

By Senator McKay

26-1039-00

See HB

1                                   A bill to be entitled  
2           An act relating to obsolete, expired, or  
3           repealed provisions of law; repealing various  
4           provisions of law that have become obsolete,  
5           have had their effect, have served their  
6           purpose, or have been impliedly repealed or  
7           superseded; repealing s. 154.013, F.S.,  
8           relating to county primary health care panels;  
9           amending s. 154.011, F.S.; deleting a  
10          cross-reference, to conform; repealing s.  
11          154.12(2), F.S., relating to the legal status  
12          of county public health trusts with respect to  
13          a repealed provision of law relating to the  
14          filing of caveats; repealing s. 154.3105, F.S.,  
15          relating to a work group to develop rules for  
16          the Health Care Responsibility Act; amending  
17          ss. 154.308 and 154.309, F.S.; deleting  
18          cross-references, to conform; repealing s.  
19          381.0408, F.S., relating to the Public Health  
20          Partnership Council on Stroke; repealing s.  
21          408.0014, F.S., the Florida Health Access  
22          Corporation Act; amending ss. 20.42 and  
23          409.9117, F.S.; deleting references, to  
24          conform; repealing s. 408.004, F.S., relating  
25          to the Florida Health Plan; repealing ss.  
26          408.002, 408.005, and 408.006, F.S., relating  
27          to legislative findings and intent and to  
28          development goals and strategies, to conform;  
29          amending ss. 408.061, 408.15, 408.301, and  
30          408.704, F.S.; deleting references, to conform;  
31          repealing s. 408.01, F.S., relating to the

1 voluntary private health insurance coverage and  
2 insurance cost containment program; repealing  
3 s. 408.02(9), F.S., relating to a demonstration  
4 project on the effectiveness of practice  
5 parameters with respect to the costs of  
6 defensive medicine and professional liability  
7 insurance; repealing s. 408.062(1)(g), F.S.,  
8 relating to development of an alternative  
9 uniform system of financial reporting of gross  
10 revenues per adjusted admission; amending s.  
11 408.7071, F.S.; deleting provisions relating to  
12 development of a standardized claim form for  
13 insurers and health care providers licensed in  
14 this state and to the committee appointed for  
15 such purpose; repealing s. 409.908(12)(c) and  
16 (22), F.S., relating to a report on the effect  
17 of the resource-based relative value scale fee  
18 schedule on utilization of Medicaid services  
19 and to implementation of changes in the  
20 Medicaid reimbursement methodology for  
21 facilities formerly known as ICF/DD facilities;  
22 repealing s. 514.081, F.S., relating to a  
23 saving clause applicable to provisions  
24 governing construction, modification, and  
25 operation of public swimming pools and bathing  
26 facilities; amending s. 636.045, F.S.; deleting  
27 obsolete provisions relating to minimum surplus  
28 requirements for prepaid limited health service  
29 organizations; repealing s. 859.03, F.S.,  
30 relating to wrapping and labeling requirements  
31 applicable to the sale of morphine; repealing

1 s. 859.05, F.S., relating to a prohibition on  
2 the sale or other disposition of narcotics  
3 except by prescription; repealing s. 35, ch.  
4 93-129, Laws of Florida, relating to a work  
5 group on rural health care; repealing s. 19,  
6 ch. 96-403, Laws of Florida, relating to a task  
7 force on the organization and structure of  
8 state health programs; repealing s. 3, ch.  
9 98-21, Laws of Florida, relating to a rural  
10 hospital redefinition study group; repealing s.  
11 1, ch. 98-305, Laws of Florida, relating to the  
12 Prostate Cancer Task Force; repealing s. 4, ch.  
13 99-214, Laws of Florida, relating to a school  
14 nurse training study group; repealing s. 6, ch.  
15 99-393, Laws of Florida, relating to an  
16 advisory group on submission and payment of  
17 health claims; repealing s. 192, ch. 99-397,  
18 Laws of Florida, relating to the task force on  
19 the funding of the Public Medical Assistance  
20 Trust Fund; amending ch. 99-226, Laws of  
21 Florida, relating to the Medicaid Formulary  
22 study panel; providing an effective date.

23  
24  
25  
26  
27  
28  
29  
30  
31

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

Section 1. Section 154.013, Florida Statutes, is repealed.

Section 2. Subsection (1) of section 154.011, Florida Statutes, is amended to read:

154.011 Primary care services.--

1           (1) It is the intent of the Legislature that all 67  
2 counties offer primary care services through contracts, as  
3 required by s. 154.01(3), for Medicaid recipients and other  
4 qualified low-income persons. Therefore, ~~beginning July 1,~~  
5 ~~1987,~~ the Department of Health is directed, to the extent that  
6 funds are appropriated, to develop a plan to implement a  
7 program in cooperation with each county. The department shall  
8 coordinate with the county's ~~primary care panel, as created by~~  
9 ~~s. 154.013, or with the county's governing body if no primary~~  
10 ~~care panel is appointed.~~ Such primary care programs shall be  
11 phased-in and made operational as additional resources are  
12 appropriated, and shall be subject to the following:

13           (a) The department shall enter into contracts with the  
14 county governing body for the purpose of expanding primary  
15 care coverage. The county governing body shall have the  
16 option of organizing the primary care programs through county  
17 health departments or through county public hospitals owned  
18 and operated directly by the county. The department shall, as  
19 its first priority, maximize the number of counties  
20 participating in the primary care programs under this section,  
21 but shall establish priorities for funding based on need and  
22 the willingness of counties to participate. The department  
23 shall select counties for programs through a formal  
24 request-for-proposal process that requires compliance with  
25 program standards for cost-effective quality care and seeks to  
26 maximize access throughout the county.

27           (b) Each county's primary care program may utilize any  
28 or all of the following options of providing services:  
29 offering services directly through the county health  
30 departments; contracting with individual or group  
31 practitioners for all or part of the service; or developing

1 service delivery models which are organized through the county  
2 health departments but which utilize other service or delivery  
3 systems available, such as federal primary care programs or  
4 prepaid health plans. In addition, counties shall have the  
5 option of pooling resources and joining with neighboring  
6 counties in order to fulfill the intent of this section.

7 (c) Each primary care program shall conform to the  
8 requirements and specifications of the department, and shall  
9 at a minimum:

10 1. Adopt a minimum eligibility standard of at least  
11 100 percent of the federal nonfarm poverty level.

12 2. Provide a comprehensive mix of preventive and  
13 illness care services.

14 3. Be family oriented and be easily accessible  
15 regardless of income, physical status, or geographical  
16 location.

17 4. Ensure 24-hour telephone access and offer evening  
18 and weekend clinic services.

19 5. Offer continuity of care over time.

20 6. Make maximum use of existing providers and closely  
21 coordinate its services and funding with existing federal  
22 primary care programs, especially in rural counties, to ensure  
23 efficient use of resources.

24 7. Have a sliding fee schedule based on income for  
25 eligible persons above 100 percent of the federal nonfarm  
26 poverty level.

27 8. Include quality assurance provisions and procedures  
28 for evaluation.

29 9. Provide early periodic screening diagnostic and  
30 treatment services for Medicaid-eligible children.

31

1           10. Fully utilize and coordinate with rural hospitals  
2 for outpatient services, including contracting for services  
3 when advisable in terms of cost-effectiveness and feasibility.

4           Section 3. Subsection (2) of section 154.12, Florida  
5 Statutes, is repealed.

6           Section 4. Section 154.3105, Florida Statutes, is  
7 repealed.

8           Section 5. Subsection (1) of section 154.308, Florida  
9 Statutes, is amended to read:

10           154.308 Determination of patient's eligibility;  
11 spend-down program.--

12           (1) The agency, ~~pursuant to s. 154.3105,~~ shall adopt  
13 rules which provide statewide eligibility determination  
14 procedures, forms, and criteria which shall be used by all  
15 counties for determining whether a person financially  
16 qualifies as indigent for the purposes of this part.

17           (a) The criteria used to determine eligibility must be  
18 uniform statewide and include, at a minimum, which assets, if  
19 any, may be included in the determination, which verification  
20 of income shall be required, which categories of persons shall  
21 be eligible, and any other criteria which may be determined as  
22 necessary.

23           (b) The methodology for determining financial  
24 eligibility must be uniform statewide such that any county or  
25 the state could determine whether a person is a qualified  
26 indigent.

27           Section 6. Subsection (1) of section 154.309, Florida  
28 Statutes, is amended to read:

29           154.309 Certification of county of residence.--

30           (1) The agency, ~~pursuant to s. 154.3105,~~ shall adopt  
31 rules for certification determination procedures which provide

1 criteria to be used for determining a qualified indigent's  
2 county of residence. Such criteria must include, at a  
3 minimum, how and to what extent residency shall be verified  
4 and how a hospital shall be notified of a patient's  
5 certification or the inability to certify a patient.

6 Section 7. Section 381.0408, Florida Statutes, is  
7 repealed.

8 Section 8. Section 408.0014, Florida Statutes, is  
9 repealed.

10 Section 9. Paragraphs (b) and (c) of subsection (2) of  
11 section 20.42, Florida Statutes, are amended to read:

12 20.42 Agency for Health Care Administration.--There is  
13 created the Agency for Health Care Administration within the  
14 Department of Business and Professional Regulation. The agency  
15 shall be a separate budget entity, and the director of the  
16 agency shall be the agency head for all purposes. The agency  
17 shall not be subject to control, supervision, or direction by  
18 the Department of Business and Professional Regulation in any  
19 manner, including, but not limited to, personnel, purchasing,  
20 transactions involving real or personal property, and  
21 budgetary matters.

22 (2) ORGANIZATION OF THE AGENCY.--The agency shall be  
23 organized as follows:

24 (b) The Division of Health Policy and Cost Control,  
25 which shall be responsible for health policy, the State Center  
26 for Health Statistics, ~~the development of The Florida Health~~  
27 ~~Plan~~, certificate of need, state and local health planning  
28 under s. 408.033, and research and analysis.

29 (c) The Division of State Health Purchasing shall be  
30 responsible for the Medicaid program. The division shall also  
31 administer the contracts with ~~the Florida Health Access~~

1 ~~Corporation program and~~ the Florida Health Care Purchasing  
2 Cooperative and the Florida Healthy Kids Corporation.

3 Section 10. Paragraph (h) of subsection (2) of section  
4 409.9117, Florida Statutes, is amended to read:

5 409.9117 Primary care disproportionate share  
6 program.--

7 (2) In the establishment and funding of this program,  
8 the agency shall use the following criteria in addition to  
9 those specified in s. 409.911, payments may not be made to a  
10 hospital unless the hospital agrees to:

11 (h) Work with the Florida Healthy Kids Corporation,  
12 the Florida Health Care Purchasing Cooperative, ~~the Florida~~  
13 ~~Health Access Corporation,~~ and business health coalitions, as  
14 appropriate, to develop a feasibility study and plan to  
15 provide a low-cost comprehensive health insurance plan to  
16 persons who reside within the area and who do not have access  
17 to such a plan.

18  
19 Any hospital that fails to comply with any of the provisions  
20 of this subsection, or any other contractual condition, may  
21 not receive payments under this section until full compliance  
22 is achieved.

23 Section 11. Sections 408.002, 408.004, 408.005, and  
24 408.006, Florida Statutes, are repealed.

25 Section 12. Paragraph (a) of subsection (4) of section  
26 408.061, Florida Statutes, is amended to read:

27 408.061 Data collection; uniform systems of financial  
28 reporting; information relating to physician charges;  
29 confidentiality of patient records; immunity.--

30 (4)(a) Within 120 days after the end of its fiscal  
31 year, each health care facility shall file with the agency, on



1 forms adopted by the agency and based on the uniform system of  
2 financial reporting, its actual financial experience for that  
3 fiscal year, including expenditures, revenues, and statistical  
4 measures. Such data may be based on internal financial  
5 reports which are certified to be complete and accurate by the  
6 provider. However, hospitals' actual financial experience  
7 shall be their audited actual experience. Nursing homes that  
8 do not participate in the Medicare or Medicaid programs shall  
9 also submit audited actual experience. Every nursing home  
10 shall submit to the agency, in a format designated by the  
11 agency, a statistical profile of the nursing home residents.  
12 The agency, in conjunction with the Department of Elderly  
13 Affairs and the Department of Health, shall review these  
14 statistical profiles and develop recommendations for the types  
15 of residents who might more appropriately be placed in their  
16 homes or other noninstitutional settings. ~~The agency shall~~  
17 ~~include its findings in the final Florida Health Plan which~~  
18 ~~must be submitted to the Legislature by December 31, 1993.~~  
19 ~~Included in the findings shall be outcome data and cost~~  
20 ~~differential data as part of patient profiles.~~

21 Section 13. Subsections (6) and (7) of section 408.15,  
22 Florida Statutes, are amended to read:

23 408.15 Powers of the agency.--In addition to the  
24 powers granted to the agency elsewhere in this chapter, the  
25 agency is authorized to:

26 (6) Apply for and receive and accept grants, gifts,  
27 and other payments, including property and services, from any  
28 governmental or other public and private entity or person and  
29 make arrangements as to the use of same, ~~including undertaking~~  
30 ~~special studies and other projects related to The Florida~~

31

1 ~~Health Plan~~. Funds obtained under this subsection may be used  
2 as matching funds for public or private grants.

3 (7) Seek federal statutory changes and any waivers of  
4 federal laws or regulations that will aid in implementing ~~The~~  
5 ~~Florida Health Plan and related~~ health care reforms. This may  
6 include seeking amendments to:

7 (a) The Employee Retirement and Income Security Act of  
8 1974 to permit greater state regulation of employer insurance  
9 plans.

10 (b) The Medicaid program to permit alternative  
11 organizational alignments, elimination of all program  
12 eligibility requirements except income, and a moratorium on  
13 further federal mandates.

14 (c) The Medicare program to seek state administration  
15 of benefits, provider payments, or case management of  
16 beneficiaries.

17 (d) Federal tax laws to permit a 100-percent tax  
18 deduction for all private health insurance plans, including  
19 those of self-employed persons and unincorporated employers,  
20 and reform of the flexible sharing account requirements to  
21 maximize pretax health care expenditures.

22 (e) Other federal programs to permit full  
23 implementation of ~~The Florida Health Plan and related~~ state  
24 health care reforms.

25 Section 14. Section 408.301, Florida Statutes, is  
26 amended to read:

27 408.301 Legislative findings.--The Legislature has  
28 found that access to quality, affordable, health care for all  
29 Floridians is an important goal for the state. ~~The~~  
30 ~~Legislature has charged the Agency for Health Care~~  
31 ~~Administration with the responsibility of developing the~~

1 ~~Florida Health Plan for assuring access to health care for all~~  
2 ~~Floridians. At the same time,~~The Legislature recognizes that  
3 there are Floridians with special health care and social needs  
4 which require particular attention. The people served by the  
5 Department of Children and Family Services and the Department  
6 of Health are examples of citizens with special needs. The  
7 Legislature further recognizes that the Medicaid program is an  
8 intricate part of the service delivery system for the special  
9 needs citizens served by or through the Department of Children  
10 and Family Services and the Department of Health. The Agency  
11 for Health Care Administration is not a service provider and  
12 does not develop or direct programs for the special needs  
13 citizens served by or through the Department of Children and  
14 Family Services and the Department of Health. Therefore, it is  
15 the intent of the Legislature that the Agency for Health Care  
16 Administration work closely with the Department of Children  
17 and Family Services and the Department of Health in developing  
18 plans for assuring access to all Floridians in order to assure  
19 that the needs of special citizens are met.

20 Section 15. Paragraph (b) of subsection (5) of section  
21 408.704, Florida Statutes, is amended to read:

22 408.704 Agency duties and responsibilities related to  
23 community health purchasing alliances.--The agency shall  
24 assist in developing a statewide system of community health  
25 purchasing alliances. To this end, the agency is responsible  
26 for:

27 (5) Establishing a data system for accountable health  
28 partnerships.

29 (b) The advisory data committee shall issue a report  
30 and recommendations on each of the following subjects as each  
31 is completed. ~~A final report covering all subjects must be~~

1 ~~included in the final Florida Health Plan to be submitted to~~  
2 ~~the Legislature on December 31, 1993.~~ The report shall  
3 include recommendations regarding:  
4       1. Types of data to be collected. Careful  
5 consideration shall be given to other data collection projects  
6 and standards for electronic data interchanges already in  
7 process in this state and nationally, to evaluating and  
8 recommending the feasibility and cost-effectiveness of various  
9 data collection activities, and to ensuring that data  
10 reporting is necessary to support the evaluation of providers  
11 with respect to cost containment, access, quality, control of  
12 expensive technologies, and customer satisfaction analysis.  
13 Data elements to be collected from providers include prices,  
14 utilization, patient outcomes, quality, and patient  
15 satisfaction. The completion of this task is the first  
16 priority of the advisory data committee. ~~The agency shall~~  
17 ~~begin implementing these data collection activities~~  
18 ~~immediately upon receipt of the recommendations, but no later~~  
19 ~~than January 1, 1994.~~ The data shall be submitted by  
20 hospitals, other licensed health care facilities, pharmacists,  
21 and group practices as defined in s. 455.654(3)(f).  
22       2. A standard data set, a standard cost-effective  
23 format for collecting the data, and a standard methodology for  
24 reporting the data to the agency, or its designee, and to the  
25 alliances. The reporting mechanisms must be designed to  
26 minimize the administrative burden and cost to health care  
27 providers and carriers. A methodology shall be developed for  
28 aggregating data in a standardized format for making  
29 comparisons between accountable health partnerships which  
30 takes advantage of national models and activities.  
31

1           3. Methods by which the agency should collect,  
2 process, analyze, and distribute the data.

3           4. Standards for data interpretation. The advisory  
4 data committee shall actively solicit broad input from the  
5 provider community, carriers, the business community, and the  
6 general public.

7           5. Structuring the data collection process to:

8           a. Incorporate safeguards to ensure that the health  
9 care services utilization data collected is reviewed by  
10 experienced, practicing physicians licensed to practice  
11 medicine in this state;

12           b. Require that carrier customer satisfaction data  
13 conclusions are validated by the agency;

14           c. Protect the confidentiality of medical information  
15 to protect the patient's identity and to protect the privacy  
16 of individual physicians and patients. Proprietary data  
17 submitted by insurers, providers, and purchasers are  
18 confidential pursuant to s. 408.061; and

19           d. Afford all interested professional medical and  
20 hospital associations and carriers a minimum of 60 days to  
21 review and comment before data is released to the public.

22           6. Developing a data collection implementation  
23 schedule, based on the data collection capabilities of  
24 carriers and providers.

25           Section 16. Section 408.01, Florida Statutes, is  
26 repealed.

27           Section 17. Subsection (9) of section 408.02, Florida  
28 Statutes, is repealed.

29           Section 18. Paragraph (g) of subsection (1) of section  
30 408.062, Florida Statutes, is repealed.

31

1           Section 19. Section 408.7071, Florida Statutes, is  
2 amended to read:

3           408.7071 Standardized claim form.--

4           ~~(1)~~ The Agency for Health Care Administration shall  
5 develop a standardized claim ~~claims~~ form to be used by  
6 insurers and health care providers licensed in this state.

7           ~~(2)~~ ~~In order to develop the standardized claim form,~~  
8 ~~the agency shall appoint a 15-person committee. The committee~~  
9 ~~shall consist of:~~

10           ~~(a)~~ ~~The director of the Agency for Health Care~~  
11 ~~Administration, or the director's designee.~~

12           ~~(b)~~ ~~The Insurance Commissioner, or the commissioner's~~  
13 ~~designee.~~

14           ~~(c)~~ ~~Two representatives of hospitals.~~

15           ~~(d)~~ ~~Five representatives of physicians: two licensed~~  
16 ~~under chapter 458, one licensed under chapter 459, one~~  
17 ~~licensed under chapter 460, and one licensed under chapter~~  
18 ~~461.~~

19           ~~(e)~~ ~~Two representatives of health insurers.~~

20           ~~(f)~~ ~~Two representatives of health maintenance~~  
21 ~~organizations.~~

22           ~~(g)~~ ~~Two representatives of consumers.~~

23           ~~(3)~~ ~~The committee shall issue a draft of the~~  
24 ~~standardized claims form to the Agency for Health Care~~  
25 ~~Administration by October 1, 1993. The agency may return the~~  
26 ~~form to the committee for modification on a schedule that~~  
27 ~~allows the agency to include the standardized claim form in~~  
28 ~~the final Florida Health Plan, which must be submitted to the~~  
29 ~~Legislature by December 1, 1993.~~

1           Section 20. Paragraph (c) of subsection (12) and  
2 subsection (22) of section 409.908, Florida Statutes, are  
3 repealed.

4           Section 21. Section 514.081, Florida Statutes, is  
5 repealed.

6           Section 22. Section 636.045, Florida Statutes, is  
7 amended to read:

8           636.045 Minimum surplus requirements.--

9           (1) ~~Except as provided in subsection (2),~~ Each prepaid  
10 limited health service organization must at all times maintain  
11 a minimum surplus in an amount which is the greater of  
12 \$150,000 or 10 percent of total liabilities. ~~Any prepaid~~  
13 ~~limited health service organization which had a valid~~  
14 ~~certificate of authority issued pursuant to part I, part II,~~  
15 ~~or part III of chapter 637, or chapter 638, before October 1,~~  
16 ~~1993, must maintain the surplus required on September 30,~~  
17 ~~1993, until the following dates, and then shall increase its~~  
18 ~~surplus as follows:~~

19	Date	Amount
20		
21	January 1, 1994.....	The greater of
22		\$100,000 or 6 percent
23		of total liabilities,
24		whichever is greater.
25	January 1, 1995.....	The greater of
26		\$125,000 or 8 percent
27		of total liabilities,
28		whichever is greater.
29	January 1, 1996.....	The greater of
30		\$150,000 or 10 percent
31		of total liabilities,

1 | ~~whichever is greater.~~

2 |

3 | (2) The department may not issue a certificate of  
4 | authority ~~on or after October 1, 1993,~~ unless the prepaid  
5 | limited health service organization has a minimum surplus in  
6 | an amount of \$150,000 or 10 percent of liabilities, whichever  
7 | is the greater amount.

8 | Section 23. Section 859.03, Florida Statutes, is  
9 | repealed.

10 | Section 24. Section 859.05, Florida Statutes, is  
11 | repealed.

12 | Section 25. Section 35 of chapter 93-129, Laws of  
13 | Florida, is repealed.

14 | Section 26. Section 19 of chapter 96-403, Laws of  
15 | Florida, is repealed.

16 | Section 27. Section 3 of chapter 98-21, Laws of  
17 | Florida, is repealed.

18 | Section 28. Section 1 of chapter 98-305, Laws of  
19 | Florida, is repealed.

20 | Section 29. Section 4 of chapter 99-214, Laws of  
21 | Florida, is repealed.

22 | Section 30. Section 6 of chapter 99-393, Laws of  
23 | Florida, is repealed.

24 | Section 31. Section 192 of chapter 99-397, Laws of  
25 | Florida, is repealed.

26 | Section 32. The proviso language following Specific  
27 | Appropriation 224 of chapter 99-226, Laws of Florida, is  
28 | amended to read:

29 |

30 | 224 SALARIES AND BENEFITS POSITIONS 884  
31 | FROM GENERAL REVENUE FUND..... 12,856,783



1 FROM ADMINISTRATIVE TRUST FUND..... 22,992,867  
2 FROM GRANTS AND DONATIONS TRUST FUND..... 187,973  
3

4 From the funds in Specific Appropriation 224,  
5 the Agency for Health Care Administration in  
6 conjunction with the Department of Children and  
7 Families shall conduct a feasibility study  
8 related to the development and implementation  
9 of a system to automate patient applications  
10 for nursing home care under the Medicaid  
11 program.

12  
13 The Agency for Health Care Administration and  
14 the Department of Children and Families shall  
15 evaluate the potential cost effectiveness of  
16 conducting the demonstration project, document  
17 potential savings to the state and provide a  
18 written report to the chairmen of the Senate  
19 Budget Committee and the House Fiscal  
20 Responsibility Council and to the Governor no  
21 later than February 1, 2000.

22  
23 ~~From the funds in Specific Appropriation 224~~  
24 ~~and 225B the agency shall provide support for~~  
25 ~~the Medicaid Formulary study panel.~~

26  
27 ~~The Medicaid Formulary study panel is created~~  
28 ~~and shall consist of the following nine~~  
29 ~~members: three members appointed by the~~  
30 ~~Governor to include the Director of the Agency~~  
31 ~~for Health Care Administration; three members~~

1           ~~appointed by the Speaker of the House of~~  
2           ~~Representatives to include a Member of the~~  
3           ~~House of Representatives; and three members~~  
4           ~~appointed by the President of the Senate, to~~  
5           ~~include a Member of the Senate. The Governor~~  
6           ~~shall appoint a chairperson of the panel from~~  
7           ~~among the panel membership. The panel shall be~~  
8           ~~placed for administrative purposes within the~~  
9           ~~Agency for Health Care Administration. Staff~~  
10          ~~support for the panel shall be provided by the~~  
11          ~~Agency for Health Care Administration.~~

12  
13          ~~The panel shall prepare recommendations on the~~  
14          ~~advisability, feasibility and cost~~  
15          ~~effectiveness of implementing an appropriate~~  
16          ~~formulary for the Medicaid program. Included~~  
17          ~~within the recommendations shall be proposals~~  
18          ~~which will ensure quality of care, enhance~~  
19          ~~patient safety, support appropriate~~  
20          ~~utilization, and maximize cost efficiency. In~~  
21          ~~addition, the panel shall when making their~~  
22          ~~recommendations, include studying the pros and~~  
23          ~~cons of an Open Formulary versus a Restricted~~  
24          ~~Formulary, and the impact a formulary will have~~  
25          ~~on the overall Medicaid program.~~

26  
27          ~~In addition, the panel must prepare a plan~~  
28          ~~which must include, but is not limited to, the~~  
29          ~~following specific components: recommended time~~  
30          ~~lines for implementation; an appropriate~~  
31          ~~communication plan to providers and Medicaid~~

1 ~~beneficiaries; a plan to obtain all required~~  
2 ~~waivers from the federal government;~~  
3 ~~identification of cost savings through a~~  
4 ~~combination of changes in prescription drug~~  
5 ~~utilization, enhanced patient compliance, and~~  
6 ~~reduced purchasing costs; development of~~  
7 ~~appropriate clinical protocols and guidelines;~~  
8 ~~identification of administrative resources to~~  
9 ~~support the program; multi-year projections for~~  
10 ~~benchmarks for additional cost savings; and an~~  
11 ~~ongoing evaluation plan that includes cost and~~  
12 ~~quality measures. However, the agency shall not~~  
13 ~~implement a formulary without specific~~  
14 ~~legislative authorization.~~

15  
16 ~~Travel and per diem costs of panel members~~  
17 ~~shall be the responsibility of the appointing~~  
18 ~~agency.~~

19  
20 ~~The panel shall present its report to the~~  
21 ~~Governor, the Speaker of the House of~~  
22 ~~Representatives, and the President of the~~  
23 ~~Senate by no later than January 15, 2000.~~

24 Section 33. This act shall take effect upon becoming a  
25 law.

26  
27  
28  
29  
30  
31

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31

\*\*\*\*\*

LEGISLATIVE SUMMARY

Repeals various provisions of law that have become obsolete, have had their effect, have served their purpose, or have been impliedly repealed or superseded. Repeals or deletes provisions relating to county primary health care panels; the legal status of county public health trusts with respect to a repealed provision of law relating to the filing of caveats; a work group to develop rules for the Health Care Responsibility Act; the Public Health Partnership Council on Stroke; the Florida Health Access Corporation Act; the Florida Health Plan; the voluntary private health insurance coverage and insurance cost containment program; a demonstration project on the effectiveness of practice parameters with respect to the costs of defensive medicine and professional liability insurance; development of an alternative uniform system of financial reporting of gross revenues per adjusted admission; development of a standardized claim form for insurers and health care providers licensed in this state and to the committee appointed for such purpose; a report on the effect of the resource-based relative value scale fee schedule on utilization of Medicaid services; implementation of changes in the Medicaid reimbursement methodology for facilities formerly known as ICF/DD facilities; a saving clause applicable to provisions governing construction, modification, and operation of public swimming pools and bathing facilities; minimum surplus requirements for prepaid limited health service organizations; wrapping and labeling requirements applicable to the sale of morphine; a prohibition on the sale or other disposition of narcotics except by prescription; a work group on rural health care; a task force on the organization and structure of state health programs; a rural hospital redefinition study group; the Prostate Cancer Task Force; a school nurse training study group; an advisory group on submission and payment of health claims; and the Medicaid Formulary study panel.