

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

BILL: CS/SB 2118

SPONSOR: Health, Aging, and Long-Term Care Committee and Senator Dawson-White

SUBJECT: Child Protection Team Services; Disclosure of Confidential Information for Provider Payment

DATE: April 14, 1999 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Carter</u>	<u>Wilson</u>	<u>HC</u>	<u>Favorable/CS</u>
2.	_____	_____	<u>FP</u>	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

Committee Substitute for Senate Bill 2118 revises the law providing for the confidentiality of and exemption from public disclosure under the Public Records Law of records and reports of child protection teams relating to child abuse or neglect. The bill authorizes the release to HMOs and other health plan payors of limited information needed for insurance reimbursement purposes.

This bill amends s. 39.202, Florida Statutes (F.S.), 1998 Supplement.

II. Present Situation:

Chapter 39, F.S., governs proceedings relating to children. Part II of this chapter, consisting of ss. 39.39-39.418, F.S., relates specifically to child dependency cases. Section 39.303, F.S., 1998 Supplement, requires Children's Medical Services of the Department of Health to develop, maintain, and coordinate the services of child protection teams in each of the service districts of the Department of Children and Family Services. These teams provide diagnosis and evaluation of children alleged to be abused. To provide these services, the teams utilize numerous private providers, primarily pediatricians, who receive referrals on an on-call basis around the clock. Diagnosis and evaluation of abuse and neglect is time sensitive and must be completed without delay.

Section 39.202, F.S., provides for the confidentiality of reports and records in cases of child abuse or neglect. In order to protect the rights of the child and the child's parents or other persons responsible for the child's welfare, this section declares *all records* held by the Department of Children and Family Services concerning reports of child abuse or neglect, including reports made to the central abuse hotline and *all records* generated as a result of such reports confidential and exempt from the Public Records Law, s. 119.07(1), F.S., 1998 Supplement. The exemption is extended to apply to *information* in the possession of any of the 15 classes of persons or entities

granted access under this section. The contents of such records may only be disclosed as specifically authorized under chapter 39, F.S.

Subsection 39.202(5), F.S., 1998 Supplement, makes confidential and exempts from the Public Records Law and s. 455.667, F.S., 1998 Supplement, providing for ownership and control of patient records, *all records and reports* of the child protection team of the Department of Health. Such records and reports may not be disclosed, except, upon request, to the state attorney, law enforcement, the department, and necessary professionals, in furtherance of the treatment or additional evaluative needs of the child or by order of the court. A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is guilty of a second degree misdemeanor.

Health maintenance organizations and other payors for health care services are not among the authorized classes of entities specified in s. 39.202, F.S., 1998 Supplement, that may receive information about child abuse, abandonment, or neglect cases. Therefore, the Department of Health child protection team may not disclose any information relating to its screening, diagnostic, evaluative, or treatment services to HMOs or insurers when claims for reimbursement of services are submitted to the parent's or guardian's HMO or managed care insurer. Since the HMO's or managed care insurer's gatekeeper had not referred the child for the services rendered by the child protection team physician or other health care professional, claims for reimbursement are often denied, or such claims may be denied pending response to demands for additional information. Child protection team members are experiencing difficulty in receiving reimbursement when they submit claims to third-party payors for their services.

III. Effect of Proposed Changes:

The bill amends s. 39.202, F.S., 1998 Supplement, providing for confidentiality and exemption from public disclosure of certain medical treatment information generated by child protection teams of the Department of Health, to authorize the release of limited information for purposes of reimbursement by health plan payors. This authorization is provided to facilitate payment by commercial HMOs and insurers to pediatricians and other health care providers under contract with the department who perform medical evaluations and diagnoses relating to suspected or alleged child abuse, abandonment, or neglect. The bill has a July 1, 1999, effective date.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Subsections 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Any fiscal impact to HMOs or insurers should be minimal because the services for which reimbursement would be provided are classified as basic covered services under most health plans.

C. Government Sector Impact:

The state should not incur any fiscal impact from the implementation of the provisions of this bill. If the bill improves reimbursement of contract health care providers who work with the Department of Health in evaluating and diagnosing suspected or alleged child abuse, abandonment, or neglect, the State may be assured that health care professionals will be even more willing to assist in the collection of such time sensitive evidentiary information.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.