

1                                   A bill to be entitled  
2           An act relating to children's health; amending  
3           s. 383.011, F.S.; directing the Agency for  
4           Health Care Administration to seek a federal  
5           waiver for the Healthy Start program; amending  
6           s. 391.011, F.S.; providing a short title;  
7           amending s. 391.016, F.S.; providing  
8           legislative intent relating to the Children's  
9           Medical Services program; amending s. 391.021,  
10          F.S.; providing definitions; creating s.  
11          391.025, F.S.; providing for applicability and  
12          scope; amending s. 391.026, F.S.; providing  
13          powers and duties of the Department of Health;  
14          creating s. 391.028, F.S., and renumbering and  
15          amending s. 391.051, F.S.; providing for  
16          administration of the program; creating s.  
17          391.029, F.S., and renumbering and amending ss.  
18          391.046 and 391.07, F.S.; providing program  
19          eligibility; creating s. 391.031, F.S.;  
20          establishing benefits; creating s. 391.035,  
21          F.S., and renumbering and amending ss. 391.036  
22          and 391.041, F.S.; establishing provider  
23          qualifications; creating s. 391.045, F.S.;  
24          providing for provider reimbursement; creating  
25          s. 391.047, F.S.; establishing responsibility  
26          for payments on behalf of program participants  
27          when other parties are liable; creating s.  
28          391.055, F.S.; establishing service delivery  
29          systems; creating s. 391.065, F.S.; providing  
30          for health care provider agreements; creating  
31          s. 391.071, F.S.; providing for quality of care

1 requirements; creating s. 391.081, F.S.;

2 establishing grievance reporting and resolution

3 requirements; creating s. 391.095, F.S.;

4 providing for program integrity; renumbering

5 and amending s. 391.061, F.S.; providing for

6 research and evaluation; renumbering ss.

7 391.201-391.217, F.S., relating to prescribed

8 pediatric extended care centers; designating

9 said sections as pt. IX of ch. 400, F.S.;

10 amending ss. 391.206 and 391.217, F.S.;

11 conforming cross references; designating ss.

12 391.221, 391.222, and 391.223, F.S., as pt. II

13 of ch. 391, F.S., entitled "Children's Medical

14 Services Councils and Panels"; creating s.

15 391.221, F.S.; establishing the Statewide

16 Children's Medical Services Network Advisory

17 Council; creating s. 391.222, F.S.;

18 establishing the Cardiac Advisory Council;

19 creating s. 391.223, F.S.; providing for

20 technical advisory panels; amending ss.

21 391.301, 391.303, 391.304, 391.305, and

22 391.307, F.S.; revising provisions relating to

23 developmental evaluation and intervention

24 programs; amending s. 408.701, F.S.; conforming

25 cross references; creating s. 409.810, F.S.;

26 providing a short title; creating s. 409.811,

27 F.S.; providing definitions; creating s.

28 409.812, F.S.; creating the Florida Children's

29 Healthy Bodies program; providing legislative

30 findings and intent; providing guiding

31 principles; creating s. 409.813, F.S.;

1 specifying program components; specifying that  
2 certain program components are not an  
3 entitlement; establishing an enrollment  
4 ceiling; creating s. 409.8131, F.S.; creating  
5 the Medikids program; providing legislative  
6 findings and intent; providing that the program  
7 is not an entitlement; providing for a  
8 marketing plan; providing for application to  
9 Medikids of specified sections of ch. 409,  
10 F.S., relating to Medicaid; providing for  
11 benefits; providing eligibility standards;  
12 providing for enrollment; creating s. 409.8134,  
13 F.S.; providing for delivery of services and  
14 reimbursement of providers in a rural county;  
15 creating s. 409.8135, F.S.; providing  
16 behavioral health benefits to  
17 non-Medicaid-eligible children with serious  
18 emotional needs; creating s. 409.814, F.S.;  
19 providing eligibility requirements; creating s.  
20 409.815, F.S.; establishing health benefits  
21 coverage requirements for the program; creating  
22 s. 409.816, F.S.; providing for limitations on  
23 premiums and cost-sharing; creating s. 409.817,  
24 F.S.; providing for a health insurance pilot  
25 project; requiring approval of health benefits  
26 coverage as a condition of financial  
27 assistance; creating s. 409.8175, F.S.;  
28 directing the Agency for Health Care  
29 Administration to seek federal approval to  
30 establish a family coverage program; providing  
31 conditions; creating s. 409.8177, F.S.;

1 providing for program evaluation; requiring  
2 annual reports; creating s. 409.818, F.S.;  
3 providing for program administration; providing  
4 responsibilities for the Department of Children  
5 and Family Services, the Department of Health,  
6 the Department of Insurance, the Agency for  
7 Health Care Administration, and the Florida  
8 Healthy Kids Corporation; authorizing program  
9 modifications to obtain federal approval of the  
10 state's child health insurance plan;  
11 renumbering and amending s. 154.508, F.S.,  
12 relating to outreach activities; creating s.  
13 409.8195, F.S.; requiring the development of  
14 quality assurance and access standards;  
15 creating s. 409.821, F.S.; establishing  
16 performance measures and standards; providing  
17 an enrollment ceiling; amending s. 409.904,  
18 F.S.; expanding Medicaid optional eligibility  
19 to certain children and providing for  
20 continuous eligibility; amending s. 409.9126,  
21 F.S.; relating to the provision of Children's  
22 Medical Services network services for children  
23 with special health care needs; deleting  
24 definitions; deleting standards for referral of  
25 certain children to the network; providing for  
26 certain provider reimbursement; amending s.  
27 624.91, F.S., relating to the Florida Healthy  
28 Kids Corporation; providing legislative intent;  
29 specifying that the program is not an  
30 entitlement; revising standards; providing  
31 additional duties; repealing ss. 391.031,

1 391.056, and 391.091, F.S., relating to patient  
2 care centers, district children's medical  
3 program supervisors, and the Cardiac Advisory  
4 Council which was advisory to the Children's  
5 Medical Services Program Office; repealing s.  
6 624.92, F.S., relating to application for a  
7 Medicaid waiver for funds to expand the Florida  
8 Health Kids Corporation; providing for future  
9 repeal and review of s. 409.814(3), F.S., and  
10 ss. 409.810-409.821, F.S., relating to the  
11 "Florida Children's Healthy Bodies Act," on  
12 specified dates; providing a contingent  
13 effective date.

14

15 WHEREAS, the bridge to opportunity for every child must  
16 be anchored in a healthy body and a healthy mind and must lead  
17 to the child's readiness to learn in school, and

18 WHEREAS, it is widely acknowledged that entering school  
19 ready to learn is crucial to a child's success both in school  
20 and in life, and

21 WHEREAS, the state's system of public education could  
22 better perform its mission of educating its K-12 students if  
23 more students enter school healthy and ready to learn, and

24 WHEREAS, as emphasized by the Governor, the President  
25 of the Senate, and the Speaker of the House of  
26 Representatives, a child's health in both body and mind is  
27 essential to the child's ability to learn, and

28 WHEREAS, we can make great strides to improve school  
29 readiness by addressing child care, child health, and school  
30 readiness education in one single, accountable continuum, NOW,  
31 THEREFORE,

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

2

3 Section 1. Subsection (3) is added to section 383.011,  
4 Florida Statutes, to read:

5 383.011 Administration of maternal and child health  
6 programs.--

7 (3) The Agency for Health Care Administration, working  
8 jointly with the Department of Health and the Florida  
9 Association of Healthy Start Coalitions, is directed to seek a  
10 federal waiver to secure matching funds under Title XIX of the  
11 Social Security Act for the Healthy Start program. The  
12 federal waiver application shall seek Medicaid matching funds  
13 utilizing existing appropriated general revenue and any local  
14 contributions.

15 Section 2. Section 391.011, Florida Statutes, is  
16 amended to read:

17 391.011 Short title.--The provisions of this chapter  
18 ~~This act shall be known and~~ may be cited as the "Children's  
19 Medical Services Act."

20 Section 3. Section 391.016, Florida Statutes, is  
21 amended to read:

22 391.016 Legislative intent.--The Legislature intends  
23 that the Children's Medical Services program:

24 (1) Provide to children with special health care needs  
25 a family-centered, comprehensive, and coordinated statewide  
26 managed system of care that links community-based health care  
27 with multidisciplinary, regional, and tertiary pediatric  
28 specialty care finds and declares that there is a need to  
29 ~~provide medical services for needy children, particularly~~  
30 ~~those with chronic, crippling or potentially crippling and~~  
31 ~~physically handicapping diseases or conditions, and to provide~~

1 ~~leadership and direction in promoting, planning, and~~  
2 ~~coordinating children's medical care programs so that the full~~  
3 ~~development of each child's potential may be realized.~~

4 (2) Provide essential preventive, evaluative, and  
5 early intervention services for children at risk for or having  
6 special health care needs, in order to prevent or reduce long  
7 term disabilities.

8 (3) Serve as a principal provider for children with  
9 special health care needs under Titles XIX and XXI of the  
10 Social Security Act.

11 (4) Be complementary to children's health training  
12 programs essential for the maintenance of a skilled pediatric  
13 health care workforce for all Floridians.

14 Section 4. Section 391.021, Florida Statutes, is  
15 amended to read:

16 391.021 Definitions.--When used in this act, unless  
17 the context clearly indicates otherwise:

18 (1) "Children's Medical Services network" or "network"  
19 means a statewide managed care service system that includes  
20 health care providers, as defined in this section.

21 (2) "Children with special health care needs" means  
22 those children under age 21 years whose serious or chronic  
23 physical or developmental conditions require extensive  
24 preventive and maintenance care beyond that required by  
25 typically healthy children. Health care utilization by these  
26 children exceeds the statistically expected usage of the  
27 normal child adjusted for chronological age. These children  
28 often need complex care requiring multiple providers,  
29 rehabilitation services, and specialized equipment in a number  
30 of different settings.

31 (3)~~(1)~~ "Department" means the Department of Health.

1           ~~(4)(2)~~ "Eligible individual" means a child with a  
2 special health care need or a female of any age with a  
3 high-risk pregnancy, or an individual below the age of 21  
4 years who has an organic disease, defect, or condition which  
5 may hinder the achievement of his or her normal growth and  
6 development, and who meets the financial and medical  
7 eligibility standards established in s. 391.029 by the  
8 department. In addition, where specific legislative  
9 appropriation exists, individuals with long-term chronic  
10 diseases, such as cystic fibrosis, which originated during  
11 childhood and who received services under this act before the  
12 age of 21 years shall continue to be eligible beyond that age.

13           (5) "Health care provider" means a health care  
14 professional, health care facility, or entity licensed or  
15 certified to provide health services in this state that meets  
16 the criteria as established by the department.

17           ~~(6)(3)~~ "Health ~~Medical~~ services" includes the  
18 prevention, diagnosis, and treatment of human disease, pain,  
19 injury, deformity, or disabling ~~physical~~ conditions.

20           (7) "Participant" means an eligible individual who is  
21 enrolled in the Children's Medical Services program.

22           (8) "Program" means the Children's Medical Services  
23 program established in the Division of Children's Medical  
24 Services of the department.

25           Section 5. Section 391.025, Florida Statutes, is  
26 created to read:

27           391.025 Applicability and scope.--

28           (1) This act applies to health services provided to  
29 eligible individuals who are:

30           (a) Enrolled in the Medicaid program;  
31



1           (b) Enrolled in the Florida Children's Healthy Bodies  
2 program; and

3           (c) Uninsured or underinsured, provided that they meet  
4 the financial eligibility requirements established in this  
5 act, and to the extent that resources are appropriated for  
6 their care.

7           (2) The Children's Medical Services program consists  
8 of the following components:

9           (a) The infant metabolic screening program established  
10 in s. 383.14.

11           (b) The regional perinatal intensive care centers  
12 program established in ss. 383.15-383.21.

13           (c) A federal or state program authorized by the  
14 Legislature.

15           (d) The developmental evaluation and intervention  
16 program.

17           (e) The Children's Medical Services network.

18           (3) The Children's Medical Services program shall not  
19 be deemed an insurer and is not subject to the licensing  
20 requirements of the Florida Insurance Code or the rules of the  
21 Department of Insurance, when providing services to children  
22 who receive Medicaid benefits, other Medicaid-eligible  
23 children with special health care needs, and children  
24 participating in the Florida Children's Healthy Bodies  
25 program. This exemption shall not extend to contractors.

26           Section 6. Section 391.026, Florida Statutes, is  
27 amended to read:

28           391.026 Powers and duties of the department.--~~To~~  
29 ~~administer its programs of children's medical services,~~The  
30 department shall have the following powers, duties, and  
31 responsibilities:

- 1           (1) To provide or contract for the provision of health  
2 ~~medical~~ services to eligible individuals.
- 3           (2) To determine the medical and financial eligibility  
4 standards for the program and to determine the medical and  
5 financial eligibility of individuals seeking health ~~medical~~  
6 services from the program.
- 7           (3) To recommend priorities for the implementation of  
8 comprehensive plans and budgets.
- 9           (4) To coordinate a comprehensive delivery system for  
10 eligible individuals to take maximum advantage of all  
11 available ~~federal~~ funds.
- 12           (5) To promote, establish, and coordinate programs  
13 relating to children's medical services in cooperation with  
14 other public and private agencies and to coordinate funding of  
15 health care programs with state or local indigent health care  
16 funding mechanisms.
- 17           (6) To initiate, coordinate, and request review of  
18 applications to federal and state agencies for funds,  
19 services, or commodities relating to children's medical  
20 programs.
- 21           (7) To sponsor or promote grants for projects,  
22 programs, education, or research in the field of medical needs  
23 of children, with an emphasis on early diagnosis and  
24 treatment.
- 25           (8) To oversee and operate the Children's Medical  
26 Services network ~~contract or be contracted with~~.
- 27           (9) To establish reimbursement mechanisms for the  
28 Children's Medical Services network ~~standards of eligibility~~  
29 ~~for patients of children's medical services programs~~.
- 30           (10) To establish Children's Medical Services network  
31 standards and credentialing requirements for health care

1 providers and health care services ~~coordinate funding of~~  
2 ~~medical care programs with state or local indigent health care~~  
3 ~~funding mechanisms.~~

4 (11) To serve as a provider and principal case manager  
5 for children with special health care needs under Titles XIX  
6 and XXI of the Social Security Act ~~establish standards for~~  
7 ~~patient care and facilities.~~

8 (12) To monitor the provision of health services in  
9 the program, including the utilization and quality of health  
10 services.

11 (13) To administer the Children with Special Health  
12 Care Needs program in accordance with Title V of the Social  
13 Security Act.

14 (14) To establish and operate a grievance resolution  
15 process for participants and health care providers.

16 (15) To maintain program integrity in the Children's  
17 Medical Services program.

18 (16) To receive and manage health care premiums,  
19 capitation payments, and funds from federal, state, local, and  
20 private entities for the program.

21 (17) To appoint health care consultants for the  
22 purpose of providing peer review and making recommendations to  
23 enhance the delivery and quality of services in the Children's  
24 Medical Services program.

25 (18)~~(12)~~ To make rules to carry out the provisions of  
26 this act.

27 Section 7. Section 391.028, Florida Statutes, is  
28 created, and section 391.051, Florida Statutes, is renumbered  
29 as subsection (1) of said section and amended, to read:

30 391.028 Administration.--The Children's Medical  
31 Services program shall have a central office and area offices.

1           ~~(1) 391.051 Qualifications of director.~~ The Director  
2 of the Division of ~~for~~ Children's Medical Services must be a  
3 physician licensed under chapter 458 or chapter 459 who has  
4 specialized training and experience in the provision of health  
5 ~~medical~~ care to children and who has recognized skills in  
6 leadership and the promotion of children's health programs.  
7 The division director ~~for Children's Medical Services~~ shall be  
8 the deputy secretary and the Deputy State Health Officer for  
9 Children's Medical Services and is appointed by and reports to  
10 the secretary.

11           (2) The division director shall designate Children's  
12 Medical Services area offices to perform operational  
13 activities, including, but not limited to:

14           (a) Providing case management services for the  
15 network.

16           (b) Providing local oversight of the program.

17           (c) Determining medical and financial eligibility for  
18 the program.

19           (d) Participating in the determination of a level of  
20 care and medical complexity for long-term care services.

21           (e) Authorizing services in the program and developing  
22 spending plans.

23           (f) Participating in the development of treatment  
24 plans.

25           (g) Taking part in the resolution of complaints and  
26 grievances from participants and health care providers.

27           (3) Each Children's Medical Services area office shall  
28 be directed by a physician licensed under chapter 458 or  
29 chapter 459 who has specialized training and experience in the  
30 provision of health care to children. The director of a  
31 Children's Medical Services area office shall be appointed by

1 the division director from the active panel of Children's  
2 Medical Services physician consultants.

3 Section 8. Section 391.029, Florida Statutes, is  
4 created, section 391.046, Florida Statutes, is renumbered as  
5 subsection (3) of said section and amended, and section  
6 391.07, Florida Statutes, is renumbered as subsection (4) of  
7 said section and amended, to read:

8 391.029 Program eligibility.--

9 (1) The department shall establish the medical  
10 criteria to determine if an applicant for the Children's  
11 Medical Services program is an eligible individual.

12 (2) The following individuals are financially eligible  
13 for the program:

14 (a) A high-risk pregnant female who is eligible for  
15 Medicaid.

16 (b) A child with special health care needs from birth  
17 to age 21 years who is eligible for Medicaid.

18 (c) A child with special health care needs from birth  
19 to age 19 years who is eligible for a program under Title XXI  
20 of the Social Security Act.

21 (d) A child with special health care needs from birth  
22 to age 21 years whose projected annual cost of care adjusts  
23 the family income to Medicaid financial criteria. In cases  
24 where the family income is adjusted based on a projected  
25 annual cost of care, the family shall participate financially  
26 in the cost of care based on criteria established by the  
27 department.

28  
29 The department may continue to serve certain children with  
30 special health care needs who are 21 years of age or older and  
31 who were receiving services from the program prior to April 1,

1 1998. Such children may be served by the department until  
2 July 1, 2000.

3 ~~(3)391.046 Financial determination.--~~The department  
4 shall determine the financial and medical eligibility of  
5 children for the program. The department shall also determine  
6 ~~ability of individuals seeking medical services, or the~~  
7 financial ability of the parents, or persons or other agencies  
8 having legal custody over such individuals, to pay the costs  
9 of health such medical services under the program. The  
10 department may pay reasonable travel expenses related to the  
11 determination of eligibility for or the provision of health  
12 ~~medical~~ services.

13 ~~(4)391.07 Indigent and semi-indigent cases.--~~Any  
14 child who has been provided with surgical or medical care or  
15 treatment under this act prior to being adopted shall continue  
16 to be eligible to be provided with such care or treatment  
17 after his or her adoption, regardless of the financial ability  
18 of the persons adopting the child.

19 Section 9. Section 391.031, Florida Statutes, is  
20 created to read:

21 391.031 Benefits.--Benefits provided under the program  
22 shall be the same benefits provided to children as specified  
23 in ss. 409.905 and 409.906. The department may offer  
24 additional benefits for early intervention services, respite  
25 services, genetic testing, genetic and nutritional counseling,  
26 and parent support services, if such services are determined  
27 to be medically necessary. No child or person determined  
28 eligible for the program who is eligible under Title XIX or  
29 Title XXI of the Social Security Act shall receive any service  
30 other than an initial health care screening or treatment of an  
31 emergency medical condition as defined in s. 395.002, until

1 such child or person is enrolled in Medicaid or a Title XXI  
2 program.

3 Section 10. Section 391.035, Florida Statutes, is  
4 created, section 391.036, Florida Statutes, is renumbered as  
5 subsection (2) of said section and amended, and section  
6 391.041, Florida Statutes, is renumbered as subsection (3) of  
7 said section and amended, to read:

8 391.035 Provider qualifications.--

9 (1) The department shall establish the criteria to  
10 designate health care providers to participate in the  
11 Children's Medical Services network. The department shall  
12 follow, whenever available, national guidelines for selecting  
13 health care providers to serve children with special health  
14 care needs.

15 ~~(2)391.036 Medical services providers~~  
16 ~~qualifications.--~~The department shall require that all health  
17 care providers under contract with the program of medical  
18 ~~services under this act~~ be duly licensed in the state, if such  
19 licensure is available, and meet such criteria as may be  
20 established by the department.

21 ~~(3)391.041 Services to other state or local programs~~  
22 ~~or institutions.--~~The department may initiate agreements with  
23 other state or local governmental programs or institutions for  
24 the coordination of health ~~medical~~ care to eligible  
25 individuals receiving services from such programs or  
26 institutions.

27 Section 11. Section 391.045, Florida Statutes, is  
28 created to read:

29 391.045 Reimbursement.--

30 (1) The department shall reimburse health care  
31 providers for services rendered through the Children's Medical

1 Services network using cost-effective methods, including, but  
2 not limited to, capitation, discounted fee-for-service, unit  
3 costs, and cost reimbursement. Medicaid reimbursement rates  
4 shall be utilized to the maximum extent possible, where  
5 applicable.

6 (2) Reimbursement to the Children's Medical Services  
7 program for services provided to children with special health  
8 care needs who participate in the Florida Children's Healthy  
9 Bodies program and who are not Medicaid recipients shall be on  
10 a capitated basis.

11 Section 12. Section 391.047, Florida Statutes, is  
12 created to read:

13 391.047 Responsibility for payments on behalf of  
14 Children's Medical Services program participants when other  
15 parties are liable.--The Children's Medical Services program  
16 shall comply with s. 402.24, concerning third-party  
17 liabilities and recovery of third-party payments for health  
18 services.

19 Section 13. Section 391.055, Florida Statutes, is  
20 created to read:

21 391.055 Service delivery systems.--

22 (1) The program shall apply managed care methods to  
23 ensure the efficient operation of the Children's Medical  
24 Services network. Such methods include, but are not limited  
25 to, capitation payments, utilization management and review,  
26 prior authorization, and case management.

27 (2) The components of the network are:

28 (a) Qualified primary care physicians who shall serve  
29 as the gatekeepers and who shall be responsible for the  
30 provision or authorization of health services to an eligible  
31



1 individual who is enrolled in the Children's Medical Services  
2 network.

3 (b) Comprehensive specialty care arrangements that  
4 meet the requirements of s. 391.035 to provide acute care,  
5 specialty care, long-term care, and chronic disease management  
6 for eligible individuals.

7 (c) Case management services.

8 (3) The Children's Medical Services network may  
9 contract with school districts participating in the certified  
10 school match program pursuant to ss. 236.0812 and 409.908(21)  
11 for the provision of school-based services, as provided for in  
12 s. 409.9071, for Medicaid-eligible children who are enrolled  
13 in the Children's Medical Services network.

14 Section 14. Section 391.065, Florida Statutes, is  
15 created to read:

16 391.065 Health care provider agreements.--The  
17 department is authorized to establish health care provider  
18 agreements for participation in the Children's Medical  
19 Services network.

20 Section 15. Section 391.071, Florida Statutes, is  
21 created to read:

22 391.071 Quality of care requirements.--The Children's  
23 Medical Services program shall develop quality of care and  
24 service integration standards and reporting requirements for  
25 health care providers that participate in the Children's  
26 Medical Services network. The program shall ensure that these  
27 standards are not duplicative of other standards and  
28 requirements for health care providers.

29 Section 16. Section 391.081, Florida Statutes, is  
30 created to read:

31

1           391.081 Grievance reporting and resolution  
2 requirements.--The department shall adopt and implement a  
3 system to provide assistance to eligible individuals and  
4 health care providers to resolve complaints and grievances.  
5 To the greatest extent possible, the department shall use  
6 existing grievance reporting and resolution processes. The  
7 department shall ensure that the system developed for the  
8 Children's Medical Services program does not duplicate  
9 existing grievance reporting and resolution processes.

10           Section 17. Section 391.095, Florida Statutes, is  
11 created to read:

12           391.095 Program integrity.--The department shall  
13 operate a system to oversee the activities of Children's  
14 Medical Services network participants, health care providers,  
15 and their representatives to prevent fraudulent and abusive  
16 behavior, overutilization and duplicative utilization, and  
17 neglect of participants and to recover overpayments as  
18 appropriate. For the purposes of this section, the terms  
19 "abuse" and "fraud" have the meanings provided in s. 409.913.  
20 The department shall refer incidents of suspected fraud and  
21 abuse, and overutilization and duplicative utilization, to the  
22 appropriate regulatory agency.

23           Section 18. Section 391.061, Florida Statutes, is  
24 renumbered as section 391.097, Florida Statutes, and is  
25 amended to read:

26           391.097 ~~391.061~~ Research and evaluation.--

27           (1) The department may initiate, fund, and conduct  
28 research and evaluation projects to improve the delivery of  
29 children's medical services. The department may cooperate with  
30 public and private agencies engaged in work of a similar  
31 nature.

1           (2) The Children's Medical Services network shall be  
2 included in any evaluation conducted in accordance with the  
3 provisions of Title XXI of the Social Security Act as enacted  
4 by the Legislature.

5           Section 19. Sections 391.201 through 391.217, Florida  
6 Statutes, are renumbered as sections 400.901 through 400.917,  
7 Florida Statutes, and designated as part IX of chapter 400,  
8 Florida Statutes.

9           Section 20. Section 391.206, Florida Statutes, is  
10 renumbered as section 400.906, Florida Statutes, and  
11 subsection (1) of said section is amended to read:

12           400.906 ~~391.206~~ Initial application for license.--

13           (1) Application for a license shall be made to the  
14 agency on forms furnished by it and shall be accompanied by  
15 the appropriate license fee unless the applicant is exempt  
16 from payment of the fee as provided in s. 400.905 ~~391.205~~.

17           Section 21. Section 391.217, Florida Statutes, is  
18 renumbered as section 400.917, Florida Statutes, and amended  
19 to read:

20           400.917 ~~391.217~~ Disposition of moneys from fines and  
21 fees.--All moneys received from administrative fines pursuant  
22 to s. 400.908 ~~391.208~~ and all moneys received from fees  
23 collected pursuant to s. 400.905 ~~391.205~~ shall be deposited in  
24 the Health Care Trust Fund created in s. 408.16 ~~455.2205~~.

25           Section 22. Sections 391.221, 391.222, and 391.223,  
26 Florida Statutes, as created by this act, are designated as  
27 part II of chapter 391, Florida Statutes, entitled "Children's  
28 Medical Services Councils and Panels."

29           Section 23. Section 391.221, Florida Statutes, is  
30 created to read:

31

1           391.221 Statewide Children's Medical Services Network  
2 Advisory Council.--

3           (1) The secretary of the department may appoint a  
4 Statewide Children's Medical Services Network Advisory Council  
5 for the purpose of acting as an advisory body to the  
6 department. Specifically, the duties of the council shall  
7 include, but not be limited to:

8           (a) Recommending standards and credentialing  
9 requirements for health care providers rendering health  
10 services to Children's Medical Services network participants.

11           (b) Making recommendations to the Director of the  
12 Division of Children's Medical Services concerning the  
13 selection of health care providers for the Children's Medical  
14 Services network.

15           (c) Reviewing and making recommendations concerning  
16 network health care provider or participant disputes that are  
17 brought to the attention of the advisory council.

18           (d) Providing input to the Children's Medical Services  
19 program on the policies governing the Children's Medical  
20 Services network.

21           (e) Reviewing the financial reports and financial  
22 status of the network and making recommendations concerning  
23 the methods of payment and cost controls for the network.

24           (f) Reviewing and recommending the scope of benefits  
25 for the network.

26           (g) Reviewing network performance measures and  
27 outcomes and making recommendations for improvements to the  
28 network and its maintenance and collection of data and  
29 information.

30           (2) The council shall be composed of 12 members  
31 representing the private health care provider sector, families

1 with children who have special health care needs, the Agency  
2 for Health Care Administration, the Department of Insurance,  
3 the Florida Chapter of the American Academy of Pediatrics, an  
4 academic health center pediatric program, and the health  
5 insurance industry. Members shall be appointed for 4-year,  
6 staggered terms. In no case shall an employee of the  
7 Department of Health serve as a member or as an ex officio  
8 member of the advisory council. A vacancy shall be filled for  
9 the remainder of the unexpired term in the same manner as the  
10 original appointment. A member may not be appointed to more  
11 than two consecutive terms. However, a member may be  
12 reappointed after being off the council for at least 2 years.

13 (3) Members shall receive no compensation, but shall  
14 be reimbursed for per diem and travel expenses in accordance  
15 with the provisions of s. 112.061.

16 Section 24. Section 391.222, Florida Statutes, is  
17 created to read:

18 391.222 Cardiac Advisory Council.--

19 (1) The secretary of the department may appoint a  
20 Cardiac Advisory Council for the purpose of acting as the  
21 advisory body to the Division of Children's Medical Services  
22 in the delivery of cardiac services to children.  
23 Specifically, the duties of the council shall include, but not  
24 be limited to:

25 (a) Recommending standards for personnel and  
26 facilities rendering cardiac services for the Division of  
27 Children's Medical Services.

28 (b) Receiving reports of the periodic review of  
29 cardiac personnel and facilities to determine if established  
30 standards for Children's Medical Services cardiac services are  
31 met.

1           (c) Making recommendations to the division director as  
2 to the approval or disapproval of reviewed personnel and  
3 facilities.

4           (d) Making recommendations as to the intervals for  
5 reinspection of approved personnel and facilities.

6           (e) Providing input to the Division of Children's  
7 Medical Services on all aspects of Children's Medical Services  
8 cardiac programs, including the rulemaking process.

9           (2) The council shall be composed of eight members  
10 with technical expertise in cardiac medicine. Members shall  
11 be appointed for 4-year, staggered terms. In no case shall an  
12 employee of the Department of Health serve as a member or as  
13 an ex officio member of the advisory council. A vacancy shall  
14 be filled for the remainder of the unexpired term in the same  
15 manner as the original appointment. A member may not be  
16 appointed to more than two consecutive terms. However, a  
17 member may be reappointed after being off the council for at  
18 least 2 years.

19           (3) Members shall receive no compensation, but shall  
20 be reimbursed for per diem and travel expenses in accordance  
21 with the provisions of s. 112.061.

22           Section 25. Section 391.223, Florida Statutes, is  
23 created to read:

24           391.223 Technical advisory panels.--The secretary of  
25 the department may establish technical advisory panels to  
26 assist the Division of Children's Medical Services in  
27 developing specific policies and procedures for the Children's  
28 Medical Services program.

29           Section 26. Section 391.301, Florida Statutes, is  
30 amended to read:

31

1           391.301 Developmental evaluation and intervention  
2 programs; legislative findings and intent.--

3           (1) The Legislature finds that the high-risk and  
4 disabled newborn infants in this state need in-hospital and  
5 outpatient developmental evaluation and intervention and that  
6 their families need training and support services. The  
7 Legislature further finds that there is an identifiable and  
8 increasing number of infants who need developmental evaluation  
9 and intervention and family support due to the fact that  
10 increased numbers of low-birthweight and sick full-term  
11 newborn infants are now surviving because of ~~due to~~ the  
12 advances in neonatal intensive care medicine; increased  
13 numbers of medically involved infants are remaining  
14 inappropriately in hospitals because their parents lack the  
15 confidence or skills to care for these infants without  
16 support; and increased numbers of infants are at risk due to  
17 parent risk factors, such as substance abuse, teenage  
18 pregnancy, and other high-risk conditions.

19           (2) It is the intent of the Legislature to establish  
20 developmental evaluation and intervention services ~~programs~~ at  
21 all hospitals providing Level II or Level III neonatal  
22 intensive care services, in order that families with high-risk  
23 or disabled infants may gain the services and skills they need  
24 to support their infants.

25           (3) It is the intent of the Legislature to provide a  
26 statewide coordinated program to screen, diagnose, and manage  
27 high-risk infants identified as hearing-impaired. The program  
28 shall develop criteria to identify infants who are at risk of  
29 having hearing impairments, and shall ensure that all parents  
30 or guardians of newborn infants are provided with materials  
31

1 regarding hearing impairments prior to discharge of the  
2 newborn infants from the hospital.

3 (4) It is the intent of the Legislature that a  
4 methodology be developed to integrate information on infants  
5 with potentially disabling conditions with other early  
6 intervention programs, including Part C of Pub. L. No. 105-17  
7 and the reporting system to be established under the Healthy  
8 Start program.

9 Section 27. Section 391.303, Florida Statutes, is  
10 amended to read:

11 391.303 Program requirements.--

12 (1) ~~A~~ Developmental evaluation and intervention  
13 services program shall be established at each hospital that  
14 provides Level II or Level III neonatal intensive care  
15 services. Program services shall be made available to an  
16 infant or toddler identified as being at risk for  
17 developmental disabilities, or identified as medically  
18 involved, who, along with his or her family, would benefit  
19 from program services. Program services shall be made  
20 available to infants or toddlers in a Level II or Level III  
21 neonatal intensive care unit or in a pediatric intensive care  
22 unit, infants who are identified as being at high risk for  
23 hearing impairment or who are hearing-impaired, or infants who  
24 have a metabolic or genetic disorder. The developmental  
25 evaluation and intervention programs are subject to the  
26 availability of moneys and the limitations established by the  
27 General Appropriations Act or chapter 216. Hearing screening,  
28 evaluation and referral services, and initial developmental  
29 assessments services shall be provided to each infant or  
30 toddler. Other program services may be provided to an infant  
31 or toddler, and the family of the infant or toddler, who do



1 not meet the financial eligibility criteria for the Children's  
2 Medical Services program based on the availability of funding,  
3 including insurance and fees.

4 (2) Each developmental evaluation and intervention  
5 program shall have a program director, a medical director, and  
6 necessary staff to carry out the program. The program director  
7 shall establish and coordinate the developmental evaluation  
8 and intervention program. The program shall include, but is  
9 not limited to:

10 (a) In-hospital evaluation and intervention services,  
11 parent support and training, and family support planning and  
12 case management.

13 (b) Screening and evaluation services to identify each  
14 infant at risk of hearing impairment, and a medical and  
15 educational followup and care management program for an infant  
16 who is identified as hearing-impaired, with management  
17 beginning as soon after birth as practicable. The medical  
18 management program must include the genetic evaluation of an  
19 infant suspected to have genetically determined deafness and  
20 an evaluation of the relative risk.

21 (c) Regularly held multidisciplinary team meetings to  
22 develop and update the family support plan. In addition to the  
23 family, a multidisciplinary team may include a physician,  
24 physician assistant, psychologist, psychotherapist, educator,  
25 social worker, nurse, physical or occupational therapist,  
26 speech pathologist, developmental evaluation and intervention  
27 program director, case manager, ~~and~~ others who are involved  
28 with the in-hospital and posthospital discharge care plan, and  
29 anyone the family wishes to include as a member of the team.  
30 The family support plan is a written plan that describes the  
31 infant or toddler, ~~and~~ the therapies and services the infant

1 or toddler and his or her family need, and the intended  
2 outcomes of the services.

3 (d) Discharge planning by the multidisciplinary team,  
4 including referral and followup to primary medical care and  
5 modification of the family support plan.

6 (e) Education and training for neonatal and pediatric  
7 intensive care services staff, volunteers, and others, as  
8 needed, in order to expand the services provided to high-risk,  
9 developmentally disabled, medically involved, or  
10 hearing-impaired infants and toddlers and their families.

11 (f) Followup intervention services after hospital  
12 discharge, to aid the family and the high-risk,  
13 developmentally disabled, medically involved, or  
14 hearing-impaired infant's or toddler's transition into the  
15 community. These services shall include, but are not limited  
16 to, ~~home~~ intervention services ~~and other intervention~~  
17 ~~services, both contractual and voluntary.~~ Support services  
18 shall be coordinated at the request of the family and within  
19 the context of the family support plan.

20 (g) Referral to and coordination of services with  
21 community providers.

22 (h) Educational materials about infant care, infant  
23 growth and development, community resources, medical  
24 conditions and treatments, and family advocacy. Materials  
25 regarding hearing impairments shall be provided to each parent  
26 or guardian of a hearing-impaired infant or toddler.

27 (i) Involvement of the parents and guardians of each  
28 identified high-risk, developmentally disabled, medically  
29 involved, or hearing-impaired infant or toddler.

30 Section 28. Paragraph (a) of subsection (1) of section  
31 391.304, Florida Statutes, is amended to read:

1           391.304 Program coordination.--

2           (1) The Department of Health shall:

3           (a) Coordinate with the Department of Education, ~~the~~  
4 ~~Offices of Prevention, Early Assistance, and Child~~  
5 ~~Development,~~the Florida Interagency Coordinating Council for  
6 Infants and Toddlers, and the State Coordinating Council for  
7 Early Childhood Services in planning and administering ss.  
8 391.301-391.307. This coordination shall be in accordance with  
9 s. 411.222.

10           Section 29. Subsection (1) of section 391.305, Florida  
11 Statutes, is amended to read:

12           391.305 Program standards; rules.--The Department of  
13 Health shall adopt rules for the administration of the  
14 developmental evaluation and intervention program. The rules  
15 shall specify standards for the development and operation of  
16 the program, including, but not limited to:

17           (1) Standards governing the eligibility need for  
18 program services and the requirements of the population to be  
19 served.

20           Section 30. Subsection (1) of section 391.307, Florida  
21 Statutes, is amended to read:

22           391.307 Program review.--

23           (1) At least annually during the contract period, the  
24 Department of Health shall evaluate each developmental  
25 evaluation and intervention program. The department shall  
26 develop criteria to evaluate child and family patient outcome,  
27 program participation, service coordination ~~case management~~,  
28 and program effectiveness.

29           Section 31. Subsection (13) of section 408.701,  
30 Florida Statutes, is amended to read:

31

1           408.701 Community health purchasing; definitions.--As  
2 used in ss. 408.70-408.706, the term:

3           (13) "Health care provider" or "provider" means a  
4 state-licensed or state-authorized facility, a facility  
5 principally supported by a local government or by funds from a  
6 charitable organization that holds a current exemption from  
7 federal income tax under s. 501(c)(3) of the Internal Revenue  
8 Code, a licensed practitioner, a county health department  
9 established under part I of chapter 154, ~~a patient care center~~  
10 ~~described in s. 391.031~~, a prescribed pediatric extended care  
11 center defined in s. 400.902 ~~391.202~~, a federally supported  
12 primary care program such as a migrant health center or a  
13 community health center authorized under s. 329 or s. 330 of  
14 the United States Public Health Services Act that delivers  
15 health care services to individuals, or a community facility  
16 that receives funds from the state under the Community  
17 Alcohol, Drug Abuse, and Mental Health Services Act and  
18 provides mental health services to individuals.

19           Section 32. Section 409.810, Florida Statutes, is  
20 created to read:

21           409.810 Short title.--Sections 409.810-409.821 may be  
22 cited as the "Florida Children's Healthy Bodies Act."

23           Section 33. Section 409.811, Florida Statutes, is  
24 created to read:

25           409.811 Definitions.--

26           (1) "Agency" means the Agency for Health Care  
27 Administration.

28           (2) "Applicant" means a parent or guardian of a child  
29 or, in the case of a child whose disability of nonage has been  
30 removed under chapter 743, a child who applies for

31

1 determination of eligibility under Title XXI of the Social  
2 Security Act for health benefits coverage under this act.

3 (3) "Benchmark benefit plan" means the form and level  
4 of health benefits coverage established in s. 409.815.

5 (4) "Child" means an individual under the age of 19  
6 years.

7 (5) "Child with special health care needs" means the  
8 term as defined in chapter 391.

9 (6) "Children's Medical Services network" means the  
10 term as defined in chapter 391.

11 (7) "Department" means the Department of Health.

12 (8) "Community rate" means a method used to develop  
13 premiums for a health insurance plan which spreads risk across  
14 a large population.

15 (9) "Enrollee" means a child who has been determined  
16 eligible for and is receiving health benefits coverage under  
17 this act.

18 (10) "Enrollment ceiling" means the maximum number of  
19 non-Medicaid children eligible for premium assistance payments  
20 who may be enrolled at any time in the Florida Children's  
21 Healthy Bodies program. The maximum number shall be  
22 established annually in the General Appropriations Act or in  
23 provisions of general law.

24 (11) "Family" means the group or the individuals whose  
25 income is considered in determining eligibility for the  
26 Florida Children's Healthy Bodies program. The family  
27 includes a child with a custodial parent or caretaker relative  
28 who resides in the same house or living unit, or in the case  
29 of a child whose disability of nonage has been removed under  
30 chapter 743, the child. The family may also include  
31 individuals who are not eligible for medical assistance under

1 Title XXI of the Social Security Act, but whose income and  
2 resources are considered in whole or in part in determining  
3 eligibility of the child.

4 (12) "Florida Children's Healthy Bodies program" means  
5 the medical assistance program authorized by Title XXI of the  
6 Social Security Act as part of the federal Balanced Budget Act  
7 of 1997.

8 (13) "Family coverage" means purchase of health  
9 benefits coverage that is cost-effective as authorized under  
10 s. 2105(c)(3) of Title XXI of the Social Security Act, subject  
11 to federal approval of a waiver request.

12 (14) "Family income" means cash received at periodic  
13 intervals from any source, such as wages, benefits,  
14 contributions, and rental property. Income also may include  
15 any money which would have been counted as income under the  
16 Aid to Families with Dependent Children state plan in effect  
17 prior to August 22, 1996.

18 (15) "Guarantee issue" means that health benefits  
19 coverage must be offered to an individual regardless of the  
20 individual's health status, preexisting conditions, or claims  
21 history.

22 (16) "Health benefits coverage" means covered health  
23 care services that are provided to enrollees by a health  
24 insurance plan.

25 (17) "Health insurance plan" means health benefits  
26 coverage under the following:

27 (a) A health plan offered by any certified health  
28 maintenance organization, except plans that are limited to the  
29 following: a limited benefit, specified disease, or specified  
30 accident; hospital indemnity; accident only; limited benefit  
31 convalescent care; Medicare supplement; credit disability;

1 dental; vision; long-term care; disability income; coverage  
2 issued as a supplement to another health plan; workers'  
3 compensation liability or similar insurance; or automobile  
4 medical-payment insurance;

5 (b) A health insurer licensed under chapter 624;

6 (c) An employee welfare benefit plan that includes  
7 health benefits established under the Employee Retirement  
8 Income Security Act of 1974, as amended; or

9 (d) The Children's Medical Services network.

10 (18) "Medicaid" means the medical assistance program  
11 authorized by Title XIX of the Social Security Act, and  
12 regulations thereunder, and ss. 409.901-409.920, as  
13 administered in the state by the agency.

14 (19) "Medically necessary" means the use of any  
15 medical treatment, service, equipment, or supply necessary to  
16 palliate the effects of a terminal condition, or to prevent,  
17 diagnose, correct, cure, alleviate, or preclude deterioration  
18 of a condition that threatens life, causes pain or suffering,  
19 or results in illness or infirmity and which is:

20 (a) Consistent with the symptom, diagnosis, and  
21 treatment of the enrollee's condition.

22 (b) Provided in accordance with generally accepted  
23 standards of medical practice.

24 (c) Not primarily intended for the convenience of the  
25 enrollee's family or the health care provider.

26 (d) The most appropriate level of supply or service  
27 for the diagnosis and treatment of the enrollee's condition.

28 (e) Approved by the appropriate medical body or health  
29 care specialty involved as effective, appropriate, and  
30 essential for the care and treatment of the enrollee's  
31 condition.

1           (20) "Medikids" means a component of the Florida  
2 Children's Healthy Bodies program of medical assistance  
3 authorized by Title XXI of the Social Security Act, and  
4 regulations thereunder, and s. 409.8131, as administered in  
5 the state by the agency.

6           (21) "Preexisting condition exclusion" means, with  
7 respect to coverage, a limitation or exclusion of benefits  
8 relating to a condition based on the fact that the condition  
9 was present before the date of enrollment for such coverage,  
10 whether or not any medical advice, diagnosis, care, or  
11 treatment was recommended or received before such date.

12           (22) "Premium" means the entire cost of a health  
13 insurance plan, including the administration fee or the risk  
14 assumption charge.

15           (23) "Premium assistance payment" means the monthly  
16 consideration paid by the agency per enrollee in the Florida  
17 Children's Healthy Bodies program towards health insurance  
18 premiums.

19           (24) "Program" means the Florida Children's Healthy  
20 Bodies program.

21           (25) "Qualified alien" means an alien as defined in s.  
22 431 of the Personal Responsibility and Work Opportunity  
23 Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

24           (26) "Resident" means a United States citizen or  
25 qualified alien who is domiciled in Florida.

26           (27) "Rural county" means either a county with a  
27 population density of less than 100 persons per square mile or  
28 a county defined by the most recent United States census as  
29 rural, and where there is no prepaid health plan participating  
30 in the Medicaid program as of July 1, 1998.

31



1           (28) "Space" means an allocation of a Florida  
2 Children's Healthy Bodies program enrollee opening, subject to  
3 the enrollment ceiling established in general law or the  
4 General Appropriations Act each year.

5           Section 34. Section 409.812, Florida Statutes, is  
6 created to read:

7           409.812 Florida Children's Healthy Bodies program.--

8           (1) LEGISLATIVE FINDINGS AND INTENT.--The Legislature  
9 finds that a significant number of Florida children are  
10 uninsured at any one time and these children do not receive  
11 necessary health care services. Further, the Legislature finds  
12 that the lack of access to a regular and ongoing source of  
13 medical care causes families to use health care resources  
14 inappropriately. The Legislature hereby creates the Florida  
15 Children's Healthy Bodies program to provide a defined set of  
16 health benefits to low-income children through the  
17 establishment of a variety of affordable health benefits  
18 coverage options from which families may select coverage and  
19 through which families may contribute financially to the  
20 health care of their children.

21           (2) GUIDING PRINCIPLES.--In creating the Florida  
22 Children's Healthy Bodies program, the Legislature establishes  
23 the following guiding principles:

24           (a) No new entitlements to government services shall  
25 be created. The Legislature reserves the right to discontinue  
26 the program any time revenue shortfalls occur in program  
27 funding or any time the Legislature determines the program is  
28 no longer meeting the needs it was designed to fulfill.

29           (b) Individual choice of plans, physicians, and other  
30 health care providers must be emphasized.

31

1           (c) Interference in the private insurance market must  
2 be minimized, and "crowd-out," that is, moving children from  
3 the private insurance market into a government-subsidized  
4 market, must be avoided.

5           (d) Children in families with incomes above  
6 eligibility levels for the program may be permitted to  
7 participate in the program through the payment of premiums and  
8 other coinsurance payments that cover the policy's full costs.

9           (e) Quality assurance mechanisms must be included as  
10 an integral component of the program.

11           (f) Special emphasis must be placed on ensuring  
12 participation in the program by members of the minority  
13 community.

14           Section 35. Section 409.813, Florida Statutes, is  
15 created to read:

16           409.813 Components; nonentitlement; enrollment  
17 ceilings.--

18           (1) The Florida Children's Healthy Bodies program  
19 includes health benefits coverage provided to children  
20 through:

21           (a) The Medicaid program as established under s.  
22 409.904(6);

23           (b) The Medikids program established under s.  
24 409.8131;

25           (c) The Florida Healthy Kids program as created in s.  
26 624.91;

27           (d) Health insurance plans certified and approved to  
28 participate in the health insurance pilot project established  
29 pursuant to s. 409.817;

30           (e) The Children's Medical Services network; and

31           (f) Family coverage authorized under s. 409.8175.

1  
2 Except for coverage under the Medicaid program, nothing in  
3 this act provides an individual with an entitlement to  
4 government-sponsored health care services. No cause of action  
5 shall arise against the state, the department, or the agency  
6 for failure to make health services available to any person  
7 under this act.

8 (2) Except for the Medicaid program, a ceiling shall  
9 be placed on annual federal and state expenditures and  
10 enrollment in the Florida Children's Healthy Bodies program  
11 based on the General Appropriations Act each year, or as  
12 specified in general law. The agency, in consultation with the  
13 department, may propose to increase the enrollment ceiling in  
14 accordance with the provisions of chapter 216.

15 (3) Except for the Medicaid program, whenever the  
16 Social Services Estimating Conference determines that there is  
17 presently, or will be by the end of the current fiscal year,  
18 insufficient funds to finance the current or projected  
19 enrollment in the program, all additional enrollment must  
20 cease and additional enrollment may not resume until  
21 sufficient funds are available to finance such enrollment.

22 (4) The agency shall collect and analyze the data  
23 needed to project the Florida Children's Healthy Bodies  
24 program enrollment, including participation rates, caseloads  
25 and expenditures. The agency shall report the caseload and  
26 expenditure trends to the Social Services Estimating  
27 Conference in accordance with the provisions of chapter 216.

28 Section 36. Section 409.8131, Florida Statutes, is  
29 created to read:

30 409.8131 Medikids program.--  
31

1           (1) LEGISLATIVE FINDINGS AND INTENT.--It is the intent  
2 of the Legislature through the creation of the Medikids  
3 program to provide health services to eligible children  
4 utilizing the administrative structure and provider network of  
5 the Medicaid program while avoiding the creation of an  
6 entitlement program. The Legislature intends that children  
7 participating in the Medikids program be provided health  
8 benefits in the same manner as children participating in the  
9 Medicaid program, including the benefit package, except as  
10 otherwise specified in this act. Differences between Medikids  
11 and Medicaid include, but are not limited to, the use of  
12 periodic open enrollment periods for Medikids beneficiaries,  
13 and the fact that Medikids is not an entitlement program and  
14 may be discontinued any time the Legislature determines the  
15 program is no longer needed, or through the provisions of  
16 chapter 216 during the occurrence of a funding shortfall.

17           (2) PROGRAM CREATION.--

18           (a) There is hereby created the Medikids program to be  
19 administered by the agency. The Medikids program shall not be  
20 subject to the requirements of the Department of Insurance or  
21 chapter 627. The director of the agency shall appoint an  
22 administrator of the Medikids program, which shall be located  
23 in the Division of State Health Purchasing.

24           (b) The agency is designated as the state agency  
25 authorized to make payments for medical assistance and related  
26 services for the Medikids program under Title XXI of the  
27 Social Security Act. These payments shall be made, subject to  
28 any limitations or directions provided for in the General  
29 Appropriations Act, only for services included in the program,  
30 shall be made only on behalf of eligible individuals, and  
31 shall be made only to qualified providers in accordance with

1 federal requirements for Title XXI of the Social Security Act  
2 and the provisions of state law.

3 (3) NONENTITLEMENT.--Nothing in this section shall be  
4 construed as providing an individual with an entitlement to  
5 health care services. No cause of action shall arise against  
6 the state or the agency for failure to make health services  
7 available under this section.

8 (4) MARKETING.--The agency, in consultation with the  
9 Department of Health, shall develop and implement a plan to  
10 publicize the Medikids program, the eligibility requirements  
11 for the program, and the procedures for enrolling in the  
12 program, and to maintain public awareness of the program.

13 (5) APPLICABILITY.--The provisions of ss. 409.902,  
14 409.905, 409.906, 409.907, 409.908, 409.910, 409.912,  
15 409.9121, 409.9122, 409.9123, 409.9124, 409.9127, 409.9128,  
16 409.913, 409.916, 409.919, 409.920, and 409.9205, apply to the  
17 Medikids program to the same extent such sections apply to the  
18 Medicaid program; except the applicability of the provisions  
19 of s. 409.9122 to the Medikids program shall be subject to the  
20 provisions of subsection (7).

21 (6) BENEFITS.--Benefits provided under the Medikids  
22 program shall be the same benefits provided to children as  
23 specified in ss. 409.905 and 409.906.

24 (7) ELIGIBILITY.--

25 (a) A child who is under the age of 6 years is  
26 eligible to participate in the Medikids program if the child  
27 is a member of a family that has a family income which exceeds  
28 the Medicaid applicable income level as specified in s.  
29 409.903, but which is equal to or below 200 percent of the  
30 federal poverty level. No assets test shall be required.

31

1           (b) The provisions of s. 409.814(3), (4), and (5)  
2 shall be applicable to the Medikids program.

3           (8) ENROLLMENT.--Enrollment in the Medikids program  
4 may only occur during periodic open enrollment periods as  
5 specified by the agency. During the first 12 months of the  
6 program, there shall be at least one, but no more than three,  
7 open enrollment periods. The initial open enrollment period  
8 shall be for 60 days, and subsequent open enrollment periods  
9 during the first year of the program shall be for 30 days.  
10 After the first year of the program, the agency shall  
11 determine the frequency and duration of open enrollment  
12 periods. An applicant may apply for participation in the  
13 Medikids program and proceed through the eligibility  
14 determination process at any time throughout the year. In  
15 addition, once determined eligible, an applicant may receive  
16 choice counseling and select a managed care plan or MediPass.  
17 However, enrollment in Medikids shall not begin until the next  
18 open enrollment period; nor shall a child be eligible for  
19 services under the Medikids program until the child is  
20 enrolled in a managed care plan or MediPass. Enrollment in  
21 MediPass shall be an option in counties which have fewer than  
22 two managed care plans available to serve Medicaid recipients.  
23 Participants shall not have the option of enrolling in  
24 MediPass if the federal Health Care Financing Administration  
25 determines that MediPass does not constitute "health insurance  
26 coverage" as defined in Title XXI of the Social Security Act.

27           (9) SPECIAL ENROLLMENT PERIODS.--The agency shall  
28 establish a special enrollment period of 30 days' duration for  
29 any child who is enrolled in Medicaid if such child loses  
30 Medicaid eligibility and becomes eligible for Medikids, for  
31 any newborn child who is eligible for Medikids, or for any

1 child who is enrolled in Medikids if such child moves to  
2 another county which is not within the coverage area of the  
3 child's Medikids managed care plan or MediPass provider. The  
4 provisions of this subsection shall apply only if a space is  
5 available within the Medikids program.

6 (10) PENALTIES FOR VOLUNTARY CANCELLATION.--The agency  
7 shall establish enrollment criteria which shall include  
8 penalties or waiting periods of not fewer than 60 days for  
9 reinstatement of coverage upon voluntary cancellation for  
10 nonpayment of premiums.

11 Section 37. Section 409.8134, Florida Statutes, is  
12 created to read:

13 409.8134 Delivery of services in rural counties.--In a  
14 rural county, the Florida Healthy Kids Corporation may offer  
15 Healthy Kids coverage through a health insurer licensed under  
16 chapter 624. The indemnity or preferred provider organization  
17 product offered by the health insurer must use the Medicaid  
18 fee schedule to reimburse providers.

19 Section 38. Section 409.8135, Florida Statutes, is  
20 created to read:

21 409.8135 Behavioral health services.--In order to  
22 ensure a high level of integration of physical and behavioral  
23 health care and to meet the more intensive treatment needs of  
24 enrollees with the most serious emotional disturbances or  
25 substance abuse problems, the Department of Health shall  
26 contract with the Department of Children and Family Services  
27 to provide behavioral health services to non-Medicaid-eligible  
28 children with special health care needs. The Department of  
29 Children and Family Services, in consultation with the  
30 Department of Health and the agency, is authorized to  
31 establish the following:

1           (1) The scope of behavioral health services, including  
2 duration and frequency.

3           (2) Clinical guidelines for referral to behavioral  
4 health services.

5           (3) Behavioral health services standards.

6           (4) Performance-based measures and outcomes for  
7 behavioral health services.

8           (5) Practice guidelines for behavioral health services  
9 to ensure cost-effective treatment and to prevent unnecessary  
10 expenditures.

11           (6) Rules to implement this subsection.

12           Section 39. Section 409.814, Florida Statutes, is  
13 created to read:

14           409.814 Eligibility.--Except for the Medicaid program,  
15 a child whose family income is at or below 200 percent of the  
16 federal poverty level is eligible for financial assistance  
17 under the Florida Children's Healthy Bodies program as  
18 provided in this section. In determining the eligibility of  
19 such a child, an assets test is not required.

20           (1) A child who is eligible for Medicaid coverage  
21 under s. 409.903 or s. 409.904, is not eligible to receive  
22 health benefits under any other health benefits coverage  
23 authorized under this act.

24           (2) A child who is not eligible for Medicaid, but who  
25 is eligible for the program, may obtain coverage under any of  
26 the other types of health benefits coverage authorized in this  
27 act, if such health benefits coverage is approved and space is  
28 available in the county in which the child resides. However, a  
29 child who is eligible for Medikids may participate in the  
30 Florida Healthy Kids program only if the child has a sibling  
31



1 participating in the Florida Healthy Kids program and the  
2 child's county of residence permits such enrollment.

3 (3) A child who is eligible for the program and who is  
4 a child with special health care needs, as determined through  
5 a risk screening instrument, is eligible for health benefits  
6 coverage from and may be referred to the Children's Medical  
7 Services network established in chapter 391.

8 (4) The following children are not eligible to receive  
9 financial assistance for health benefits coverage under this  
10 act, except under Medicaid if the child would have been  
11 eligible for Medicaid services under s. 409.903 or s. 409.904  
12 as of June 1, 1997:

13 (a) A child who is eligible for coverage under a state  
14 health benefits plan on the basis of a family member's  
15 employment with a public agency in the state;

16 (b) A child who is covered under a group health  
17 benefit plan or under other health insurance coverage,  
18 excluding coverage provided under the Florida Healthy Kids  
19 Corporation as established under s. 624.91;

20 (c) A child who is an alien, but who does not meet the  
21 definition of qualified alien, in the United States; or

22 (d) A child who is an inmate of a public institution  
23 or a patient in an institution for mental diseases.

24 (5) A child whose family income is above 200 percent  
25 of the federal poverty level may participate in the program,  
26 excluding the Medicaid program; but is subject to the  
27 following provisions:

28 (a) The family is not eligible for premium assistance  
29 payments and must pay the full cost of the premium, including  
30 any administrative costs. Children described in this  
31

1 subsection are not counted in the annual enrollment ceiling  
2 for the Florida Children's Healthy Bodies program.

3 (b) The agency is authorized to place limits on  
4 enrollment in Medikids by these children in order to avoid  
5 adverse selection. The number of children participating in  
6 Medikids whose family income exceeds 200 percent of the  
7 federal poverty level must not exceed 10 percent of total  
8 enrollees in the Medikids program.

9 (c) The board of directors of the Florida Healthy Kids  
10 Corporation is authorized to place limits on enrollment of  
11 these children in order to avoid adverse selection. In  
12 addition, the board is authorized to offer a reduced benefit  
13 package to these children in order to limit program costs for  
14 such families. The number of children participating in Healthy  
15 Kids whose family income exceeds 200 percent of the federal  
16 poverty level must not exceed 10 percent of total enrollees in  
17 the Healthy Kids program.

18 Section 40. Section 409.815, Florida Statutes, is  
19 created to read:

20 409.815 Health benefits coverage; limitations.--

21 (1) For purposes of the Florida Children's Healthy  
22 Bodies program, benefits available under the Medicaid program  
23 and the Medikids program include those goods and services  
24 provided under the medical assistance program authorized by  
25 Title XIX of the Social Security Act, and regulations  
26 thereunder, as administered in this state by the agency. This  
27 includes those mandatory Medicaid services authorized under s.  
28 409.905 and optional services authorized under s. 409.906,  
29 rendered on behalf of eligible individuals and qualified  
30 providers, and subject to any limitations or directions  
31 provided for in the General Appropriations Act or chapter 216

1 and according to methodologies and limitations set forth in  
2 agency rules and policy manuals and handbooks incorporated by  
3 reference thereto.

4 (2) Except for coverage under the Medicaid program and  
5 the Medikids program, health benefits coverage must include  
6 the following minimum benefits of the benchmark benefit plan  
7 as determined medically necessary when provided by a  
8 participating provider in the enrollee's health insurance  
9 plan.

10 (a) Behavioral health services.--

11 1. Mental health benefits include:

12 a. Inpatient services, limited each contract year to  
13 no more than 30 inpatient days for psychiatric admissions or  
14 30 days of residential services in lieu of inpatient  
15 psychiatric admission; and

16 b. Outpatient services, including outpatient visits  
17 for psychological or psychiatric evaluation, diagnosis, and  
18 treatment by a licensed mental health professional, limited to  
19 a maximum of 40 outpatient visits each contract year.

20 2. Substance abuse services include:

21 a. Inpatient services, limited each contract year to  
22 no more than 7 inpatient days for medical detoxification only  
23 and 30 days of residential services; and

24 b. Outpatient services, including evaluation,  
25 diagnosis, and treatment by a licensed practitioner, limited  
26 to a maximum of 40 outpatient visits each contract year.

27 (b) Durable medical equipment.--Covered services  
28 include equipment and devices that are medically indicated to  
29 assist in the treatment of a medical condition and  
30 specifically prescribed as medically necessary with the  
31 following limitations:

1           1. Low-vision and telescopic aides are not included.

2           2. Corrective lenses and frames may be limited to one  
3 pair every year, unless the prescription or head size of the  
4 enrollee changes.

5           3. Hearing aids shall be covered only when medically  
6 indicated to assist in the treatment of a medical condition.

7           4. Covered prosthetic devices include only artificial  
8 eyes and limbs; braces; and other artificial aids.

9           (c) Emergency services.--Covered services include  
10 visits to an emergency room or other licensed facility where  
11 needed immediately due to an injury or illness where delay  
12 means risk of permanent damage to the participant's health, in  
13 accordance with the provisions of s. 641.513.

14           (d) Health practitioner services.--Covered services  
15 include services and procedures rendered to an enrollee when  
16 performed to diagnose and treat diseases, injuries, or other  
17 conditions, including care rendered by health practitioners  
18 acting within the scope of their practice, with the following  
19 exceptions:

20           1. Chiropractic services, which shall be provided in  
21 the same manner as in the state Medicaid program.

22           2. Podiatric services, which may be limited to one  
23 visit per day totaling two visits per month for specific foot  
24 disorders.

25           (e) Home health services.--Covered services include  
26 prescribed home visits by both registered and licensed  
27 practical nurses to provide skilled nursing services on a  
28 part-time, intermittent basis, with the following limitations:

29           1. Coverage may be limited to include skilled nursing  
30 services only.

31

1           2. Meals, housekeeping, and personal comfort items may  
2 be excluded.

3           3. Private duty nursing is limited to circumstances  
4 where such care is medically necessary.

5           (f) Hospice services.--Covered services include  
6 reasonable and necessary services for palliation or management  
7 of an enrollee's terminal illness, with the following  
8 exceptions:

9           1. Once a family elects to receive hospice care for an  
10 enrollee, other services that treat the terminal condition  
11 shall not be covered.

12           2. Services required for conditions totally unrelated  
13 to the terminal condition are covered to the extent that the  
14 services are included in this section.

15           (g) Hospital inpatient services.--All covered services  
16 provided for the medical care and treatment of an enrollee who  
17 is admitted as an inpatient to a hospital licensed under part  
18 I of chapter 395, with the following exceptions:

19           1. All admissions must be authorized by the enrollee's  
20 health insurance plan.

21           2. The length of the patient stay shall be determined  
22 based on the medical condition of the enrollee in relation to  
23 the necessary and appropriate level of care.

24           3. Room and board may be limited to semiprivate  
25 accommodations, unless a private room is considered medically  
26 necessary or semiprivate accommodations are not available.

27           4. Admissions for rehabilitation and physical therapy  
28 are limited to 15 days per contract year.

29           (h) Hospital outpatient and ambulatory surgical  
30 services.--Covered services include preventive, diagnostic,  
31 therapeutic, palliative care, and other services provided to

1 an enrollee in the outpatient portion of a health facility  
2 licensed under chapter 395, except for the following  
3 limitations:

4 1. Services must be authorized by the enrollee's  
5 health insurance plan.

6 2. Treatment for Temporomandibular Joint disease (TMJ)  
7 is specifically excluded.

8 (i) Laboratory and X-ray services.--Covered services  
9 include diagnostic testing, including clinical radiologic,  
10 laboratory, and other diagnostic tests.

11 (j) Maternity services.--Covered services include  
12 maternity and newborn care, including prenatal and postnatal  
13 care, with the following limitations:

14 1. Coverage may be limited to vaginal deliveries.

15 2. Initial inpatient care for newborn infants of  
16 enrolled adolescents shall be covered, including normal  
17 newborn care, nursery charges, and the initial pediatric or  
18 neonatal examination, and the infant may be covered for up to  
19 3 days following birth.

20 (k) Nursing facility services.--Covered services  
21 include regular nursing services, rehabilitation services,  
22 drugs and biologicals, medical supplies, and the use of  
23 appliances and equipment furnished by the facility, with the  
24 following limitations:

25 1. All admissions must be authorized by the health  
26 insurance plan.

27 2. The length of stay may be limited to 100 days per  
28 contract year and shall be determined based on the medical  
29 condition of the enrollee in relation to the necessary and  
30 appropriate level of care.

31

1           3. Room and board may be limited to semiprivate  
2 accommodations, unless a private room is considered medically  
3 necessary or semiprivate accommodations are not available.

4           4. Admissions for rehabilitation and physical therapy  
5 are limited to 15 days per contract year.

6           5. Specialized treatment centers and independent  
7 kidney disease treatment centers are excluded.

8           (l) Organ transplantation services.--Covered services  
9 include pretransplant services for donor and recipient,  
10 transplant and postdischarge services and treatment of  
11 complications after transplantation for transplants deemed  
12 necessary and appropriate within the guidelines set by the  
13 Organ Transplant Advisory Council under s. 381.0602 or the  
14 Bone Marrow Transplant Advisory Panel under s. 627.4236.

15           (m) Prescribed drugs.--

16           1. Coverage shall include prescribed drugs prescribed  
17 for the medically indicated treatment of illness or injury  
18 when prescribed by a licensed health practitioner acting  
19 within the scope of his or her practice.

20           2. Prescribed drugs may be limited to generics where  
21 available and brand name products where a generic substitution  
22 is not available, unless the prescribing licensed health  
23 practitioner indicates that a brand name is medically  
24 necessary.

25           3. Prescribed drugs covered under this section shall  
26 include all prescribed drugs covered under the Florida  
27 Medicaid program.

28           (n) Preventive health services.--Covered services  
29 include:

30  
31

1           1. Well-child care, including services recommended in  
2 the Guidelines for Health Supervision of Children and Youth as  
3 developed by the American Academy of Pediatrics.

4           2. Immunizations and injections.

5           3. Health education counseling and clinical services.

6           4. Vision screening.

7           5. Hearing screening.

8           (o) Therapy services.--Covered services include  
9 rehabilitative services, including occupational, physical,  
10 respiratory, and speech therapies, with the following  
11 limitations:

12           1. Services must be for short-term rehabilitation  
13 where significant improvement in the enrollee will result.

14           2. Services shall be no more than 24 treatment  
15 sessions within a 60-day period per episode or injury, with  
16 the 60-day period beginning with the first treatment.

17           (p) Transportation services.--Covered services include  
18 emergency transportation required in response to an emergency  
19 situation.

20           (q) Lifetime maximum.--Health benefits coverage  
21 obtained under this act shall pay an enrollee's covered  
22 expenses at a lifetime maximum of \$1 million per covered  
23 child.

24           (r) Cost-sharing.--Cost-sharing provisions must comply  
25 with s. 409.816.

26           (s) Exclusions.--

27           1. Abortion, unless necessary to save the life of the  
28 mother or if the pregnancy is the result of an act of rape or  
29 incest, is excluded.

30  
31



1           2. Experimental or investigational procedures that  
2 have not been clinically proved by reliable evidence are  
3 excluded.

4           3. Services performed for cosmetic purposes only or  
5 for the convenience of the enrollee are excluded.

6           (t) Enhancements to minimum requirements.--

7           1. This section sets the minimum benefits that must be  
8 included in any health benefits coverage, other than Medicaid  
9 coverage, offered under this act. Health benefits coverage  
10 may include additional benefits not included under this  
11 section, but may not include benefits excluded under paragraph  
12 (s).

13           2. Health benefits coverage may exceed the service  
14 limitations established in the benchmark benefit plan  
15 described under this section. Any additional benefits,  
16 however, shall not be eligible for an increase in the premium  
17 assistance payment.

18           (u) Applicability to other state laws.--

19           1. Except as expressly provided in this section, a law  
20 requiring coverage for a specific health care service or  
21 benefit, or a law requiring reimbursement, utilization, or  
22 consideration of a specific category of licensed health  
23 practitioner in chapter 627 or chapter 641, does not apply to  
24 a health insurance plan policy or contract offered or  
25 delivered under this act, unless that law is made expressly  
26 applicable to such policies or contracts.

27           2. Notwithstanding chapter 641, a health maintenance  
28 organization is authorized to issue contracts providing  
29 benefits included in the benchmark benefit plan authorized by  
30 this section.

31

1 Section 41. Section 409.816, Florida Statutes, is  
2 created to read:

3 409.816 Limitations on premiums and cost-sharing.--The  
4 following limitations on premiums and cost-sharing are  
5 established for the Florida Children's Healthy Bodies program.

6 (1) Enrollees who receive coverage under the Medicaid  
7 program shall not be required to pay:

8 (a) Enrollment fees, premiums, or similar charges; or

9 (b) Copayments, deductibles, coinsurance, or similar  
10 charges.

11 (2) Enrollees in the program whose family income is at  
12 or below 150 percent of the federal poverty level and who are  
13 not receiving coverage under the Medicaid program may not be  
14 required to pay:

15 (a) Enrollment fees, premiums, or similar charges that  
16 exceed the maximum monthly charge permitted under s.  
17 1916(b)(1) of the Social Security Act; or

18 (b) Copayments, deductibles, coinsurance, or similar  
19 charges that exceed a nominal amount as determined consistent  
20 with regulations referred to in s. 1916(a)(3) of the Social  
21 Security Act. However, no such charges may be imposed for  
22 preventive health services.

23 (3) Enrollees in the program whose family income is  
24 above 150 percent of the federal poverty level and who are not  
25 receiving coverage under the Medicaid program, or who are not  
26 enrolled pursuant to the provisions of s. 409.814(5), may be  
27 required to pay enrollment fees, premiums, copayments,  
28 deductibles, coinsurance, or similar charges on a sliding  
29 scale related to income, except that the total annual  
30 aggregate cost-sharing with respect to all children in a  
31 family may not exceed 5 percent of the family's income.

1 However, copayments, deductibles, coinsurance, or similar  
2 charges may not be imposed for preventive health services.

3 Section 42. Section 409.817, Florida Statutes, is  
4 created to read:

5 409.817 Health insurance pilot project; approval of  
6 health benefits coverage; financial assistance.--There is  
7 created a health insurance pilot project in one urban county  
8 to be administered by the agency. The agency shall select the  
9 county for the pilot project demonstration site. Any licensed  
10 health insurer or health maintenance organization which meets  
11 the qualifications of this section may participate in the  
12 pilot project. A health plan participating in the pilot  
13 project may serve any child eligible to participate in the  
14 Florida Healthy Kids program. It is the intent of the  
15 Legislature that the Florida Healthy Kids program serve  
16 children in the pilot county to determine if these two program  
17 types are compatible.

18 (1) For families to receive financial assistance to  
19 purchase health benefits coverage for an eligible child under  
20 this section, the health benefits coverage must:

21 (a) Be certified by the Department of Insurance under  
22 s. 409.818 as meeting or exceeding the benchmark benefit plan;

23 (b) Be guarantee issued;

24 (c) Be community-rated for health insurance coverage;

25 (d) Not impose any preexisting condition exclusion for  
26 covered benefits;

27 (e) Comply with the applicable limitations on premiums  
28 and cost-sharing in s. 409.816; and

29 (f) Comply with the quality assurance and access  
30 standards developed under s. 409.8195.

31

1           (2) The Florida Healthy Kids Corporation and health  
2 insurance plans approved under this act shall provide to the  
3 agency enrollment information and other information necessary  
4 to comply with the requirements of Title XXI of the Social  
5 Security Act and related federal regulations.

6           (3) This section is repealed effective October 1,  
7 2001.

8           Section 43. Section 409.8175, Florida Statutes, is  
9 created to read:

10           409.8175 Family coverage.--The agency is directed to  
11 seek federal approval to establish a program for the purchase  
12 of family coverage consistent with the requirements of s.  
13 2105(b)(3) of Title XXI of the Social Security Act. In  
14 providing reimbursement for such coverage, the agency shall  
15 ensure that the following conditions are met:

16           (1) The child must not have had workplace coverage  
17 within the previous 6 months.

18           (2) The monthly premium for family coverage must be no  
19 more than the cumulative cost of serving all children in a  
20 family eligible for Medikids, the Florida Healthy Kids  
21 program, or the health insurance pilot project.

22           (3) The agency must monitor the program to avoid  
23 substitution effects.

24           Section 44. Section 409.8177, Florida Statutes, is  
25 created to read:

26           409.8177 Program evaluation.--The agency, in  
27 consultation with the Department of Health, the Department of  
28 Children and Family Services, and the Florida Healthy Kids  
29 Corporation, shall by January 1 of each year submit to the  
30 Governor and the Legislature an evaluation of the Florida  
31 Children's Healthy Bodies program. For the first 5 years of

1 the program, the agency shall contract with the Institute for  
2 Child Health Policy to prepare annual reports and the  
3 evaluation in accordance with the provisions of s. 2108 of the  
4 Social Security Act. In conducting the evaluation, the  
5 contractor shall create an evaluation team which includes  
6 individuals with expertise in child health from outside the  
7 institute. The evaluation report shall be prepared by the  
8 contractor and shall be submitted as prepared, except for  
9 written comments, if any, by the consulting agencies. In  
10 addition to the items specified under s. 2108 of the Social  
11 Security Act, the evaluation shall include an assessment of  
12 crowd-out and access to health care, as well as the following:

13 (1) An assessment of the operation of the program,  
14 including the progress made in reducing the number of  
15 uncovered low-income children.

16 (2) An assessment of the effectiveness in increasing  
17 the number of children with creditable health coverage.

18 (3) The characteristics of the children and families  
19 assisted under the program, including ages of the children,  
20 family income, and access to or coverage by other health  
21 insurance prior to the program and after disenrollment from  
22 the program.

23 (4) The quality of health coverage provided, including  
24 the types of benefits provided.

25 (5) The amount and level, including payment of part or  
26 all of any premium, of assistance provided.

27 (6) The average length of coverage of a child under  
28 the program.

29 (7) The program's choice of health benefits coverage  
30 and other methods used for providing child health assistance.

31

1           (8) The sources of nonfederal funding used in the  
2 program.

3           (9) An assessment of the effectiveness of Medikids,  
4 Children's Medical Services network, and other public and  
5 private programs in the state in increasing the availability  
6 of affordable quality health insurance and health care for  
7 children.

8           (10) A review and assessment of state activities to  
9 coordinate the program with other public and private programs.

10           (11) An analysis of changes and trends in the state  
11 that affect the provision of health insurance and health care  
12 to children.

13           (12) A description of any plans the state has for  
14 improving the availability of health insurance and health care  
15 for children.

16           (13) Recommendations for improving the program.

17           (14) Other studies as necessary.

18           Section 45. Section 409.818, Florida Statutes, is  
19 created to read:

20           409.818 Administration.--

21           (1) In order to implement the provisions of the  
22 Florida Children's Healthy Bodies Act, the following agencies  
23 shall have the following specified duties:

24           (a) The Department of Children and Family Services is  
25 responsible for developing, in consultation with the agency,  
26 the Department of Health, and the Florida Healthy Kids  
27 Corporation, a simplified eligibility application form to be  
28 used for determining the eligibility of children for coverage  
29 under the program. The simplified eligibility application form  
30 may include an item that provides an opportunity for the  
31 applicant to indicate whether coverage is being sought for a

1 child with special health care needs. Families applying for  
2 children's Medicaid must also be able to use the simplified  
3 application form without having to pay a premium. In addition,  
4 the department is responsible for establishing and maintaining  
5 the eligibility determination process for the Medikids  
6 program.

7 (b) The Department of Health is responsible for:

8 1. Designing and implementing program outreach  
9 activities under s. 409.819.

10 2. Adopting rules necessary for implementing outreach  
11 activities.

12 3. In consultation with the Florida Healthy Kids  
13 Corporation and the Department of Children and Family  
14 Services, establishing a toll-free telephone line to assist  
15 families with questions about the program.

16 4. Chairing a state-level coordinating council for the  
17 program, to review and make recommendations concerning the  
18 implementation and operation of the program. The coordinating  
19 council shall include representatives from the department, the  
20 Department of Children and Family Services, the agency, the  
21 Florida Healthy Kids Corporation, the Department of Insurance,  
22 health care providers, health insurers, health maintenance  
23 organizations, representatives of local government, and  
24 representatives of associations advocating the interests of  
25 participants in the Florida Children's Healthy Bodies program.

26 (c) The agency, under the authority granted in s.  
27 409.914(1), is responsible for:

28 1. Calculating the premium assistance payment  
29 necessary to comply with the premium and cost-sharing  
30 limitations specified in subparagraph 8. and s. 409.816. In  
31 calculating the premium assistance payment levels for children

1 with family coverage, the agency shall set the premium  
2 assistance payment levels for each child proportionately to  
3 the total cost of family coverage. The agency, in consultation  
4 with the department, shall establish an enhanced benchmark  
5 premium for services provided by the Children's Medical  
6 Services network to non-Medicaid-eligible children with  
7 special health care needs who participate in the Florida  
8 Children's Healthy Bodies program.

9       2. Annually calculating the program enrollment ceiling  
10 based on estimated per-child premium assistance payments and  
11 the estimated appropriation available for the program.

12       3. Making premium assistance payments to health  
13 insurance plans under ss. 409.817 and 409.8175 and Medikids  
14 providers, on a periodic basis. The agency may use its  
15 Medicaid fiscal agent or a contracted third-party  
16 administrator in making these payments. The agency may require  
17 health insurance plans that participate in the Medikids  
18 program, the health insurance pilot project, or the family  
19 coverage program to collect premium payments from an  
20 enrollee's family. Participating health insurance plans shall  
21 report premium payments collected on behalf of enrollees in  
22 the program to the agency in accordance with a schedule  
23 established by the agency.

24       4. Monitoring compliance with quality assurance and  
25 access standards developed under s. 409.8195.

26       5. Establishing a mechanism for investigating and  
27 resolving complaints and grievances from program applicants,  
28 enrollees, and health benefits coverage providers, and  
29 maintaining a record of complaints and confirmed problems. In  
30 the case of a child who is enrolled in a health maintenance  
31



1 organization, the agency must use the provisions of s. 641.511  
2 to address grievance reporting and resolution requirements.

3 6. Approving health benefits coverage for  
4 participation in the program.

5 7. Administering the Medikids program as created in s.  
6 409.8131.

7 8. Adopting rules necessary for calculating premium  
8 assistance payment levels, calculating the program enrollment  
9 ceiling, making premium assistance payments, monitoring access  
10 and quality assurance standards, investigating and resolving  
11 complaints and grievances, approving health benefits coverage,  
12 and administering the Medikids program. The premium  
13 assistance for each enrollee in an insurance plan shall equal  
14 the premium approved by the Florida Healthy Kids Corporation  
15 and the Department of Insurance in accordance with ss. 627.410  
16 and 641.31, less any enrollee's share of the premium  
17 established within the limitations specified in s. 409.816.

18 (d) The Department of Insurance is responsible for  
19 certifying that health benefits coverage plans, except those  
20 offered through the Florida Healthy Kids Corporation, seeking  
21 to provide services under the program meet or exceed the  
22 benchmark benefit plan, and that health insurance plans will  
23 be offered at an approved rate. The department shall adopt  
24 rules necessary for certifying health benefits coverage plans.

25 (e) The Florida Healthy Kids program shall retain its  
26 functions as authorized in s. 624.91. In addition, the Florida  
27 Healthy Kids Corporation shall be responsible for:

28 1. Establishing and maintaining the eligibility  
29 determination process under the program, excluding Medicaid  
30 and Medikids eligibility determination. The Florida Healthy  
31 Kids Corporation shall directly, or through the services of a

1 contracted third-party administrator, establish and maintain a  
2 process for determining eligibility of children for coverage  
3 under the program. The eligibility determination process must  
4 include initial determination of eligibility for any coverage  
5 offered under the program, as well as periodic redetermination  
6 or reverification of eligibility. In conducting eligibility  
7 determination, the Florida Healthy Kids Corporation shall  
8 include methods to determine if a child has special health  
9 care needs.

10 2. Informing program applicants about eligibility  
11 determinations and sharing eligibility information with the  
12 Medicaid program, the Department of Children and Family  
13 Services, and insurers and their agents, through a centralized  
14 coordinating office.

15 (2) The agency, the Department of Health, the  
16 Department of Children and Family Services, the Florida  
17 Healthy Kids Corporation, and the Department of Insurance,  
18 after consultation and approval of the Speaker of the House of  
19 Representatives and the President of the Senate, are  
20 authorized to make program modifications that are necessary to  
21 overcome any objections of the federal Department of Health  
22 and Human Services to obtain approval of the state's child  
23 health insurance plan under Title XXI of the Social Security  
24 Act.

25 Section 46. Section 154.508, Florida Statutes, is  
26 renumbered as section 409.819, Florida Statutes, and amended  
27 to read:

28 409.819 ~~154.508~~ Identification of low-income,  
29 uninsured children; determination of ~~Medicaid~~ eligibility for  
30 the Florida Children's Healthy Bodies program; alternative  
31 health care information.--The ~~department~~ Agency for Health

1 ~~Care Administration~~ shall develop a program, in conjunction  
2 with the Department of Education, the Department of Children  
3 and Family Services, the Agency for Health Care  
4 Administration, the Florida Healthy Kids Corporation,  
5 ~~Department of Health, local governments school districts,~~  
6 employers, and other stakeholders to identify low-income,  
7 uninsured children and, to the extent possible and subject to  
8 appropriation, refer them to the appropriate state agency or  
9 entity for Department of Children and Family Services for a  
10 Medicaid eligibility determination and provide parents with  
11 information about choices of health benefits coverage under  
12 the Florida Children's Healthy Bodies program alternative  
13 sources of health care. Special emphasis shall be placed on  
14 the identification of minority children for referral to and  
15 participation in the Florida Children's Healthy Bodies  
16 program.

17 Section 47. Section 409.8195, Florida Statutes, is  
18 created to read:

19 409.8195 Quality assurance and access  
20 standards.--Except for the Medicaid program, the department,  
21 in consultation with the agency, shall develop quality  
22 assurance and access standards for the Florida Children's  
23 Healthy Bodies program. These standards shall comply with the  
24 provisions of chapters 409 and 641 and Title XXI of the Social  
25 Security Act.

26 Section 48. Section 409.821, Florida Statutes, is  
27 created to read:

28 409.821 Performance measures and standards.--The  
29 following performance measures and standards are adopted for  
30 the Florida Children's Healthy Bodies program:  
31

1           (1) The total number of previously uninsured children  
2 who receive health benefits coverage as a result of state  
3 activities under Title XXI of the Social Security Act--235,000  
4 uninsured children expected to obtain coverage during fiscal  
5 year 1998-1999.

6           (a) The number of children enrolled in the Medicaid  
7 program as a result of eligibility expansions under Title XXI  
8 of the Social Security Act--35,000 children enrolled in  
9 Medicaid under new eligibility groups during fiscal year  
10 1998-1999.

11           (b) The number of children enrolled in the Medicaid  
12 program as a result of outreach efforts under Title XXI of the  
13 Social Security Act who have been eligible for Medicaid, but  
14 who have not enrolled in the program--80,000 children  
15 previously eligible for Medicaid, but not enrolled in  
16 Medicaid, who enroll in Medicaid during fiscal year 1998-1999.

17           (c) The number of uninsured children added to the  
18 Florida Healthy Kids program enrollment under Title XXI of the  
19 Social Security Act--60,000 additional children enrolled in  
20 the Florida Healthy Kids program during fiscal year 1998-1999.

21           (d) The number of uninsured children enrolled in  
22 health insurance coverage under Title XXI of the Social  
23 Security Act--50,000 uninsured children enrolled in health  
24 insurance coverage during fiscal year 1998-1999.

25           (e) The number of uninsured children enrolled in  
26 Medikids coverage offered under Title XXI of the Social  
27 Security Act--10,000 uninsured children enrolled in Medikids  
28 coverage during fiscal year 1998-1999.

29           (2) The percentage of uninsured children in Florida as  
30 of July 1, 1998, who receive health benefits coverage under  
31 the Florida Children's Healthy Bodies program--28.5 percent of

1 uninsured children who enroll in the Florida Children's  
2 Healthy Bodies program during fiscal year 1998-1999.

3 (3) The percentage of children enrolled in the Florida  
4 Children's Healthy Bodies program with up-to-date  
5 immunizations--80 percent of enrolled children with up-to-date  
6 immunizations.

7 (4) The percentage of compliance with the standards  
8 established in the Guidelines for Health Supervision of  
9 Children and Youth as developed by the American Academy of  
10 Pediatrics for Florida Children's Healthy Bodies program  
11 eligible children served under:

12 (a) The Medicaid program as established under s.  
13 409.904(6);

14 (b) The Medikids program established under s.  
15 409.8131;

16 (c) The Florida Healthy Kids program as created in s.  
17 624.91;

18 (d) Health insurance plans certified and approved to  
19 participate in the health insurance pilot project established  
20 pursuant to s. 409.817;

21 (e) The Children's Medical Services network; and

22 (f) Family coverage authorized under s. 409.8175.

23  
24 For each category of coverage, the health care provided is in  
25 compliance with the health supervision standards for 80  
26 percent of enrolled children.

27 Section 49. For fiscal year 1998-1999, the enrollment  
28 ceiling for the non-Medicaid portion of the Florida Children's  
29 Healthy Bodies program is 270,000 children. Thereafter, the  
30 enrollment ceiling shall be established in the General  
31 Appropriations Act or general law.

1 Section 50. Subsections (6) and (7) are added to  
2 section 409.904, Florida Statutes, to read:

3 409.904 Optional payments for eligible persons.--The  
4 agency may make payments for medical assistance and related  
5 services on behalf of the following persons who are determined  
6 to be eligible subject to the income, assets, and categorical  
7 eligibility tests set forth in federal and state law. Payment  
8 on behalf of these Medicaid eligible persons is subject to the  
9 availability of moneys and any limitations established by the  
10 General Appropriations Act or chapter 216.

11 (6) A child born before October 1, 1983, living in a  
12 family that has an income which is at or below 100 percent of  
13 the current federal poverty level, who has attained the age of  
14 6, but has not attained the age of 19, and who would be  
15 eligible in s. 409.903(6), if the child had been born on or  
16 after such date. In determining the eligibility of such a  
17 child, an assets test is not required.

18 (7) A child who has not attained the age of 19 who has  
19 been determined eligible for the Medicaid program is deemed to  
20 be eligible for a total of 6 months, regardless of changes in  
21 circumstances other than attainment of the maximum age.

22 Section 51. Section 409.9126, Florida Statutes, is  
23 amended to read:

24 409.9126 Children with special health care needs.--

25 ~~(1) As used in this section:~~

26 ~~(a) "Children's Medical Services network" means an~~  
27 ~~alternative service network that includes health care~~  
28 ~~providers and health care facilities specified in chapter 391~~  
29 ~~and ss. 383.15-383.21, 383.216, and 415.5055.~~

30 ~~(b) "Children with special health care needs" means~~  
31 ~~those children whose serious or chronic physical or~~

1 ~~developmental conditions require extensive preventive and~~  
 2 ~~maintenance care beyond that required by typically healthy~~  
 3 ~~children. Health care utilization by these children exceeds~~  
 4 ~~the statistically expected usage of the normal child matched~~  
 5 ~~for chronological age and often needs complex care requiring~~  
 6 ~~multiple providers, rehabilitation services, and specialized~~  
 7 ~~equipment in a number of different settings.~~

8 ~~(2) The Legislature finds that Medicaid-eligible~~  
 9 ~~children with special health care needs require a~~  
 10 ~~comprehensive, continuous, and coordinated system of health~~  
 11 ~~care that links community-based health care with~~  
 12 ~~multidisciplinary, regional, and tertiary care. The~~  
 13 ~~Legislature finds that Florida's Children's Medical Services~~  
 14 ~~program provides a full continuum of coordinated,~~  
 15 ~~comprehensive services for children with special health care~~  
 16 ~~needs.~~

17 ~~(1)(3)~~ Except as provided in subsection (4)  
 18 ~~subsections (8) and (9)~~, children eligible for Children's  
 19 Medical Services who receive Medicaid benefits, and other  
 20 Medicaid-eligible children with special health care needs,  
 21 shall be exempt from the provisions of s. 409.9122 and shall  
 22 be served through the Children's Medical Services network  
 23 established in chapter 391.

24 ~~(2)(4)~~ The Legislature directs the agency to apply to  
 25 the federal Health Care Financing Administration for a waiver  
 26 to assign to the Children's Medical Services network all  
 27 Medicaid-eligible children who meet the criteria for  
 28 participation in the Children's Medical Services program ~~as~~  
 29 ~~specified in s. 391.021(2)~~, and other Medicaid-eligible  
 30 children with special health care needs.

31

1           ~~(5) The Children's Medical Services program shall~~  
2 ~~assign a qualified MediPass primary care provider from the~~  
3 ~~Children's Medical Services network who shall serve as the~~  
4 ~~gatekeeper and who shall be responsible for the provision or~~  
5 ~~authorization of all health services to a child who has been~~  
6 ~~assigned to the Children's Medical Services network by the~~  
7 ~~Medicaid program.~~

8           (3)(6) Services provided through the Children's  
9 Medical Services network shall be reimbursed on a  
10 fee-for-service basis and shall utilize a primary care case  
11 management process. However, effective July 1, 1999,  
12 reimbursement to the Children's Medical Services program for  
13 services provided to Medicaid-eligible children with special  
14 health care needs through the Children's Medical Services  
15 network shall be on a capitated basis.

16           ~~(7) The agency, in consultation with the Children's~~  
17 ~~Medical Services program, shall develop by rule~~  
18 ~~quality-of-care and service integration standards.~~

19           ~~(8) The agency may issue a request for proposals,~~  
20 ~~based on the quality-of-care and service integration~~  
21 ~~standards, to allow managed care plans that have contracts~~  
22 ~~with the Medicaid program to provide services to~~  
23 ~~Medicaid-eligible children with special health care needs.~~

24           (4)(9) The agency may ~~shall~~ approve requests to  
25 provide services to Medicaid-eligible children with special  
26 health care needs from managed care plans that meet access,  
27 quality-of-care, network, and service integration standards  
28 and are in good standing with the agency. The agency shall  
29 monitor on a quarterly basis managed care plans which have  
30 been approved to provide services to Medicaid-eligible  
31 children with special health care needs. The agency may



1 determine the number of enrollment slots approved for a  
2 managed care plan based on the managed care plan's network  
3 capacity to serve children with special health care needs.

4 ~~(5)(10)~~ The agency, in consultation with the  
5 Department of Health ~~and Rehabilitative Services~~, shall adopt  
6 rules that address Medicaid requirements for referral,  
7 enrollment, and disenrollment of children with special health  
8 care needs who are enrolled in Medicaid managed care plans and  
9 who may benefit from the Children's Medical Services network.

10 ~~(11) The Children's Medical Services network may~~  
11 ~~contract with school districts participating in the certified~~  
12 ~~school match program pursuant to ss. 236.0812 and 409.908(21)~~  
13 ~~for the provision of school-based services, as provided for in~~  
14 ~~s. 409.9071, for Medicaid-eligible children who are enrolled~~  
15 ~~in the Children's Medical Services network.~~

16 ~~(12) After 1 complete year of operation, the agency~~  
17 ~~shall conduct an evaluation of the Children's Medical Services~~  
18 ~~network. The evaluation shall include, but not be limited to,~~  
19 ~~an assessment of whether the use of the Children's Medical~~  
20 ~~Services network is less costly than the provision of the~~  
21 ~~services would have been in the Medicaid fee-for-service~~  
22 ~~program. The evaluation also shall include an assessment of~~  
23 ~~patient satisfaction with the Children's Medical Services~~  
24 ~~network, an assessment of the quality of care delivered~~  
25 ~~through the network, and recommendations for further improving~~  
26 ~~the performance of the network. The agency shall report the~~  
27 ~~evaluation findings to the Governor and the chairpersons of~~  
28 ~~the appropriations and health care committees of each chamber~~  
29 ~~of the Legislature.~~

30 Section 52. Section 624.91, Florida Statutes, is  
31 amended to read:

1           624.91 The Florida Healthy Kids Corporation Act.--

2           (1) SHORT TITLE.--This section may be cited as the  
3 "William G. 'Doc' Myers Healthy Kids Corporation Act."

4           (2) LEGISLATIVE INTENT.--

5           (a) The Legislature finds that increased access to  
6 health care services could improve children's health and  
7 reduce the incidence and costs of childhood illness and  
8 disabilities among children in this state. Many children do  
9 not have comprehensive, affordable health care preventive  
10 ~~services available or funded, and for those who do, lack of~~  
11 ~~access is a restriction to getting service.~~ It is the intent  
12 of the Legislature that the Florida Healthy Kids a nonprofit  
13 ~~Corporation be organized to facilitate a program to bring~~  
14 ~~preventive health care services to children, if necessary~~  
15 ~~through the use of school facilities in this state when more~~  
16 ~~appropriate sites are unavailable, and to provide~~  
17 comprehensive health insurance coverage to such children. ~~A~~  
18 ~~goal for~~ The corporation is encouraged to cooperate with any  
19 existing health preventive service programs funded by the  
20 public or the private sector.

21           (b) It is the intent of the Legislature that the  
22 Florida Healthy Kids Corporation serve as one of several  
23 providers of services to children eligible for medical  
24 assistance under Title XXI of the Social Security Act.  
25 Although the corporation may serve other children, the  
26 Legislature intends the primary recipients of services  
27 provided through the corporation be school-age children with a  
28 family income below 200 percent of the federal poverty level,  
29 who do not qualify for Medicaid. It is also the intent of the  
30 Legislature that state and local government Florida Healthy

31

1 Kids funds, to the extent permissible under federal law, be  
2 used to obtain matching federal dollars.

3 (3) NONENTITLEMENT.--Nothing in this section shall be  
4 construed as providing an individual with an entitlement to  
5 health care services. No cause of action shall arise against  
6 the state, the Florida Healthy Kids Corporation, or a unit of  
7 local government for failure to make health services available  
8 under this section.

9 (4)(3) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

10 (a) There is created ~~The Legislature hereby creates~~  
11 the Florida Healthy Kids Corporation, a not-for-profit  
12 corporation which operates ~~shall operate~~ on sites to be  
13 designated by the corporation.

14 (b) The Florida Healthy Kids Corporation shall phase  
15 in a program to:

16 1. Organize school children groups to facilitate the  
17 provision of ~~preventive health care services to children and~~  
18 ~~to provide~~ comprehensive health insurance coverage to  
19 children;

20 2. Arrange for the collection of any family, local  
21 government, or employer payment or premium, in an amount to be  
22 determined by the board of directors, ~~from all participant~~  
23 ~~families or employers~~ to provide for payment of ~~for~~ preventive  
24 ~~health care services~~ or premiums for comprehensive insurance  
25 coverage and for the actual or estimated administrative  
26 expenses ~~incurred during the period for which family or~~  
27 ~~employer payments are made;~~

28 3. Establish the administrative and accounting  
29 procedures for the operation of the corporation;

30 4. Establish, with consultation from appropriate  
31 professional organizations, standards for preventive health

1 services and providers and comprehensive insurance benefits  
2 appropriate to children; provided that such standards for  
3 rural areas shall not limit primary care providers to  
4 board-certified pediatricians;

5 5. Establish eligibility criteria which children must  
6 meet in order to participate in the program;

7 6. Establish procedures under which applicants to and  
8 participants in the program may have grievances reviewed by an  
9 impartial body and reported to the board of directors of the  
10 corporation;

11 7. Establish participation criteria and, if  
12 appropriate, contract with an authorized insurer, health  
13 maintenance organization, or insurance administrator to  
14 provide administrative services to the corporation;

15 8. Establish enrollment criteria which shall include  
16 penalties or waiting periods of not fewer than 60 days for  
17 reinstatement of coverage upon voluntary cancellation for  
18 nonpayment of family premiums.

19 9. If a space is available, establish a special open  
20 enrollment period of 30 days' duration for any child who is  
21 enrolled in Medicaid or Medikids if such child loses Medicaid  
22 or Medikids eligibility and becomes eligible for the Florida  
23 Healthy Kids program.

24 ~~10.8.~~ Contract with authorized insurers or any  
25 provider of health care services, meeting standards  
26 established by the corporation, for the provision of  
27 comprehensive insurance coverage ~~and preventive health care~~  
28 ~~services~~ to participants. Such standards shall include  
29 criteria under which the corporation may contract with more  
30 than one provider of health care services in program sites;  
31

1           ~~11.9.~~ Develop and implement a plan to publicize the  
2 Florida Healthy Kids Corporation, the eligibility requirements  
3 of the program, and the procedures for enrollment in the  
4 program and to maintain public awareness of the corporation  
5 and the program;

6           ~~12.10.~~ Secure staff necessary to properly administer  
7 the corporation. Staff costs shall be funded from state and  
8 local matching funds and such other private or public funds as  
9 become available. The board of directors shall determine the  
10 number of staff members necessary to administer the  
11 corporation;

12           ~~13.11.~~ As appropriate, enter into contracts with local  
13 school boards or other agencies to provide onsite information,  
14 enrollment, and other services necessary to the operation of  
15 the corporation; ~~and~~

16           ~~14.12.~~ Provide a report on an annual basis to the  
17 Governor, Insurance Commissioner, Commissioner of Education,  
18 Senate President, Speaker of the House of Representatives, and  
19 Minority Leaders of the Senate and the House of  
20 Representatives;

21           ~~15.13.~~ Each fiscal year, establish a maximum number of  
22 participants by county, on a statewide basis, who may enroll  
23 in the program without the benefit of local matching funds.  
24 Thereafter, the corporation may establish local government  
25 matching requirements for supplemental participation in the  
26 program. The corporation may vary local matching requirements  
27 and enrollment by county depending on factors which may  
28 influence the local government's ability to provide local  
29 match, including, but not limited to, population density, per  
30 capita income, existing local tax effort, and other factors.  
31 The corporation also may accept in-kind match in lieu of cash

1 for the local match requirement to the extent allowed by Title  
2 XXI of the Social Security Act; and ~~For the 1996-1997 fiscal~~  
3 ~~year only, funds may be appropriated to the Florida Healthy~~  
4 ~~Kids Corporation to organize school children groups to~~  
5 ~~facilitate the provision of preventive health care services to~~  
6 ~~children at sites in addition to those allowed in subparagraph~~  
7 ~~1. This subparagraph is repealed on July 1, 1997.~~

8 16. Establish eligibility criteria, premium and  
9 cost-sharing requirements, and benefit packages which conform  
10 to the provisions of this act when serving children eligible  
11 for the Florida Children's Healthy Bodies program, as created  
12 in this act.

13 (c) Contracts in existence on June 30, 1998, that  
14 comply with cost-sharing provisions approved by the federal  
15 Health Care Financing Administration as conforming with Title  
16 XXI of the Social Security Act shall be deemed to conform with  
17 the Florida Children's Healthy Bodies program until renewal of  
18 the contract but no later than 2 years after the effective  
19 date of the contract.

20 (d)(e) Coverage under the corporation's program is  
21 secondary to any other available private coverage held by the  
22 participant child or family member. The corporation may  
23 establish procedures for coordinating benefits under this  
24 program with benefits under other public and private coverage.

25 (e)(d) The Florida Healthy Kids Corporation shall be a  
26 private corporation not for profit, organized pursuant to  
27 chapter 617, and shall have all powers necessary to carry out  
28 the purposes of this act, including, but not limited to, the  
29 power to receive and accept grants, loans, or advances of  
30 funds from any public or private agency and to receive and  
31 accept from any source contributions of money, property,

1 labor, or any other thing of value, to be held, used, and  
2 applied for the purposes of this act.

3 (5)~~(4)~~ BOARD OF DIRECTORS.--

4 (a) The Florida Healthy Kids Corporation shall operate  
5 subject to the supervision and approval of a board of  
6 directors chaired by the Insurance Commissioner or her or his  
7 designee, and composed of 12 other members selected for 3-year  
8 terms of office as follows:

9 1. One member appointed by the Commissioner of  
10 Education from among three persons nominated by the Florida  
11 Association of School Administrators;

12 2. One member appointed by the Commissioner of  
13 Education from among three persons nominated by the Florida  
14 Association of School Boards;

15 3. One member appointed by the Commissioner of  
16 Education from the Office of School Health Programs of the  
17 Florida Department of Education;

18 4. One member appointed by the Governor from among  
19 three members nominated by the Florida Pediatric Society;

20 5. One member, appointed by the Governor, who  
21 represents the Children's Medical Services Program;

22 6. One member appointed by the Insurance Commissioner  
23 from among three members nominated by the Florida Hospital  
24 Association;

25 7. Two members, appointed by the Insurance  
26 Commissioner, who are representatives of authorized health  
27 care insurers or health maintenance organizations;

28 8. One member, appointed by the Insurance  
29 Commissioner, who represents the Institute for Child Health  
30 Policy;

31

1           9. One member, appointed by the Governor, from among  
2 three members nominated by the Florida Academy of Family  
3 Physicians;

4           10. One member, appointed by the Governor, who  
5 represents the Agency for Health Care Administration; and

6           11. The State Health Officer or her or his designee.  
7

8 ~~In order to provide for staggered terms, the initial term of~~  
9 ~~the members appointed under subparagraphs 1., 4., and 6. shall~~  
10 ~~be for 2 years and the initial term of the members appointed~~  
11 ~~under subparagraphs 2., 5., 8., and 10. shall be for 4 years.~~

12           (b) A member of the board of directors may be removed  
13 by the official who appointed that member. The board shall  
14 appoint an executive director, who is responsible for other  
15 staff authorized by the board.

16           (c) Board members are entitled to receive, from funds  
17 of the corporation, reimbursement for per diem and travel  
18 expenses as provided by s. 112.061.

19           (d) There shall be no liability on the part of, and no  
20 cause of action shall arise against, any member of the board  
21 of directors, or its employees or agents, for any action they  
22 take in the performance of their powers and duties under this  
23 act.

24           (6)~~(5)~~ LICENSING NOT REQUIRED; FISCAL OPERATION.--

25           (a) The corporation shall not be deemed an insurer.  
26 The officers, directors, and employees of the corporation  
27 shall not be deemed to be agents of an insurer. Neither the  
28 corporation nor any officer, director, or employee of the  
29 corporation is subject to the licensing requirements of the  
30 insurance code or the rules of the Department of Insurance.  
31 However, ~~the Department of Insurance may require that any~~



1 marketing representative utilized and compensated by the  
2 corporation must be appointed as a representative of the  
3 insurers or health services providers with which the  
4 corporation contracts.

5 (b) The board has complete fiscal control over the  
6 corporation and is responsible for all corporate operations.

7 (c) The Department of Insurance shall supervise any  
8 liquidation or dissolution of the corporation and shall have,  
9 with respect to such liquidation or dissolution, all power  
10 granted to it pursuant to the insurance code.

11 (7)~~(6)~~ ACCESS TO RECORDS; CONFIDENTIALITY;  
12 PENALTIES.--Notwithstanding any other laws to the contrary,  
13 the Florida Healthy Kids Corporation shall have access to the  
14 medical records of a student upon receipt of permission from a  
15 parent or guardian of the student. Such medical records may  
16 be maintained by state and local agencies. Any identifying  
17 information, including medical records and family financial  
18 information, obtained by the corporation pursuant to this  
19 subsection is confidential and is exempt from the provisions  
20 of s. 119.07(1). Neither the corporation nor the staff or  
21 agents of the corporation may release, without the written  
22 consent of the participant or the parent or guardian of the  
23 participant, to any state or federal agency, to any private  
24 business or person, or to any other entity, any confidential  
25 information received pursuant to this subsection. A violation  
26 of this subsection is a misdemeanor of the second degree,  
27 punishable as provided in s. 775.082 or s. 775.083.

28 Section 53. Sections 391.031, 391.056, 391.091, and  
29 624.92, Florida Statutes, are hereby repealed.

30 Section 54. Subsection (3) of section 409.814, Florida  
31 Statutes, as created by this act, shall stand repealed

1 effective October 1, 2000. It is the intent of the  
2 Legislature that these provisions be reviewed on an annual  
3 basis prior to that date.

4 Section 55. Sections 409.810 through 409.821, Florida  
5 Statutes, as created by this act, shall stand repealed  
6 effective October 1, 2003. It is the intent of the  
7 Legislature that these sections be reviewed on an annual basis  
8 prior to that date.

9 Section 56. This act shall take effect only if  
10 Committee Substitute for Committee Substitute for House Bills  
11 683 and 2131, relating to school readiness, and Committee  
12 Substitute for Committee Substitute for House Bill 4383,  
13 relating to the healthy opportunity for school readiness  
14 voucher program, are adopted, or similar legislation having  
15 substantially the same intent and purpose is adopted, in the  
16 same legislative session or an extension thereof.

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