

**COMMITTEE MEETING EXPANDED AGENDA**

**SELECT COMMITTEE ON PATIENT PROTECTION AND  
AFFORDABLE CARE ACT**

**Senator Negron, Chair  
Senator Sobel, Vice Chair**

**MEETING DATE:** Monday, March 11, 2013  
**TIME:** 1:00 —3:00 p.m.  
**PLACE:** *Pat Thomas Committee Room, 412 Knott Building*

**MEMBERS:** Senator Negron, Chair; Senator Sobel, Vice Chair; Senators Bean, Brandes, Flores, Gibson, Grimsley, Legg, Simmons, Smith, and Soto

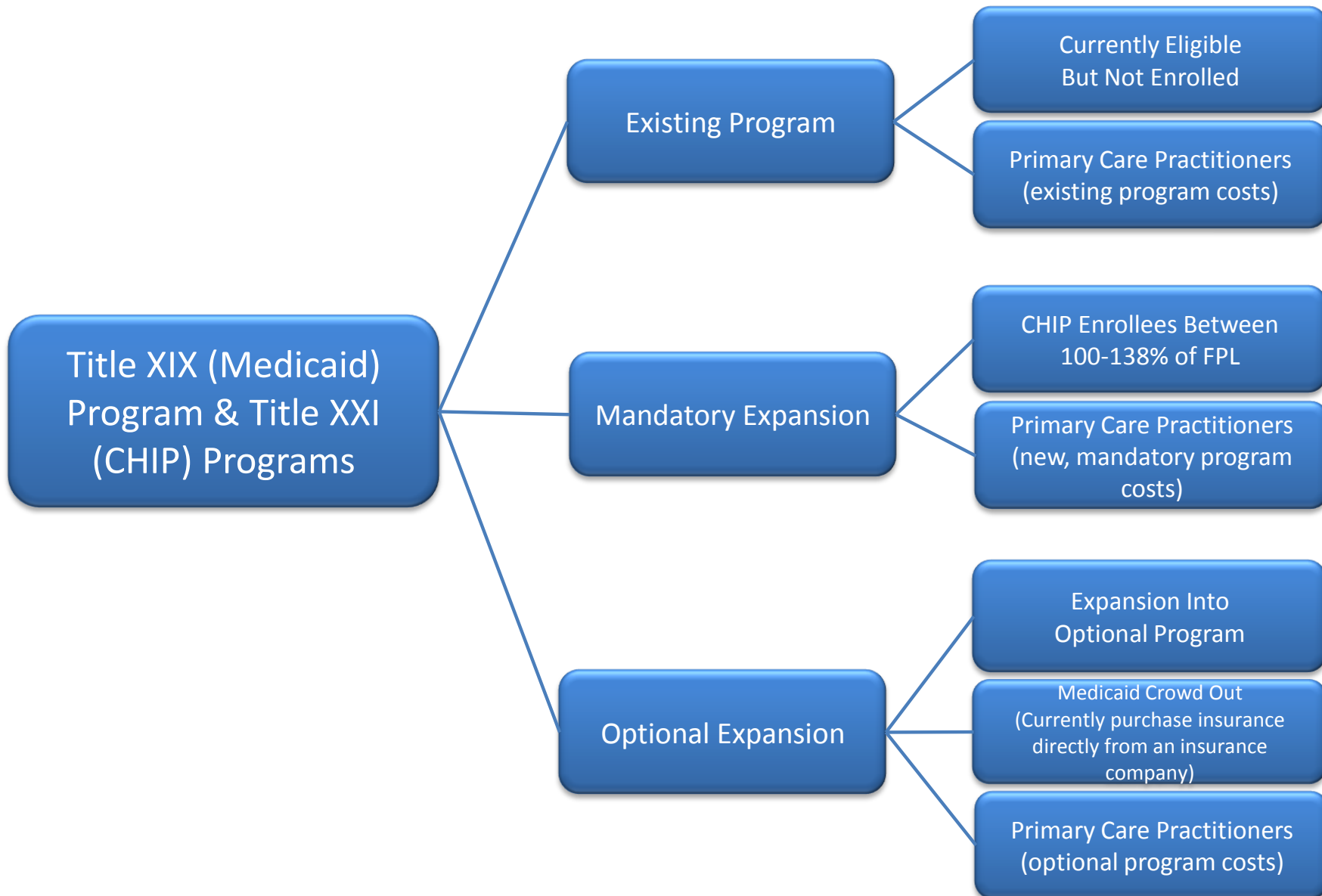
TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Discussion of Medicaid Options		Discussed
2	Committee Recommendation on Medicaid Expansion		Yeas 4 Nays 7
Other Related Meeting Documents			

# **Social Services Estimating Conference**

**Estimates Related to Federal Affordable Care Act:  
Title XIX (Medicaid) & Title XXI (CHIP) Programs**

**FINAL  
March 7, 2013**

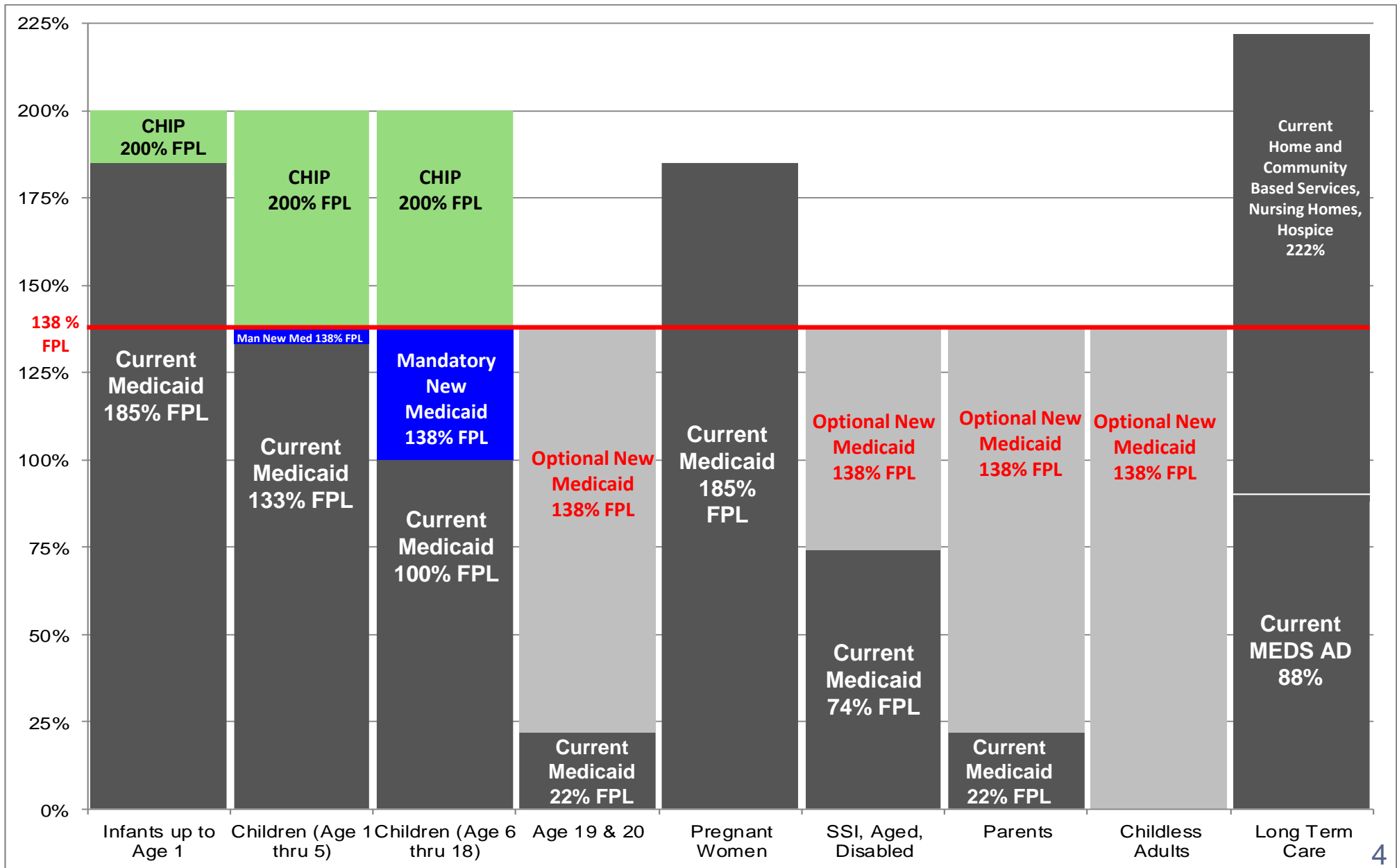
# Scope of Analysis



# Assumptions Related to Medicaid and CHIP

KEY ELEMENT	Affordable Care Act
FMAP/ Current Eligibility Level (EXISTING PROGRAM)	Regular FMAP (58.67%) for SFY 13-14, (58.93%) for SFY 14-15, (59.22%) for SFY 15-16 and (59.31%) thereafter. Based on 2/13 FMAP Calculation.
Medicaid Expansion (OPTIONAL PROGRAM)	Expand eligibility to 138% Federal Poverty Level – beginning 1/1/2014 •138% FPL for a family of 4: \$31,809
FMAP/ Medicaid Expansion (OPTIONAL PROGRAM)	Provides for enhanced FMAP for expansion population: <ul style="list-style-type: none"> <li>•100% CY 2014</li> <li>•100% CY 2015</li> <li>•100% CY 2016</li> <li>•95% CY 2017</li> <li>•94% CY 2018</li> <li>•93% CY 2019</li> <li>•90% CY 2020 and beyond</li> </ul>
CHIP Transition (MANDATORY PROGRAM)	Children under 138% FPL move from Title XXI CHIP Program to Title XIX Medicaid program. The regular CHIP EFMAP (71.03%) for SFY 13-14, (71.24%) for SFY 14-15, (71.44%) for SFY 15-16 and (71.51%) thereafter received for these children. Based on 2/13 FMAP Calculation.
FMAP/ CHIP (EXISTING PROGRAM)	Anticipated enhanced FMAP for CHIP Population begins 10/1/2015 (138% Federal Poverty Level and above) <ul style="list-style-type: none"> <li>•10/1/2015: <math>71.52+23.0=94.52\%</math></li> </ul>
CHIP/ Eligible but Not Enrolled (EXISTING PROGRAM)	Since the analysis begins on July 1, 2013 (2013-2014 State Fiscal Year), and the enhanced CHIP FMAP does not begin until 10/1/2015, the following FMAP levels are used for CHIP eligible but not enrolled based on 3/13 FMAP calculation: <ul style="list-style-type: none"> <li>•71.03% SFY 2013-2014</li> <li>•71.24% SFY 2014-2015</li> <li>•88.69% SFY 2015-2016</li> <li>•94.52% SFY 2016-2017 and beyond</li> </ul>
Increased Rate for Practitioners (BOTH PROGRAMS)	100% federal funded increase to select codes for primary care providers for 2013 and 2014. This impacts approximately 35% of primary care codes under the Florida Medicaid Program. The estimates for the primary care fee increase reflect the details included in the November 2012 CMS rule relating to the fee increase.

# Existing and Optional Medicaid / CHIP Eligibility Levels



# Cost Assumptions for Medicaid Expansion

- Based on 2008-2011 3-Year American Community Survey (Public Use Microdata Sample) used for all populations except the Mandatory New Medicaid.
- The eligible population will increase each year by the annual growth rate in the total population of Florida for the Medicaid and CHIP Eligible but not Enrolled population and the Newly Eligible population.
- The cost in per member per month (PMPM) will increase each year by the Chained Price Index for Medical Services.
- There will be an annual Health Insurance Tax (HIT) imposed on Medicaid Managed Care rates.
- There will be an administrative cost. This projection applies a 1.01% ratio to the total Medicaid Affordable Care Act cost increase, which is based on historical experience and is the average percentage of Medicaid administration compared to Medicaid services for SFY 2009-10 and SFY 2010-11. The state and federal governments share the cost of Medicaid administration 50-50.
- Impacts are not included for the potential monthly user fee to support the operation of the Federal Exchange which may be a 3.5 percent of premium charge or the changes to the state disproportionate share allowances which are currently unknown. Changes to the federal pharmacy rebate are already built-in to the underlying Medicaid estimates.

# Assumptions:

## Eligible but not Enrolled under Existing Program

- Based on 2008-2011 3-Year American Community Survey (Public Use Microdata Sample).
- Phase-in assumptions:
  - Even though it cannot be determined how many people who are eligible but not enrolled will enroll in Medicaid or CHIP, 25% of the total eligible but not enrolled population is assumed in each state year of the expansion and continue in the program.
  - The Conference assumes that the population will present in this manner:
    - This population is already eligible, and has elected not to participate in the Medicaid Program. Currently this population is estimated to be 20.3% of the total eligible population.
  - The Conference assumes 25% of likely new enrollees for the first state fiscal year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
  - The Conference assumes 50% of likely new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
  - The Conference assumes 75% of likely new enrollees for the third state fiscal year (SFY 2015-16) of expansion beginning 7/1/2015.
  - The Conference assumes 100% of likely new enrollees for the fourth state fiscal year (SFY 2016-17) of expansion and beyond (beginning 7/1/2016).
- The eligible population will increase each year by the annual growth rate in the total population of Florida.
- By fiscal year, this phase-in translates as follows:

– SFY 2013-2014:	25%
– SFY 2014-2015:	50%
– SFY 2015-2016:	75%
– SFY 2016-2017 and beyond:	100%

# Assumptions:

## Newly Eligible Population under Expansion Option

- Based on 2008-2010 3-Year American Community Survey (Public Use Microdata Sample).
- Phase-in assumptions:
  - The Conference assumes that only 79.7% of the eligible population will present for services:
    - Experience with the current Medicaid program indicates that only 79.7% of the population has availed themselves of available services.
    - Employers may provide new coverage that provides an alternative.
  - The Conference assumes 50% of likely new enrollees for the first state fiscal year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
  - The Conference assumes 65% of likely new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
  - The Conference assumes 85% of likely new enrollees for the third state fiscal year (SFY 2015-16) of expansion beginning 7/1/2015.
  - The Conference assumes 100% of likely new enrollees for the fourth state fiscal year (SFY 2016-17) of expansion and beyond (beginning 7/1/2016).
- The eligible population will increase each year by the annual growth rate in the total population of Florida.
- By fiscal year, the phase-in translates as follows:
  - SFY 2013-2014: 50%
  - SFY 2014-2015: 65%
  - SFY 2015-2016: 85%
  - SFY 2016-2017 and beyond: 100%



# Assumptions:

## Crowd Out Population under Expansion Option

- Based on 2008-2011 3-Year American Community Survey (Public Use Microdata Sample) grown to get a FY 2013-14 equivalent.
- The Conference assumes enhanced FMAP would be received for these enrollees.
- Phase-in assumptions:
  - The Conference assumes that 150,751 persons under 138% FPL who are currently purchasing insurance directly from an insurance company (excluding the availability of any other insurance coverage) will enroll in Medicaid if the Expansion Option is adopted. This is a subset of all persons directly purchasing private insurance because:
    - Employers may provide new coverage that provides an alternative.
  - The Conference assumes 40% of these enrollees for the first state year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
  - The Conference assumes 80% of new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
  - The Conference assumes 100% of new enrollees for the third state fiscal year (SFY 2015-16) of expansion and beyond (beginning 7/1/2015).
- By fiscal year, this phase-in translates as follows:
  - SFY 2013-2014: 40%
  - SFY 2014-2015: 80%
  - SFY 2015-2016 and beyond: 100%

# Assumptions: Impact to CHIP Population

- Children transitioning from CHIP to Medicaid under Mandatory Expansion:
  - Assumed that for children under 138% FPL who move from CHIP to Medicaid, Florida will receive regular CHIP EFMAP.
- Utilized the Medicaid PMPM from February 25, 2013, SSEC estimate for SFY 2013-14:
  - SOBRA Children to 100% FPL for Children: \$147.82
- This would equate to no change in estimated expenditures due to the programmatic change for these beneficiaries.

# Assumptions: Impact to CHIP Population

- Assume phase-in for CHIP Population based on growth rates from the February 15, 2013 Kidcare SSEC:
  - On January 1, 2014: 29% of Healthy Kids CHIP children will move to Medicaid (based on current distribution of children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at:
    - 2.4% for SFY 2013-14
    - 3.2% for SFY 2014-15
    - 4.0% for SFY 2015-16
    - 4.4% for SFY 2016-17 and beyond.
  - On January 1, 2014: 28% of Children’s Medical Services CHIP children will move to Medicaid (Based on current distribution of Children’s Medical Services children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at:
    - 1.1% for SFY 2013-14 and beyond.
  - On January 1, 2014: 11.2% of Medikids CHIP children will move to Medicaid (Based on current distribution of Medikids CHIP children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at:
    - 0.6% for SFY 2013-14
    - 0.8% for SFY 2014-15
    - 1.0% for SFY 2015-16
    - 1.1% for SFY 2016-17 and beyond.
  - Beginning January 2014, Full Pay Program Growth for both Healthy Kids and MediKids CHIP will stop and 5% of Full Pay Enrollment as of December 2013 will migrate to an Exchange each month (assumption).

# Assumptions Related To Primary Care Practitioners

- The final CMS rule relating to the primary care fee increase was released in November 2012.
  - Provides that certain physicians that provide eligible primary care services will be paid the Medicare rates in effect in calendar years (CY) 2013 and 2014.
  - Increased payment applies to primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine or related.
  - States will receive 100 percent FMAP for the difference between the Medicaid State Plan payment amount as of July 1, 2009 and the applicable Medicare rate.

# Assumptions Related to Health Insurance Tax (HIT)

- Health insurer fee estimates based on fee as described in the March 21, 2010 report prepared by the staff of the Joint Committee on Taxation, and incorporating impact of Statewide Medicaid Managed Care (SMMC) roll-out.
  - Assumes all contracted Managed Care Plans are for-profit (non-profit entities are exempt from fee).
  - Assumes it does not apply to Long-term Care as the fee does not apply to “long-term care insurance.”
  - Used SFY 2011-12 counts of SMMC eligibles and projected through SFY 2015-16 using the Social Services Estimating Conference’s prepaid caseload growth rates. Used the annual growth rate in total population of Florida for future years.
  - The SFY 2014-15 capitation rate is based on preliminary SMMC capitation rates received from the Agency’s contracted actuaries and projected future years using the Social Services Estimating Conference’s prepaid unit cost growth rates of 4%.
  - The health insurance fee load percentages are estimates based on material received from Milliman.
    - Calendar Year 2014: 1.40%
    - Calendar Year 2015 and beyond: 2.50%

# General Assumptions

- Expenditures:
  - Expenditures are based on February 25, 2013, SSEC estimate for SFY 2013-14 and then increased by the Chained Price Index for Medical Services.
  - FMAP used is based on estimates from February 25, 2013, FMAP Estimating Conference for SFY 2013-14, SFY 2014-15, SFY 2015-16, and SFY 2016-17 then held flat for remainder of analysis.
- Caseload:
  - The Newly Eligible/Expansion, Eligible but not Enrolled/Existing Uninsured, and Crowd Out caseload is based on 2009-2011 3-Year American Community Survey (Public Use Microdata Sample) regarding the uninsured.
  - Increased each year by the annual growth rate in the total population of Florida for the Newly Eligible population and the Eligible but not Enrolled population.
- Other Assumptions:
  - Based on analysis of those under 65 years of age.

# PMPM Cost Calculations

- The cost calculations use the following Medicaid PMPMs from February 25, 2013, SSEC estimate for SFY 2013-14:

– Under 1 for Children Under 1:	\$375.18
– SOBRA Children to 100% FPL for Children:	\$147.82
– SOBRA Pregnant Women to 100% FPL for Pregnant Women:	\$842.88
– TANF Adults for Adults:	\$339.72
– SSI for SSI, Aged, Disabled:	\$1,513.43

- Based on the above PMPM details:

– Infants:	\$375.18
– Age 1-5:	\$147.82
– Age 6-18:	\$147.82
– Age 19-20:	\$339.72
– Pregnant Women:	\$842.88
– SSI:	\$1,513.43
– Parents:	\$339.72
– Childless Adults:	\$543.55 (\$339.72 x 1.6)

# Impact

## Affordable Care Act: Existing, Optional & Mandatory Expansion

		<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (OPTIONAL &amp; MANDATORY EXPANSION)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL &amp; MANDATORY EXPANSION)</i>	<i>Total: Impact of Medicaid Administration</i>	<i>Total: Impact of Health Insurance Tax on Managed Care Rates</i>	<i><u>Grand Total All Elements</u></i>
SFY 2013-14	State Cost	\$6,113,697	\$0	\$0	\$0	\$10,053,110	\$16,436,955	\$32,603,762
	Total Cost	\$16,657,706	\$1,258,054,808	\$675,323,161	\$50,583,309	\$20,106,221	\$39,770,034	\$2,060,495,239
	Enrollment	17,643	438,113					455,756
SFY 2014-15	State Cost	\$25,200,363	\$0	\$0	\$0	\$20,677,902	\$91,326,810	\$137,205,075
	Total Cost	\$69,116,571	\$3,635,450,992	\$338,290,013	\$72,147,705	\$41,355,803	\$221,828,541	\$4,378,189,625
	Enrollment	35,743	621,119					656,862
SFY 2015-16	State Cost	\$31,990,002	\$0	\$0	\$0	\$25,065,855	\$122,508,804	\$179,564,661
	Total Cost	\$107,546,720	\$4,880,683,071	\$0	\$0	\$50,131,709	\$299,312,983	\$5,337,674,483
	Enrollment	54,367	816,113					870,480
SFY 2016-17	State Cost	\$40,920,865	\$144,644,699	\$0	\$0	\$29,821,158	\$129,613,016	\$344,999,738
	Total Cost	\$148,770,752	\$5,785,787,963	\$0	\$0	\$59,642,315	\$317,212,471	\$6,311,413,501
	Enrollment	73,516	946,676					1,020,192
SFY 2017-18	State Cost	\$42,485,190	\$329,673,427	\$0	\$0	\$30,896,313	\$137,330,938	\$540,385,868
	Total Cost	\$154,457,643	\$5,994,062,318	\$0	\$0	\$61,792,626	\$336,101,169	\$6,546,413,756
	Enrollment	74,537	957,737					1,032,274



# Impact

## Affordable Care Act: Existing, Optional & Mandatory Expansion

		<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (OPTIONAL &amp; MANDATORY EXPANSION)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL &amp; MANDATORY EXPANSION)</i>	<i>Total: Impact of Medicaid Administration</i>	<i>Total: Impact of Health Insurance Tax on Managed Care Rates</i>	<i>Grand Total All Elements</i>
SFY 2018-19	State Cost	\$44,093,011	\$403,521,013	\$0	\$0	\$32,000,807	\$145,444,588	\$625,059,419
	<b>Total Cost</b>	<b>\$160,304,137</b>	<b>\$6,208,015,583</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,001,613</b>	<b>\$355,958,366</b>	<b>\$6,788,279,699</b>
	Enrollment	75,545	968,647					1,044,192
SFY 2019-20	State Cost	\$45,789,739	\$546,892,070	\$0	\$0	\$33,167,493	\$153,980,373	\$779,829,675
	<b>Total Cost</b>	<b>\$166,471,736</b>	<b>\$6,434,024,358</b>	<b>\$0</b>	<b>\$0</b>	<b>\$66,334,986</b>	<b>\$376,848,685</b>	<b>\$7,043,679,765</b>
	Enrollment	76,538	979,396					1,055,934
SFY 2020-21	State Cost	\$47,579,928	\$667,280,739	\$0	\$0	\$34,400,083	\$162,963,510	\$912,224,260
	<b>Total Cost</b>	<b>\$172,980,198</b>	<b>\$6,672,807,386</b>	<b>\$0</b>	<b>\$0</b>	<b>\$68,800,165</b>	<b>\$398,833,847</b>	<b>\$7,313,421,596</b>
	Enrollment	77,515	989,976					1,067,491
SFY 2021-22	State Cost	\$49,470,435	\$692,517,181	\$0	\$0	\$35,702,749	\$172,413,302	\$950,103,667
	<b>Total Cost</b>	<b>\$179,852,798</b>	<b>\$6,925,171,808</b>	<b>\$0</b>	<b>\$0</b>	<b>\$71,405,497</b>	<b>\$421,961,092</b>	<b>\$7,598,391,195</b>
	Enrollment	78,476	1,000,379					1,078,855
SFY 2022-23	State Cost	\$51,467,380	\$719,199,215	\$0	\$0	\$37,080,004	\$182,351,615	\$990,098,214
	<b>Total Cost</b>	<b>\$187,113,146</b>	<b>\$7,191,992,146</b>	<b>\$0</b>	<b>\$0</b>	<b>\$74,160,008</b>	<b>\$446,283,933</b>	<b>\$7,899,549,233</b>
	Enrollment	79,420	1,010,598					1,090,018
<b>Total</b>	<b>State Cost</b>	<b>\$385,110,610</b>	<b>\$3,503,728,344</b>	<b>\$0</b>	<b>\$0</b>	<b>\$288,865,472</b>	<b>\$1,314,369,911</b>	<b>\$5,492,074,337</b>
	<b>Total Cost</b>	<b>\$1,363,271,407</b>	<b>\$54,986,050,433</b>	<b>\$1,013,613,174</b>	<b>\$122,731,014</b>	<b>\$577,730,944</b>	<b>\$3,214,111,121</b>	<b>\$61,277,508,093</b>

# Impact

## Cost Components: Existing, Optional & Mandatory Expansion

<b><u>Enrollment and Enhanced Federal Matching Rate</u></b>		<b>Medicaid: Eligible but not Enrolled (EXISTING PROGRAM)</b>	<b>Kidcare: Eligible but not Enrolled (EXISTING PROGRAM)</b>	<b>Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)</b>	<b>Medicaid: Under 138% FPL in CHIP program move to Medicaid (MANDATORY EXPANSION)</b>	<b>Savings CHIP: Under 138% FPL in CHIP move to Medicaid (MANDATORY EXPANSION)</b>	<b>Total:</b>
SFY 2013-14	FMAP	58.67%	71.03%	100.00%	71.03%	71.03%	
	State Cost	\$4,306,745	\$1,806,952	\$0	\$18,153,658	(\$18,153,658)	\$6,113,697
	<b>Total Cost</b>	<b>\$10,420,385</b>	<b>\$6,237,321</b>	<b>\$1,258,054,808</b>	<b>\$62,658,237</b>	<b>(\$62,658,237)</b>	<b>\$1,274,712,514</b>
	Enrollment	10,686	6,957	438,113	70,647	-70,647	455,756
SFY 2014-15	FMAP	58.83%	71.24%	100.00%	71.24%	71.24%	
	State Cost	\$17,757,311	\$7,443,052	\$0	\$37,978,490	(\$37,978,490)	\$25,200,363
	<b>Total Cost</b>	<b>\$43,236,695</b>	<b>\$25,879,876</b>	<b>\$3,635,450,992</b>	<b>\$132,053,164</b>	<b>(\$132,053,164)</b>	<b>\$3,704,567,563</b>
	Enrollment	21,649	14,094	621,119	72,700	-72,700	656,862
SFY 2015-16	FMAP	59.22%	88.69%	100.00%	71.44%	71.44%	
	State Cost	\$27,435,472	\$4,554,530	\$0	\$39,982,959	(\$39,982,959)	\$31,990,002
	<b>Total Cost</b>	<b>\$67,276,783</b>	<b>\$40,269,937</b>	<b>\$4,880,683,071</b>	<b>\$139,971,851</b>	<b>(\$139,971,851)</b>	<b>\$4,988,229,791</b>
	Enrollment	32,929	21,438	816,113	75,327	-75,327	870,480
SFY 2016-17	FMAP	59.31%	94.52%	97.50%	71.51%	71.51%	
	State Cost	\$37,868,196	\$3,052,669	\$144,644,699	\$42,412,926	(\$42,412,926)	\$185,565,564
	<b>Total Cost</b>	<b>\$93,065,117</b>	<b>\$55,705,635</b>	<b>\$5,785,787,963</b>	<b>\$148,882,582</b>	<b>(\$148,882,582)</b>	<b>\$5,934,558,715</b>
	Enrollment	44,527	28,989	946,676	78,321	-78,321	1,020,192
SFY 2017-18	FMAP	59.31%	94.52%	94.50%	71.51%	71.51%	
	State Cost	\$39,315,844	\$3,169,346	\$329,673,427	\$45,166,021	(\$45,166,021)	\$372,158,617
	<b>Total Cost</b>	<b>\$96,622,866</b>	<b>\$57,834,777</b>	<b>\$5,994,062,318</b>	<b>\$158,532,894</b>	<b>(\$158,532,894)</b>	<b>\$6,148,519,961</b>
	Enrollment	45,145	29,392	957,737	81,443	-81,443	1,032,274

# Impact

## Cost Components: Existing, Optional & Mandatory Expansion

<b><u>Enrollment and Enhanced Federal Matching Rate</u></b>		<b>Medicaid: Eligible but not Enrolled (EXISTING PROGRAM)</b>	<b>Kidcare: Eligible but not Enrolled (EXISTING PROGRAM)</b>	<b>Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)</b>	<b>Medicaid: Under 138% FPL in CHIP program move to Medicaid (MANDATORY EXPANSION)</b>	<b>Savings CHIP: Under 138% FPL in CHIP move to Medicaid (MANDATORY EXPANSION)</b>	<b>Total:</b>
SFY 2018-19	FMAP	59.31%	94.52%	93.50%	71.51%	71.51%	
	State Cost	\$40,803,650	\$3,289,361	\$403,521,013	\$48,099,029	(\$48,099,029)	\$447,614,024
	<b>Total Cost</b>	<b>\$100,279,306</b>	<b>\$60,024,831</b>	<b>\$6,208,015,583</b>	<b>\$168,827,762</b>	<b>(\$168,827,762)</b>	<b>\$6,368,319,720</b>
	Enrollment	45,756	29,789	968,647	84,699	-84,699	1,044,192
SFY 2019-20	FMAP	59.31%	94.52%	91.50%	71.51%	71.51%	
	State Cost	\$42,373,866	\$3,415,873	\$546,892,070	\$51,278,245	(\$51,278,245)	\$592,681,809
	<b>Total Cost</b>	<b>\$104,138,280</b>	<b>\$62,333,456</b>	<b>\$6,434,024,358</b>	<b>\$179,986,821</b>	<b>(\$179,986,821)</b>	<b>\$6,600,496,094</b>
	Enrollment	46,357	30,181	979,396	88,095	-88,095	1,055,934
SFY 2020-21	FMAP	59.31%	94.52%	90.00%	71.51%	71.51%	
	State Cost	\$44,030,501	\$3,549,427	\$667,280,739	\$54,726,808	(\$54,726,808)	\$714,860,667
	<b>Total Cost</b>	<b>\$108,209,637</b>	<b>\$64,770,561</b>	<b>\$6,672,807,386</b>	<b>\$192,091,289</b>	<b>(\$192,091,289)</b>	<b>\$6,845,787,584</b>
	Enrollment	46,949	30,566	989,976	91,637	-91,637	1,067,491
SFY 2021-22	FMAP	59.31%	94.52%	90.00%	71.51%	71.51%	
	State Cost	\$45,780,008	\$3,690,427	\$692,517,181	\$58,469,488	(\$58,469,488)	\$741,987,616
	<b>Total Cost</b>	<b>\$112,509,236</b>	<b>\$67,343,562</b>	<b>\$6,925,171,808</b>	<b>\$205,228,109</b>	<b>(\$205,228,109)</b>	<b>\$7,105,024,606</b>
	Enrollment	47,531	30,945	1,000,379	95,330	-95,330	1,078,855
SFY 2022-23	FMAP	59.31%	94.52%	90.00%	71.51%	71.51%	
	State Cost	\$47,627,962	\$3,839,418	\$719,199,215	\$62,535,363	(\$62,535,363)	\$770,666,595
	<b>Total Cost</b>	<b>\$117,050,778</b>	<b>\$70,062,368</b>	<b>\$7,191,992,146</b>	<b>\$219,499,344</b>	<b>(\$219,499,344)</b>	<b>\$7,379,105,292</b>
	Enrollment	48,103	31,317	1,010,598	99,182	-99,182	1,090,018
<b>Total</b>	<b>State Cost</b>	<b>\$347,299,555</b>	<b>\$37,811,055</b>	<b>\$3,503,728,344</b>	<b>\$458,802,987</b>	<b>(\$458,802,987)</b>	<b>\$3,851,027,899</b>
	<b>Total Cost</b>	<b>\$852,809,083</b>	<b>\$510,462,324</b>	<b>\$54,986,050,433</b>	<b>\$1,607,732,053</b>	<b>(\$1,607,732,053)</b>	<b>\$55,838,859,516</b>

# Impact

## Increase Select Primary Care Rates to Medicare Rate

<u><i>Increase Reimbursement to Primary Care Providers to the Medicare Rate</i></u>		<b>Currently Enrolled Population (EXISTING PROGRAM)</b>	<b>Medicaid: Eligible but Not Enrolled (EXISTING PROGRAM)</b>	<b>Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)</b>	<b>Kidcare Transition Population (MANDATORY EXPANSION)</b>	<b>Total:</b>
SFY 2013-14	FMAP	100%	100%	100%	100%	
	State Cost	\$0	\$0	\$0	\$0	\$0
	<b>Total Cost</b>	<b>\$674,924,060</b>	<b>\$399,101</b>	<b>\$48,183,499</b>	<b>\$2,399,810</b>	<b>\$725,906,470</b>
SFY 2014-15	FMAP	100%	100%	100%	100%	
	State Cost	\$0	\$0	\$0	\$0	\$0
	<b>Total Cost</b>	<b>\$337,462,030</b>	<b>\$827,983</b>	<b>\$69,618,887</b>	<b>\$2,528,818</b>	<b>\$410,437,718</b>
<b>Total</b>	<b>State Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	<b>Total Cost</b>	<b>\$1,012,386,090</b>	<b>\$1,227,084</b>	<b>\$117,802,386</b>	<b>\$4,928,628</b>	<b>\$1,136,344,188</b>

SFY 2012-13 Total Cost of \$337,642,030

# The Florida Senate COMMITTEE VOTE RECORD

**COMMITTEE:** Select Committee on Patient Protection and Affordable Care Act  
**ITEM:** Committee Recommendation on Medicaid Expansion  
**FINAL ACTION:**  
**MEETING DATE:** Monday, March 11, 2013  
**TIME:** 1:00 —3:00 p.m.  
**PLACE:** 412 Knott Building

FINAL VOTE		SENATORS	3/11/2013 <sup>1</sup>					
			Yea	Nay	Yea	Nay	Yea	Nay
		Bean		X				
		Brandes		X				
		Flores		X				
		Gibson	X					
		Grimsley		X				
		Legg		X				
		Simmons		X				
		Smith	X					
		Soto	X					
		Sobel, VICE CHAIR	X					
		Negron, CHAIR		X				
		<b>TOTALS</b>	-	UNF				
<b>Yea</b>	<b>Nay</b>		<b>Yea</b>	<b>Nay</b>	<b>Yea</b>	<b>Nay</b>	<b>Yea</b>	<b>Nay</b>

**CODES:** FAV=Favorable      RCS=Replaced by Committee Substitute      TP=Temporarily Postponed      WD=Withdrawn  
 UNF=Unfavorable      RE=Replaced by Engrossed Amendment      VA=Vote After Roll Call      OO=Out of Order  
 -R=Reconsidered      RS=Replaced by Substitute Amendment      VC=Vote Change After Roll Call      AV=Abstain from Voting

1127



THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

3/11/13  
Meeting Date

Topic Medicaid Expansion

Bill Number \_\_\_\_\_  
*(if applicable)*

Name George Potter

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Pastor

Address 1474 Bethel Church Rd  
*Street*

Phone 850-576-2541

Tallahassee FL 32301  
*City State Zip*

E-mail gdp6101@gmail.com

Speaking:  For  Against  Information

Representing NAMI

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 (10/20/11)

THE FLORIDA SENATE  
**APPEARANCE RECORD**



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

3-11-13

Meeting Date

Topic Medicaid Expansion

Bill Number \_\_\_\_\_  
(if applicable)

Name FELY CURVA

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Partner, Curva's Associates LLC

Address 1212 Piedmont Dr.  
Street

Phone (850) 508-2236

Tallahassee FL 32312  
City State Zip

E-mail curva@mindspring.com

Speaking:  For  Against  Information

*write in support of Medicaid Expansion*

Representing FL IMPACT / Budd Bill Cleanhouse  
*on Human Services*

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 (10/20/11)

THE FLORIDA SENATE  
**APPEARANCE RECORD**



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

3/11/13  
Meeting Date

Topic Medicaid Expansion

Bill Number \_\_\_\_\_  
(if applicable)

Name Karen Woodall

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 579 E. Coll St.  
Street

Phone 850-321-9386

Tallahassee FL 32301  
City State Zip

E-mail kwtally@aol.com

Speaking:  For  Against  Information

Representing Florida Center for Fiscal & Economic Policy

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

APPEARANCE RECORD



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

3/11/2013

Meeting Date

Topic MEDICAL EXPANSION

Bill Number \_\_\_\_\_  
(if applicable)

Name GARY STEW

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 7035 DECT LINA LOOR

Phone (813) 973-3835

Street  
WESLEY CHURCH, FL  
City State Zip

E-mail gstew@jhsph.edu

Speaking:  For  Against  Information

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.

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



THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

3-11-13

Meeting Date

Topic PPACA

Bill Number \_\_\_\_\_  
*(if applicable)*

Name Amy Datz

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Self - Retired State Worker

Address 1130 Crestview Ave.

Phone 850 322-7599

Street

Tallahassee FL 32303

City

State

Zip

E-mail amali@datz@mac.com

Speaking:  For  Against  Information

Representing Self.

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 (10/20/11)

✓

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

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

11/03/2013  
Meeting Date

Topic ACA

Bill Number \_\_\_\_\_  
(if applicable)

Name Drs. M.R. Niekus

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Sr. Researcher / Economist

Address 115 Hoffman Drive  
Street  
Tallahassee  
City State Zip

Phone 250-765-0768

E-mail gruno.int@HOTMAIL.COM

Speaking:  For  Against  Information

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.*

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

THE FLORIDA SENATE  
**APPEARANCE RECORD**



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

3/11/2013  
Meeting Date

Topic Medicaid Expansion

Bill Number \_\_\_\_\_  
(if applicable)

Name Michael Rosenthal

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 4045 Kilmartin Dr

Phone \_\_\_\_\_

Tallahassee FL 32309  
Street City State Zip

E-mail Michael.Rosenthal.TLH  
@gmail.com

Speaking:  For  Against  Information

Representing self

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**  
**APPEARANCE RECORD**

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

*Meeting Date* \_\_\_\_\_

Topic Medicaid Expansion

Bill Number \_\_\_\_\_  
*(if applicable)*

Name Kathleen Vass

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Small business woman

Address 2125 Shafter Place

Phone 407 929 8620

*Street*  
Orlando FL 32806  
*City State Zip*

E-mail kwoolr@att.com

Speaking:  For  Against  Information

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.*

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



THE FLORIDA SENATE

APPEARANCE RECORD

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

3-11-13

Meeting Date

Topic AFFORDABLE HEALTH CARE ACT

Bill Number (if applicable)

Name JIM AKW

Amendment Barcode (if applicable)

Job Title EXECUTIVE DIRECTOR

Address 1931 DELLWOOD DRIVE

Phone 850-224-2400

Street

TALLAHASSEE FLORIDA 32303

E-mail JIM@NASWFL.ORG

City

State

Zip

Speaking: [X] For [ ] Against [ ] Information

Representing NATIONAL ASSOCIATION OF SOCIAL WORKERS - FLORIDA

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [ ] Yes [X] 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.

# CourtSmart Tag Report

Room: KN 412

Case:

Type:

Caption: Senate Committee on Patient Protection and Affordable Care Act

Judge:

Started: 3/11/2013 1:05:37 PM

Ends: 3/11/2013 2:55:49 PM

Length: 01:50:13

1:05:48 PM Senator Negron w opening remarks  
1:06:00 PM Roll Call  
1:06:36 PM Senator Negron  
1:06:45 PM Jim Akin, Executive Director, National Association of Social Workers-Florida, waive in support  
1:06:55 PM Kathleen Voss, small business women, Orlando, FL  
1:09:02 PM Michael Rosenthal, Tallahassee  
1:11:52 PM Dr. M.R. Niekus, Senior Researcher/Economists, Tallahassee  
1:16:19 PM Amy Datz, retired state worker, Tallahassee  
1:18:22 PM Gary Stein, Wesley Chapel, FL  
1:23:22 PM Karen Woodall, Executive Director, Florida Center for Fiscal & Economic Policy  
1:25:21 PM Fely Curva, FL Impact/Budd Bell Clearinghouse on Human Services  
1:26:28 PM George Potter, Pastor, NAMI  
1:30:46 PM Senator Negron  
1:31:04 PM Senator Gibson w question  
1:31:52 PM Senator Negron to answer  
1:32:22 PM Senator Gibson w follow-up  
1:32:47 PM Senator Negron  
1:33:36 PM Senator Simmons in debate  
1:42:11 PM Senator Grimsley in debate  
1:44:03 PM Senator Smith in debate  
1:46:44 PM Senator Brandes in debate  
1:49:39 PM Senator Soto in debate  
1:52:45 PM Senator Bean in debate  
2:02:45 PM Senator Negron  
2:03:51 PM Senator Gibson in debate  
2:08:00 PM Senator Legg in debate  
2:11:37 PM Senator Flores in debate  
2:15:30 PM Senator Sobel in debate  
2:20:22 PM Senator Negron w remarks  
2:37:30 PM Roll Call on motion to extend or not  
2:37:40 PM Senator Negron  
2:39:02 PM Senator Smith w questions  
2:39:29 PM Senator Negron to answer  
2:40:07 PM Senator Smith w follow-up  
2:40:15 PM Senator Negron to answer  
2:40:53 PM Senator Smith  
2:41:09 PM Senator Negron  
2:41:45 PM Senator Smith  
2:41:48 PM Senator Negron  
2:42:14 PM Senator Simmons w comments  
2:44:32 PM Senator Sobel w comments and questions  
2:45:01 PM Senator Negron  
2:45:22 PM Senator Sobel w follow-up  
2:47:48 PM Senator Negron w comments  
2:48:15 PM Senator Sobel w question  
2:48:41 PM Senator Soto w comments  
2:49:07 PM Senator Negron  
2:49:36 PM Senator Bean w comments  
2:51:09 PM Senator Negron w comments  
2:52:21 PM Senator Sobel w question  
2:52:37 PM Senator Negron w answer  
2:53:49 PM Senator Negron w closing remarks

**2:54:20 PM** Senator Smith w comment

**2:55:22 PM** Senator Negron

**2:55:40 PM** Meeting Adjourned