medicaid                           |
| 9                               | 2018 | 17 months                                     | Cancer               | \$1,396,343.49             | \$68,322.61                 | \$1,464,666.10                | CMS                                |
| 9                               | 2018 | 39 months                                     | Cancer               | \$1,158,818.10             | \$34,354.96                 | \$1,193,173.06                | CMS                                |
| 12                              | 2018 | 19 months                                     | Auto-Immune Disease  | \$293,403.55               | \$807,430.01                | \$1,100,833.56                | CMS                                |
| 14                              | 2018 | 31 months                                     | Cystic Fibrosis      | \$386,605.27               | \$727,398.50                | \$1,114,003.77                | CMS                                |
| 17                              | 2018 | 16 months                                     | Cancer               | \$976,566.67               | \$93,525.43                 | \$1,070,092.10                | CMS                                |
| 11                              | 2018 | 28 months                                     | Car Accident         | \$997,822.20               | \$7,483.75                  | \$1,005,305.95                | CMS                                |

### State Plan Requirements

On November 13, 2018, the federal Centers for Medicare & Medicaid Services (federal CMS) within the federal Department of Health and Human Services notified the AHCA that Florida's imposition of the lifetime benefit maximum for Healthy Kids is not set out in Florida's approved CHIP plan.<sup>24</sup> Because the lifetime benefit maximum affects utilization controls and state disenrollment policies which are required to be set out in each state plan, the federal CMS determined that Florida's plan was not in compliance with federal CHIP regulations.<sup>25</sup> The federal CMS further clarified that if Florida intends to continue imposing the lifetime benefit maximum, the state needs to submit, and the federal CMS must approve, a state plan amendment (SPA) setting out an approvable lifetime limit policy.<sup>26</sup>

Because the lifetime benefit maximum is not included in the state plan and because federal regulations at 42 CFR 457.65(b) prohibit amendments that eliminate or restrict eligibility or benefits from being in effect for longer than a 60-day period before the submission of the SPA, the federal CMS has requested that account balances for all children currently enrolled in

<sup>24</sup> Correspondence from the federal Centers for Medicare & Medicaid Services (November 13, 2018) (on file with the Senate Committee on Health Policy).

<sup>25</sup> *Id.* See also 42 CFR 457.90 and 42 CFR 457.305(b).

<sup>26</sup> *Id.*

Healthy Kids be reset to \$0.<sup>27</sup> The AHCA has agreed to reset all account balances of children currently enrolled in Healthy Kids to \$0 on January 1, 2020, and will not disenroll a child for reaching the lifetime maximum until the SPA is enacted on that same date.<sup>28</sup> Only services received after January 1, 2020, will count toward the aggregate lifetime limit.

### **Continuous Eligibility**

The federal CMS also noted that disenrolling children who hit a lifetime benefit maximum is inconsistent with the state's continuous eligibility policy and federal regulations.<sup>29</sup> Because this is not an approved exception to continuous eligibility as listed in 42 CFR 457.342 and 42 CFR 435.926(d), the federal CMS indicated it would approve the SPA only if the plan retained children who reach the lifetime benefit maximum in coverage through their annual redetermination date, unless a child meets an approved exception to continuous eligibility such as reaching the age of 19 or ceasing to be a Florida resident.<sup>30</sup>

### **Sufficient Notice to Parents or Caretakers**

Federal regulations in 42 CFR 457.340(e)(1)(iii) require a state to provide sufficient notice to enable the child's parent or caretaker to take appropriate actions to allow coverage to continue without interruption. The FHKC's policies were updated in May 2017 to require the managed care organizations to notify the FHKC when an enrollee exceeds \$700,000 in benefits.<sup>31</sup> The updates include steps that the FHKC will take to remind families of the lifetime limit and inform them of alternative coverage options.<sup>32</sup>

### **Opportunity to Review Suspension or Termination of Enrollment**

Federal regulations at 42 CFR 457.1130(a)(3) require a state to ensure that an applicant or enrollee has an opportunity for review of a suspension or termination of enrollment. Further, 42 CFR 457.1170 requires a state to ensure the opportunity for continuation of enrollment until the review of suspension or termination of enrollment is completed. Florida law does not provide the opportunity for review of the termination of enrollment of an enrollee who reaches the lifetime maximum.<sup>33</sup> Because there is no opportunity for such a review, there is no opportunity for the continuation of enrollment through the completion of the review.<sup>34</sup> The AHCA wrote that it will implement a process to provide impacted enrollees with a notice of adverse benefit determination when the enrollee reaches the lifetime maximum and that it will provide an enrollee the opportunity to dispute and seek review of any claims denials as a result of reaching

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<sup>27</sup> Correspondence from the federal Centers for Medicare & Medicaid Services (March 6, 2019) (on file with the Senate Committee on Health Policy).

<sup>28</sup> Correspondence from the Agency for Health Care Administration (June 7, 2019) (on file with the Senate Committee on Health Policy).

<sup>29</sup> *Supra* note 24.

<sup>30</sup> *Id.*

<sup>31</sup> Correspondence from the Agency for Health Care Administration (February 11, 2019) (on file with the Senate Committee on Health Policy).

<sup>32</sup> *Id.*

<sup>33</sup> *Supra* note 24.

<sup>34</sup> *Id.*

the limit through the claim-denial process administered by the FHKC's contracted managed care organizations.<sup>35, 36</sup>

### **Corrective Action Plan**

On July 26, 2019, the federal CMS approved a corrective action plan that addressed all of the following:<sup>37</sup>

- The intended submission of an SPA implementing the lifetime benefit maximum; the SPA becomes effective on January 1, 2020.
- The reenrollment of children disenrolled because they reached the lifetime limit. The State of Florida has confirmed that none of the previously disenrolled children will need to be reenrolled as they are no longer eligible for coverage, and therefore, no further action is necessary.
- The resetting of all account balances of children currently enrolled in Healthy Kids to \$0. Only services received after January 1, 2020, will count toward the lifetime benefit maximum.
- The State of Florida has demonstrated that the FHKC is notified by the health plan when an enrollee exceeds \$700,000 in aggregated claims.<sup>38</sup> In addition, a collaboration between the federal CMS, the State of Florida, and the FHKC will continue during the SPA review process to ensure that families are properly notified of the lifetime benefit maximum and to ensure families are not retroactively terminated from coverage.
- An enrollee who reaches the lifetime limit will receive a notice of adverse benefit determination should the child reach the lifetime limit and provide for a right to review (appeals) process. The federal CMS will continue to work with the State of Florida and the FHKC during the SPA review process to ensure compliance with federal regulations.

### **III. Effect of Proposed Changes:**

**Section 1** amends s. 409.815(2), F.S., to repeal the lifetime benefit maximum of \$1 million on covered expenses per child enrolled in the Healthy Kids program. Under the bill, no child will be disenrolled from the Healthy Kids program because he or she has reached the lifetime benefit maximum.

This section of the bill also conforms a cross-reference.

**Section 2** provides that the bill shall take effect upon becoming a law.

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<sup>35</sup> *Supra* note 31.

<sup>36</sup> *Supra* note 28.

<sup>37</sup> Correspondence from the federal Centers for Medicare & Medicaid Services (July 26, 2019) (on file with the Senate Committee on Health Policy).

<sup>38</sup> This includes the FHKC's contracted managed care organizations (MCOs) providing the name, address, and aggregate claims amounts for medical and pharmacy claims separately once a child hits \$700,000. The MCOs are also required to notify the FHKC if a child has a catastrophic incident, such as an automobile accident, that could result in the child quickly reaching or exceeding the \$700,000. At that time, the FHKC begins to identify other health insurance options that may be available once the child reaches the \$1 million lifetime benefit maximum and work with the child's family to transition to the new insurance. *See* email from the Florida Healthy Kids Corporation (December 9, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

## D. State Tax or Fee Increases:

None.

## E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

None.

## C. Government Sector Impact:

According to an actuarial review performed by Mercer Government Human Services Consulting (Mercer) on behalf of the FHKC, the estimated cost of repealing the \$1 million lifetime benefit maximum of paid health benefit claims per child provided under the Healthy Kids program is shown in the table below:<sup>39</sup>

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<sup>39</sup> Correspondence from Mercer Government Human Services Consulting (August 16, 2019) (on file with the Senate Committee on Health Policy).

**Cost Estimates for Eliminating the Lifetime Cap on Healthy Kids Benefits**

| <b>State Fiscal Year</b> | <b>General Revenue</b> | <b>Federal Match</b> | <b>Total</b>       |
|--------------------------|------------------------|----------------------|--------------------|
| 2019-2020*               | \$45,239               | \$247,189            | \$292,428          |
| 2020-2021                | \$304,401              | \$956,854            | \$1,261,255        |
| <b>Total</b>             | <b>\$349,640</b>       | <b>\$1,204,043</b>   | <b>\$1,553,683</b> |

\*4<sup>th</sup> quarter of State Fiscal Year 2019-2020

Mercer’s estimate is based upon the most recent Social Services Estimating Conference forecasts and estimates: July 17, 2019 KidCare Caseload, July 31, 2019 KidCare Expenditures, and August 6, 2019 Federal Medical Assistance Percentage (FMAP). Based on these estimates, the recurring General Revenue cost is likely to continue increasing in subsequent years.<sup>40</sup>

The AHCA has confirmed these estimates.<sup>41</sup>

The DOH and the DCF reported the bill will have no fiscal impact.<sup>42,43</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill amends section 409.815 of the Florida Statutes.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

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

None.

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<sup>40</sup> *Id.*

<sup>41</sup> Agency for Health Care Administration, *Senate Bill 348 Agency Analysis* (October 31, 2019) (on file with the Senate Committee on Health Policy).

<sup>42</sup> Department of Health, *Senate Bill 348 Agency Analysis* (October 7, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

<sup>43</sup> Department of Children and Families, *Senate Bill 348 Agency Analysis* (October 1, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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By Senator Bean

4-00472A-20

2020348\_\_

1 A bill to be entitled  
 2 An act relating to the Florida Kidcare program;  
 3 amending s. 409.815, F.S.; removing the lifetime  
 4 maximum cap on covered expenses for a child enrolled  
 5 in the Florida Healthy Kids program; conforming a  
 6 cross-reference; providing an effective date.  
 7  
 8 Be It Enacted by the Legislature of the State of Florida:  
 9  
 10 Section 1. Paragraph (r) and present paragraph (u) of  
 11 subsection (2) of section 409.815, Florida Statutes, are amended  
 12 to read:  
 13 409.815 Health benefits coverage; limitations.-  
 14 (2) BENCHMARK BENEFITS.-In order for health benefits  
 15 coverage to qualify for premium assistance payments for an  
 16 eligible child under ss. 409.810-409.821, the health benefits  
 17 coverage, except for coverage under Medicaid and Medikids, must  
 18 include the following minimum benefits, as medically necessary.  
 19 ~~(r) Lifetime maximum. Health benefits coverage obtained~~  
 20 ~~under ss. 409.810-409.820 shall pay an enrollee's covered~~  
 21 ~~expenses at a lifetime maximum of \$1 million per covered child.~~  
 22 (t)(u) Enhancements to minimum requirements.-  
 23 1. This section sets the minimum benefits that must be  
 24 included in any health benefits coverage, other than Medicaid or  
 25 Medikids coverage, offered under ss. 409.810-409.821. Health  
 26 benefits coverage may include additional benefits not included  
 27 under this subsection, but may not include benefits excluded  
 28 under paragraph ~~(r)~~ ~~(s)~~.  
 29 2. Health benefits coverage may extend any limitations

Page 1 of 2

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

4-00472A-20

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30 beyond the minimum benefits described in this section.  
 31  
 32 Except for the Children's Medical Services Network, the agency  
 33 may not increase the premium assistance payment for either  
 34 additional benefits provided beyond the minimum benefits  
 35 described in this section or the imposition of less restrictive  
 36 service limitations.  
 37 Section 2. This act shall take effect upon becoming a law.

Page 2 of 2

CODING: Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

## Committee Agenda Request

**To:** Senator Aaron Bean, Chair  
Appropriations Subcommittee on Health and Human Services

**Subject:** Committee Agenda Request

**Date:** November 6, 2019

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I respectfully request that **Senate Bill # 348**, relating to Florida Kidcare Program, be placed on the:

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

A handwritten signature in blue ink that reads "Aaron Bean". The signature is written in a cursive style and is placed on a light yellow rectangular background.

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Senator Aaron Bean  
Florida Senate, District 4

## Florida KidCare Enrollment Report

November 2019

| Program Component                                    | *Target Enrollment | November 2019    | October 2019     | Change October to November | % Change October to November | September 2019   | Change September to October | % Change September to October |
|--|--------------------|------------------|------------------|----------------------------|------------------------------|------------------|-----------------------------|-------------------------------|
| <b>Title XXI CHIP Enrollment</b>                     |                    |                  |                  |                            |                              |                  |                             |                               |
| Healthy Kids   | 199,244            | 195,286          | 195,040          | 246                        | 0.13%                        | 195,053          | -13                         | -0.01%                        |
| CMS Plan   | 13,319             | 13,452           | 13,134           | 318                        | 2.42%                        | 13,006           | 128                         | 0.98%                         |
| MediKids   | 31,713             | 31,428           | 31,545           | -117                       | -0.37%                       | 31,562           | -17                         | -0.05%                        |
| <b>Total Title XXI CHIP Enrollment</b>               |                    | <b>240,166</b>   | <b>239,719</b>   | <b>447</b>                 | <b>0.19%</b>                 | <b>239,621</b>   | <b>98</b>                   | <b>0.04%</b>                  |
| <b>Healthy Kids</b>                                  |                    |                  |                  |                            |                              |                  |                             |                               |
| Title XXI  | 199,244            | <b>195,286</b>   | <b>195,040</b>   | 246                        | 0.13%                        | <b>195,053</b>   | -13                         | -0.01%                        |
| Healthy Kids Full Pay                                | 15,391             | 16,373           | 16,189           | 184                        | 1.14%                        | 16,021           | 168                         | 1.05%                         |
| <b>Total Healthy Kids Enrollment</b>                 |                    | <b>211,659</b>   | <b>211,229</b>   | <b>430</b>                 | <b>0.20%</b>                 | <b>211,074</b>   | <b>155</b>                  | <b>0.07%</b>                  |
| <b>CMS Plan</b>                                      |                    |                  |                  |                            |                              |                  |                             |                               |
| <b>CMS Plan Enrollment</b>                           | 13,319             | <b>13,452</b>    | <b>13,134</b>    | 318                        | 2.42%                        | <b>13,006</b>    | 128                         | 0.98%                         |
| <b>MediKids</b>                                      |                    |                  |                  |                            |                              |                  |                             |                               |
| Title XXI  | 31,713             | <b>31,428</b>    | <b>31,545</b>    | -117                       | -0.37%                       | <b>31,562</b>    | -17                         | -0.05%                        |
| MediKids Full Pay                                    | 8,542              | 8,815            | 8,749            | 66                         | 0.75%                        | 8,745            | 4                           | 0.05%                         |
| <b>Total MediKids Enrollment</b>                     |                    | <b>40,243</b>    | <b>40,294</b>    | <b>-51</b>                 | <b>-0.13%</b>                | <b>40,307</b>    | <b>-13</b>                  | <b>-0.03%</b>                 |
| <b>Medicaid</b>                                      |                    |                  |                  |                            |                              |                  |                             |                               |
| <b>Title XIX Medicaid Enrollment</b>                 |                    | 1,917,821        | 1,922,313        | -4,492                     | -0.23%                       | 1,929,367        | -7,054                      | -0.37%                        |
| <b>Total Title XXI Funded Medicaid</b>               |                    | 135,744          | 135,516          | 228                        | 0.17%                        | 135,153          | 363                         | 0.27%                         |
| XXI Funded Medicaid <Age 1                           |                    | 1,152            | 1,227            | -75                        | -6.11%                       | 1,180            | 47                          | 3.98%                         |
| XXI Funded Medicaid 6 - 18**                         |                    | 134,592          | 134,289          | 303                        | 0.23%                        | 133,973          | 316                         | 0.24%                         |
| <b>Total Title XIX &amp; XXI Medicaid Enrollment</b> |                    | <b>2,053,565</b> | <b>2,057,829</b> | <b>-4,264</b>              | <b>-0.21%</b>                | <b>2,064,520</b> | <b>-6,691</b>               | <b>-0.32%</b>                 |
| <b>Total Title XXI Funded Enrollment</b>             |                    | <b>375,910</b>   | <b>375,235</b>   | <b>675</b>                 | <b>0.18%</b>                 | <b>374,774</b>   | <b>461</b>                  | <b>0.12%</b>                  |
| <b>Total Florida KidCare Enrollment</b>              |                    | <b>2,318,919</b> | <b>2,322,486</b> | <b>-3,567</b>              | <b>-0.15%</b>                | <b>2,328,907</b> | <b>-6,421</b>               | <b>-0.28%</b>                 |

Please note that MediKids, Title XXI Funded Medicaid, and Medicaid Title XIX enrollment numbers reflect retrospective data as reported by the Agency for Health Care Administration, Medicaid Program Finance

Healthy Kids enrollment is reported by Florida Healthy Kids Corporation and CMS Plan enrollment is reported by the Department of Health.

\* Target Enrollment represents the projected average caseload based on the SFY 2019/2020 Florida KidCare Appropriations.

\*\*Includes new eligibles and Medicaid children who would have previously been referred to CHIP due to income between 112% and 133% FPL.

Total Title XXI Funded Enrollment includes Total Title XXI Enrollment plus Title XXI Funded Medicaid < Age 1 and Ages 6 - 18.

## McKnight, Brooke

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**From:** Jeff Dykes <dykesj@healthykids.org>  
**Sent:** Monday, December 9, 2019 11:31 AM  
**To:** McKnight, Brooke  
**Subject:** RE: SB 348

Brooke-

Please see our response below and let me know if you have further questions.

Best- Jeff

Jeff Dykes  
Interim Chief Executive Officer and  
Chief Financial Officer  
Florida Healthy Kids Corporation  
1203 Governor's Square Blvd., Suite 400  
Tallahassee, FL 32301  
850.701.6114

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**From:** McKnight, Brooke <Brooke.McKnight@LASPBS.STATE.FL.US>  
**Sent:** Monday, December 9, 2019 8:47 AM  
**To:** Jeff Dykes <dykesj@healthykids.org>  
**Subject:** SB 348  
**Importance:** High

Good morning, Jeff – I hope you had a good weekend. I have a few follow up questions related to SB 348 that I hope you can please address (please see below). I apologize for the quick turnaround, but it would be greatly appreciated if you can please turn this request around by no later than 12:00 p.m. today. If I can provide further clarity, please do not hesitate to give me a call. As always, I appreciate your assistance – thank you.

- The federal CMS approved corrective action plan indicates that the state has demonstrated that the FHKC is notified by the health plan when an enrollee exceeds \$700,000 in aggregated claims. Can you please provide more background on what the notification entails/how FHKC is working with the health plans in advance of exceeding \$700,000 in aggregated claims.

Response: FHKC's contracted managed care organizations (MCOs) provide the name, address, and aggregate claims amounts for medical and pharmacy separately once a child hits \$700,000. The MCOs are also required to notify us if a child has a catastrophic incident, such as an automobile accident, that could result in the child quickly hitting or exceeding the \$700,000. At that point, we begin to identify other health insurance options that may be available once the child hits \$1M and work with the family to transition to the new insurance.

- For the 12 enrollees that reached the lifetime benefit maximum, the background provided shows that all 12 enrollees exceeded the \$1 million threshold. Can you please address how they were allowed to exceed the cap.

Response: MCOs reported this dollar amount at a point in time, and the timing of when claims are incurred, received, and paid is the reason for exceeding the limit. In other words, MCOs only become

aware that the limit is reached based on when health care providers submit claims for payment, and claims may come in after the limit has been reached. MCOs negotiate claims payments with providers once the claims amount exceeds \$1M to minimize their exposure, which means some health care providers may not receive their contracted rate. MCOs are paid on a fully-capitated basis and bear the full risk any time a child exceeds the lifetime limit.

| Age at Healthy Kids Termination | Year | Approximate Time to Reach \$1M in Paid Claims | Primary Driver(s)    | Medical Claims Paid Amount | Pharmacy Claims Paid Amount | Total Paid Claims by Carriers | Status at Healthy Kids Termination |
|---------------------------------|------|---|----------------------|----------------------------|-----------------------------|-------------------------------|------------------------------------|
| 16                              | 2016 | 8 months                                      | Lymphoma             | \$988,050.32               | \$20,774.47                 | \$1,008,824.79                | CMS                                |
| 10                              | 2016 | 21 months                                     | Stem Cell Transplant | \$809,187.25               | \$202,918.10                | \$1,012,105.35                | Medicaid                           |
| 9                               | 2017 | 23 months                                     | Hemophilia           | \$1,857.32                 | \$1,252,669.62              | \$1,254,526.94                | Medicaid                           |
| 18                              | 2017 | 85 months                                     | Cystic Fibrosis      | \$874,158.33               | \$213,415.30                | \$1,087,573.63                | Deceased                           |
| 17                              | 2017 | 30 months                                     | Hemophilia           | \$6,927.27                 | \$1,329,201.46              | \$1,336,128.73                | CMS                                |
| 17                              | 2018 | 7 months                                      | Extensive Burns      | \$1,003,967.34             | \$-                         | \$1,003,967.34                | Medicaid                           |
| 9                               | 2018 | 17 months                                     | Cancer               | \$1,396,343.49             | \$68,322.61                 | \$1,464,666.10                | CMS                                |
| 9                               | 2018 | 39 months                                     | Cancer               | \$1,158,818.10             | \$34,354.96                 | \$1,193,173.06                | CMS                                |
| 12                              | 2018 | 19 months                                     | Auto-Immune Disease  | \$293,403.55               | \$807,430.01                | \$1,100,833.56                | CMS                                |
| 14                              | 2018 | 31 months                                     | Cystic Fibrosis      | \$386,605.27               | \$727,398.50                | \$1,114,003.77                | CMS                                |
| 17                              | 2018 | 16 months                                     | Cancer               | \$976,566.67               | \$93,525.43                 | \$1,070,092.10                | CMS                                |
| 11                              | 2018 | 28 months                                     | Car Accident         | \$997,822.20               | \$7,483.75                  | \$1,005,305.95                | CMS                                |

**Brooke McKnight**  
 Florida Senate  
 Chief Legislative Analyst  
 Appropriations Subcommittee on Health and Human Services  
 (850) 487-5388



# 2020 AGENCY LEGISLATIVE BILL ANALYSIS

## AGENCY: Florida Department of Health

| <b><u>BILL INFORMATION</u></b> |                         |
|--------------------------------|-------------------------|
| <b>BILL NUMBER:</b>            | SB 348 NO IMPACT        |
| <b>BILL TITLE:</b>             | Florida Kidcare Program |
| <b>BILL SPONSOR:</b>           | Bean                    |
| <b>EFFECTIVE DATE:</b>         | 7/1/2020                |

| <b><u>COMMITTEES OF REFERENCE</u></b> |
|---------------------------------------|
| 1) Click or tap here to enter text.   |
| 2) Click or tap here to enter text.   |
| 3) Click or tap here to enter text.   |
| 4) Click or tap here to enter text.   |
| 5) Click or tap here to enter text.   |

| <b><u>CURRENT COMMITTEE</u></b>  |
|----------------------------------|
| Click or tap here to enter text. |

| <b><u>SIMILAR BILLS</u></b> |                                  |
|-----------------------------|----------------------------------|
| <b>BILL NUMBER:</b>         | Click or tap here to enter text. |
| <b>SPONSOR:</b>             | Click or tap here to enter text. |

| <b><u>PREVIOUS LEGISLATION</u></b> |                                  |
|------------------------------------|----------------------------------|
| <b>BILL NUMBER:</b>                | Click or tap here to enter text. |
| <b>SPONSOR:</b>                    | Click or tap here to enter text. |
| <b>YEAR:</b>                       | Click or tap here to enter text. |
| <b>LAST ACTION:</b>                | Click or tap here to enter text. |

| <b><u>IDENTICAL BILLS</u></b> |                                  |
|-------------------------------|----------------------------------|
| <b>BILL NUMBER:</b>           | Click or tap here to enter text. |
| <b>SPONSOR:</b>               | Click or tap here to enter text. |

| <b>Is this bill part of an agency package?</b> |
|--|
| Click or tap here to enter text.               |

| <b><u>BILL ANALYSIS INFORMATION</u></b> |                                  |
|---|----------------------------------|
| <b>DATE OF ANALYSIS:</b>                | Click or tap here to enter text. |
| <b>LEAD AGENCY ANALYST:</b>             | Click or tap here to enter text. |
| <b>ADDITIONAL ANALYST(S):</b>           | Click or tap here to enter text. |
| <b>LEGAL ANALYST:</b>                   | Click or tap here to enter text. |
| <b>FISCAL ANALYST:</b>                  | Click or tap here to enter text. |

## POLICY ANALYSIS

### 1. EXECUTIVE SUMMARY

Click or tap here to enter text.

### 2. SUBSTANTIVE BILL ANALYSIS

#### 1. PRESENT SITUATION:

Click or tap here to enter text.

#### 2. EFFECT OF THE BILL:

Click or tap here to enter text.

#### 3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y N

|  |  |
|--|--|
| If yes, explain:   |  |
| Is the change consistent with the agency's core mission? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| Rule(s) impacted (provide references to F.A.C., etc.):   |  |

#### 4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Proponents and summary of position: | Click or tap here to enter text. |
| Opponents and summary of position:  | Click or tap here to enter text. |

#### 5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y N

|                                |                                  |
|--------------------------------|----------------------------------|
| If yes, provide a description: | Click or tap here to enter text. |
| Date Due:                      | Click or tap here to enter text. |
| Bill Section Number(s):        | Click or tap here to enter text. |

#### 6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL? Y N

|                |                                  |
|----------------|----------------------------------|
| Board:         | Click or tap here to enter text. |
| Board Purpose: | Click or tap here to enter text. |
| Who Appoints:  | Click or tap here to enter text. |
| Changes:       | Click or tap here to enter text. |

|                         |                                  |
|-------------------------|----------------------------------|
|                         |                                  |
| Bill Section Number(s): | Click or tap here to enter text. |

**FISCAL ANALYSIS**

**1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT?** Y  N

|   |                                  |
|---|----------------------------------|
| Revenues:   | No Impact                        |
| Expenditures:   | No Impact                        |
| Does the legislation increase local taxes or fees? If yes, explain.   | Click or tap here to enter text. |
| If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase? | Click or tap here to enter text. |

**2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT?** Y  N

|  |                                  |
|--|----------------------------------|
| Revenues:  |                                  |
| Expenditures:  | Click or tap here to enter text. |
| Does the legislation contain a State Government appropriation? | Click or tap here to enter text. |
| If yes, was this appropriated last year?                       | Click or tap here to enter text. |

**3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR?** Y  N

|               |                                  |
|---------------|----------------------------------|
| Revenues:     | Click or tap here to enter text. |
| Expenditures: | Click or tap here to enter text. |
| Other:        | Click or tap here to enter text. |

**4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES?** Y  N

|                         |                                  |
|-------------------------|----------------------------------|
| If yes, explain impact. | Click or tap here to enter text. |
| Bill Section Number:    | Click or tap here to enter text. |

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**TECHNOLOGY IMPACT**

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1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y  N

|  |                                  |
|--|----------------------------------|
| If yes, describe the anticipated impact to the agency including any fiscal impact. | Click or tap here to enter text. |
|--|----------------------------------|

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**FEDERAL IMPACT**

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1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y  N

|  |                                  |
|--|----------------------------------|
| If yes, describe the anticipated impact including any fiscal impact. | Click or tap here to enter text. |
|--|----------------------------------|

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**ADDITIONAL COMMENTS**

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**LEGAL - GENERAL COUNSEL'S OFFICE REVIEW**

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|                           |                                  |
|---------------------------|----------------------------------|
| Issues/concerns/comments: | Click or tap here to enter text. |
|---------------------------|----------------------------------|



**State of Florida**  
**Department of Children and Families**

**Ron DeSantis**  
*Governor*

**Chad Poppell**  
*Secretary*

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October 01, 2019

Re: Bill Analysis Request for SB 0348

To Whom It May Concern,

In response to your request for an analysis of SB 0348, an act relating to Florida Kidcare Program, the bill as written does not impact the Department of Children and Families. Therefore, no bill analysis is required from the agency.

Thank you,

**John Paul Fiore, J.D.**  
Legislative Specialist  
Florida Department of Children and Families  
Office: (850) 488-9410

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1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

12/11/19  
Meeting Date

58348  
Bill Number (if applicable)

Topic FLORIDA Kidcar

Amendment Barcode (if applicable)

Name Ken Kriepmann (keh-nee-mann)

Job Title Associate

Address 201 W Park

Phone \_\_\_\_\_

Tallahassee

Email \_\_\_\_\_

City State Zip

Speaking:  For  Against  Information

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

Representing FLORIDA Conference Catholic Bishops

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.



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**SENATOR ED HOOPER**  
16th District

**COMMITTEES:**  
Governmental Oversight and Accountability, Chair  
Appropriations Subcommittee on Agriculture,  
Environment, and General Government  
Appropriations Subcommittee on Health and  
Human Services  
Health Policy  
Infrastructure and Security  
Joint Select Committee on Collective Bargaining,  
Alternating Chair  
Joint Administrative Procedures Committee

December 11, 2019

Honorable Aaron Bean  
Chair, Appropriations Subcommittee on Health and Human Services  
201 The Capitol  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chair Bean,

I am requesting an excusal today in the Appropriations Subcommittee on Health and Human Services. Unfortunately, I am feeling unwell and will not be able to attend.

I appreciate your consideration in this matter.

Sincerely,

*Ed Hooper*

Cc: Staff Director, Tonya Kidd  
Administrative Assistant, Robin Jackson

REPLY TO:

- 3450 East Lake Road, Suite 305, Palm Harbor, Florida 34685-2411 (727) 771-2102
- 326 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5016

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BILL GALVANO**  
President of the Senate

**DAVID SIMMONS**  
President Pro Tempore



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Appropriations  
Appropriations Subcommittee on Health  
and Human Services  
Ethics and Elections  
Innovation, Industry, and Technology  
Rules

**SENATOR KATHLEEN PASSIDOMO**

*Majority Leader*

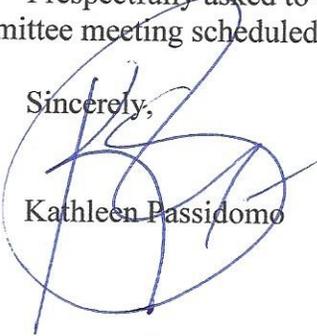
December 10, 2019

The Honorable Aaron Bean, Chair  
Appropriations Subcommittee on  
Health and Human Services  
201 The Capitol  
404 South Monroe Street  
Tallahassee, FL 32399

Dear Chairman Bean:

I respectfully asked to be excused from the Health and Human Services Appropriations Committee meeting scheduled for Wednesday, December 11, 2019.

Sincerely,

  
Kathleen Passidomo

cc: Tonya Kidd, Staff Director

#### REPLY TO:

- 3299 East Tamiami Trail, Suite 203, Naples, Florida 34112 (239) 417-6205
- 25 East Hickpoochee Avenue, Room J-126, LaBelle, Florida 33935 (863) 674-7122
- 330 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5028

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BILL GALVANO**  
President of the Senate

**DAVID SIMMONS**  
President Pro Tempore



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**COMMITTEES:**

Governmental Oversight and Accountability, *Vice Chair*  
Agriculture  
Appropriations Subcommittee on Health  
and Human Services  
Children, Families, and Elder Affairs

**JOINT COMMITTEE:**

Joint Legislative Auditing Committee

**SENATOR KEVIN J. RADER**

29th District

December 11, 2019

Chairman Aaron Bean  
Appropriations Subcommittee on Health and Human Services  
201 The Capitol  
404 S. Monroe Street  
Tallahassee, FL 32399

Dear Chairman Bean:

I am writing to you to be excused from the Appropriations Subcommittee on Health and Human Services meeting that will be held Wednesday, December 11, 2019, at 4:00 p.m., due to an urgent matter that needs my attention. I sincerely apologize for any inconvenience this may cause.

Thank you for your consideration. Please feel free to contact me at (850) 487-5029 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Kevin Rader".

Kevin Rader  
State Senator  
District 29

cc: Tonya Kidd, Staff Director  
Robin Jackson, Committee Administrative Assistant

REPLY TO:

- 5301 North Federal Hwy, Suite 135, Boca Raton, Florida 33487 (561) 443-8170
- 222 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5029

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BILL GALVANO**  
President of the Senate

**DAVID SIMMONS**  
President Pro Tempore

# CourtSmart Tag Report

Room: KN 412

Case No.:

Type:

Caption: Senate Appropriations Subcommittee on Health and Human Services

Judge:

Started: 12/11/2019 4:03:19 PM

Ends: 12/11/2019 5:24:11 PM

Length: 01:20:53

4:03:25 PM Sen. Bean (Chair)  
4:05:32 PM S 348  
4:05:52 PM Sen. Bean  
4:06:36 PM Ken Kniepmann, Associate, Florida Conference of Catholic Bishops (waives in support)  
4:06:56 PM Sen. Diaz  
4:07:56 PM TAB 1 - Governor's Fiscal Year 2020-2021 Budget Recommendations  
4:08:15 PM Mary Beth Vickers, Policy Coordinator, Governor's Office of Policy and Budget  
4:15:02 PM Sen. Harrell  
4:15:32 PM M. Vickers  
4:16:12 PM Sen. Harrell  
4:16:49 PM Richard Prudom, Secretary, Dept. of Elder Affairs  
4:27:16 PM Sen. Bean  
4:27:59 PM Sen. Harrell  
4:28:53 PM R. Prudom  
4:30:07 PM Sen. Harrell  
4:30:50 PM R. Prudom  
4:33:20 PM Mary Mayhew, Secretary, Agency for Health Care Administration  
4:38:19 PM Sen. Farmer  
4:38:37 PM M. Mayhew  
4:39:48 PM Sen. Farmer  
4:39:56 PM M. Mayhew  
4:40:25 PM Sen. Harrell  
4:40:55 PM M. Mayhew  
4:43:13 PM Sen. Harrell  
4:43:28 PM M. Mayhew  
4:44:13 PM Barbara Palmer, Director, Agency for Persons with Disabilities  
4:44:36 PM Sen. Bean  
4:45:41 PM Sen. Harrell  
4:45:47 PM B. Palmer  
4:51:58 PM Scott Rivkees, Surgeon General and Secretary, Dept. of Health  
4:53:02 PM Sen. Bean  
4:53:09 PM S. Rivkees  
4:53:25 PM Sen. Bean  
4:53:28 PM S. Rivkees  
4:57:16 PM Sen. Harrell  
4:57:40 PM S. Rivkees  
4:58:33 PM Sen. Harrell  
4:59:23 PM S. Rivkees  
5:00:50 PM Sen. Harrell  
5:00:55 PM S. Rivkees  
5:01:09 PM Sen. Rouson  
5:01:29 PM S. Rivkees  
5:01:44 PM Sen. Rouson  
5:01:52 PM S. Rivkees  
5:02:01 PM Sen. Rouson  
5:02:11 PM S. Rivkees  
5:02:50 PM Sen. Rouson  
5:03:23 PM S. Rivkees  
5:03:43 PM Sen. Rouson  
5:03:53 PM S. Rivkees  
5:04:04 PM Sen. Harrell  
5:05:16 PM S. Rivkees

|                   |   |
|-------------------|---|
| <b>5:05:34 PM</b> | Sen. Bean   |
| <b>5:05:49 PM</b> | S. Rivkees  |
| <b>5:05:52 PM</b> | Sen. Bean   |
| <b>5:06:09 PM</b> | Chad Poppell, Secretary, Dept. of Children and Families |
| <b>5:07:19 PM</b> | Sen. Harrell  |
| <b>5:08:01 PM</b> | C. Poppell  |
| <b>5:08:08 PM</b> | Sen. Bean   |
| <b>5:08:31 PM</b> | C. Poppell  |
| <b>5:16:20 PM</b> | Sen. Book   |
| <b>5:16:53 PM</b> | C. Poppell  |
| <b>5:17:15 PM</b> | Sen. Book   |
| <b>5:17:51 PM</b> | C. Poppell  |
| <b>5:18:14 PM</b> | Sen. Harrell  |
| <b>5:19:10 PM</b> | C. Poppell  |
| <b>5:19:59 PM</b> | Sen. Rouson   |
| <b>5:20:38 PM</b> | C. Poppell  |
| <b>5:22:04 PM</b> | Sen. Rouson   |
| <b>5:22:07 PM</b> | C. Poppell  |
| <b>5:22:35 PM</b> | Sen. Farmer   |
| <b>5:22:41 PM</b> | Sen. Bean   |
| <b>5:22:57 PM</b> | Sen. Harrell  |
| <b>5:23:30 PM</b> | Sen. Bean   |
| <b>5:23:47 PM</b> | Sen. Harrell  |