

By the Committees on Health Care Services, Rules &
Calendar and Representative Arnall

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3 repealed provisions of law; repealing various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6 purpose, or have been impliedly repealed or
7 superseded; repealing s. 154.013, F.S.,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 cross
10 reference, to conform; repealing s. 154.12(2),
11 F.S., relating to the legal status of county
12 public health trusts with respect to a repealed
13 provision of law relating to the filing of
14 caveats; repealing s. 381.0408, F.S., relating
15 to the Public Health Partnership Council on
16 Stroke; repealing s. 408.0014, F.S., the
17 Florida Health Access Corporation Act; amending
18 ss. 20.42 and 409.9117, F.S.; deleting
19 references, to conform; repealing s. 408.004,
20 F.S., relating to the Florida Health Plan;
21 repealing ss. 408.002, 408.005, and 408.006,
22 F.S., relating to legislative findings and
23 intent and to development goals and strategies,
24 to conform; amending ss. 408.061, 408.15,
25 408.301, and 408.704, F.S.; deleting
26 references, to conform; repealing s. 408.01,
27 F.S., relating to the voluntary private health
28 insurance coverage and insurance cost
29 containment program; repealing s. 408.02(9),
30 F.S., relating to a demonstration project on
31 the effectiveness of practice parameters with

1 respect to the costs of defensive medicine and
2 professional liability insurance; repealing s.
3 408.062(1)(g), F.S., relating to development of
4 an alternative uniform system of financial
5 reporting of gross revenues per adjusted
6 admission; repealing s. 408.30, F.S., relating
7 to an obsolete rule-saving clause for the
8 Health Care Cost Containment Board; repealing
9 s. 408.7071, F.S., relating to development of a
10 standardized claim form for insurers and health
11 care providers licensed in this state and to
12 the committee appointed for such purpose;
13 repealing s. 409.908(12)(c) and (22), F.S.,
14 relating to a report on the effect of the
15 resource-based relative value scale fee
16 schedule on utilization of Medicaid services
17 and to implementation of changes in the
18 Medicaid reimbursement methodology for
19 facilities formerly known as ICF/DD facilities;
20 amending s. 409.912, F.S., and repealing
21 paragraph (35)(f), relating to applicability of
22 provisions authorizing a 1997-1998 outpatient
23 specialty services pilot project; deleting an
24 obsolete date and provision relating to
25 requirements under which federally qualified
26 health centers can be Medicaid prepaid plan
27 providers; repealing s. 514.081, F.S., relating
28 to a saving clause applicable to provisions
29 governing construction, modification, and
30 operation of public swimming pools and bathing
31 facilities; amending s. 636.045, F.S.; deleting

1 obsolete provisions relating to minimum surplus
2 requirements for prepaid limited health service
3 organizations; repealing s. 641.51(9), F.S.,
4 relating to the provision of certain preventive
5 pediatric health care services; repealing s.
6 859.03, F.S., relating to wrapping and labeling
7 requirements applicable to the sale of
8 morphine; repealing s. 859.05, F.S., relating
9 to a prohibition on the sale or other
10 disposition of narcotics except by
11 prescription; repealing s. 35, ch. 93-129, Laws
12 of Florida, relating to a work group on rural
13 health care; repealing s. 19, ch. 96-403, Laws
14 of Florida, relating to a task force on the
15 organization and structure of state health
16 programs; repealing s. 3, ch. 98-21, Laws of
17 Florida, relating to a rural hospital
18 redefinition study group; repealing s. 1, ch.
19 98-305, Laws of Florida, relating to the
20 Prostate Cancer Task Force; repealing s. 4, ch.
21 99-214, Laws of Florida, relating to a school
22 nurse training study group; repealing s. 6, ch.
23 99-393, Laws of Florida, relating to an
24 advisory group on submission and payment of
25 health claims; repealing s. 192, ch. 99-397,
26 Laws of Florida, relating to the task force on
27 the funding of the Public Medical Assistance
28 Trust Fund; amending ch. 99-226, Laws of
29 Florida, relating to the Medicaid Formulary
30 study panel; providing an effective date.
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1 Be It Enacted by the Legislature of the State of Florida:

2

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

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

7 154.011 Primary care services.--

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

20 (a) The department shall enter into contracts with the
21 county governing body for the purpose of expanding primary
22 care coverage. The county governing body shall have the
23 option of organizing the primary care programs through county
24 health departments or through county public hospitals owned
25 and operated directly by the county. The department shall, as
26 its first priority, maximize the number of counties
27 participating in the primary care programs under this section,
28 but shall establish priorities for funding based on need and
29 the willingness of counties to participate. The department
30 shall select counties for programs through a formal
31 request-for-proposal process that requires compliance with

1 program standards for cost-effective quality care and seeks to
2 maximize access throughout the county.

3 (b) Each county's primary care program may utilize any
4 or all of the following options of providing services:
5 offering services directly through the county health
6 departments; contracting with individual or group
7 practitioners for all or part of the service; or developing
8 service delivery models which are organized through the county
9 health departments but which utilize other service or delivery
10 systems available, such as federal primary care programs or
11 prepaid health plans. In addition, counties shall have the
12 option of pooling resources and joining with neighboring
13 counties in order to fulfill the intent of this section.

14 (c) Each primary care program shall conform to the
15 requirements and specifications of the department, and shall
16 at a minimum:

17 1. Adopt a minimum eligibility standard of at least
18 100 percent of the federal nonfarm poverty level.

19 2. Provide a comprehensive mix of preventive and
20 illness care services.

21 3. Be family oriented and be easily accessible
22 regardless of income, physical status, or geographical
23 location.

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

26 5. Offer continuity of care over time.

27 6. Make maximum use of existing providers and closely
28 coordinate its services and funding with existing federal
29 primary care programs, especially in rural counties, to ensure
30 efficient use of resources.

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1 7. Have a sliding fee schedule based on income for
2 eligible persons above 100 percent of the federal nonfarm
3 poverty level.

4 8. Include quality assurance provisions and procedures
5 for evaluation.

6 9. Provide early periodic screening diagnostic and
7 treatment services for Medicaid-eligible children.

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

11 Section 3. Subsection (2) of section 154.12, Florida
12 Statutes, is repealed.

13 Section 4. Section 381.0408, Florida Statutes, is
14 repealed.

15 Section 5. Section 408.0014, Florida Statutes, is
16 repealed.

17 Section 6. Paragraphs (b) and (c) of subsection (2) of
18 section 20.42, Florida Statutes, are amended to read:

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

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

31

1 (b) The Division of Health Policy and Cost Control,
2 which shall be responsible for health policy, the State Center
3 for Health Statistics, ~~the development of The Florida Health~~
4 ~~Plan~~, certificate of need, state and local health planning
5 under s. 408.033, and research and analysis.

6 (c) The Division of State Health Purchasing shall be
7 responsible for the Medicaid program. The division shall also
8 administer the contracts with ~~the Florida Health Access~~
9 ~~Corporation program~~ and the Florida Health Care Purchasing
10 Cooperative and the Florida Healthy Kids Corporation.

11 Section 7. Paragraph (h) of subsection (2) of section
12 409.9117, Florida Statutes, is amended to read:

13 409.9117 Primary care disproportionate share
14 program.--

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

19 (h) Work with the Florida Healthy Kids Corporation,
20 the Florida Health Care Purchasing Cooperative, ~~the Florida~~
21 ~~Health Access Corporation~~, and business health coalitions, as
22 appropriate, to develop a feasibility study and plan to
23 provide a low-cost comprehensive health insurance plan to
24 persons who reside within the area and who do not have access
25 to such a plan.

26
27 Any hospital that fails to comply with any of the provisions
28 of this subsection, or any other contractual condition, may
29 not receive payments under this section until full compliance
30 is achieved.

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1 Section 8. Sections 408.002, 408.004, 408.005, and
2 408.006, Florida Statutes, are repealed.

3 Section 9. Paragraph (a) of subsection (4) of section
4 408.061, Florida Statutes, is amended to read:

5 408.061 Data collection; uniform systems of financial
6 reporting; information relating to physician charges;
7 confidentiality of patient records; immunity.--

8 (4)(a) Within 120 days after the end of its fiscal
9 year, each health care facility shall file with the agency, on
10 forms adopted by the agency and based on the uniform system of
11 financial reporting, its actual financial experience for that
12 fiscal year, including expenditures, revenues, and statistical
13 measures. Such data may be based on internal financial
14 reports which are certified to be complete and accurate by the
15 provider. However, hospitals' actual financial experience
16 shall be their audited actual experience. Nursing homes that
17 do not participate in the Medicare or Medicaid programs shall
18 also submit audited actual experience. Every nursing home
19 shall submit to the agency, in a format designated by the
20 agency, a statistical profile of the nursing home residents.
21 The agency, in conjunction with the Department of Elderly
22 Affairs and the Department of Health, shall review these
23 statistical profiles and develop recommendations for the types
24 of residents who might more appropriately be placed in their
25 homes or other noninstitutional settings. ~~The agency shall~~
26 ~~include its findings in the final Florida Health Plan which~~
27 ~~must be submitted to the Legislature by December 31, 1993.~~
28 ~~Included in the findings shall be outcome data and cost~~
29 ~~differential data as part of patient profiles.~~

30 Section 10. Subsections (6) and (7) of section 408.15,
31 Florida Statutes, are amended to read:

1 408.15 Powers of the agency.--In addition to the
2 powers granted to the agency elsewhere in this chapter, the
3 agency is authorized to:

4 (6) Apply for and receive and accept grants, gifts,
5 and other payments, including property and services, from any
6 governmental or other public and private entity or person and
7 make arrangements as to the use of same, ~~including undertaking~~
8 ~~special studies and other projects related to The Florida~~
9 ~~Health Plan~~. Funds obtained under this subsection may be used
10 as matching funds for public or private grants.

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

15 (a) The Employee Retirement and Income Security Act of
16 1974 to permit greater state regulation of employer insurance
17 plans.

18 (b) The Medicaid program to permit alternative
19 organizational alignments, elimination of all program
20 eligibility requirements except income, and a moratorium on
21 further federal mandates.

22 (c) The Medicare program to seek state administration
23 of benefits, provider payments, or case management of
24 beneficiaries.

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

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1 (e) Other federal programs to permit full
2 implementation of ~~The Florida Health Plan and related~~ state
3 health care reforms.

4 Section 11. Section 408.301, Florida Statutes, is
5 amended to read:

6 408.301 Legislative findings.--The Legislature has
7 found that access to quality, affordable, health care for all
8 Floridians is an important goal for the state. ~~The~~
9 ~~Legislature has charged the Agency for Health Care~~
10 ~~Administration with the responsibility of developing the~~
11 ~~Florida Health Plan for assuring access to health care for all~~
12 ~~Floridians. At the same time,~~The Legislature recognizes that
13 there are Floridians with special health care and social needs
14 which require particular attention. The people served by the
15 Department of Children and Family Services and the Department
16 of Health are examples of citizens with special needs. The
17 Legislature further recognizes that the Medicaid program is an
18 intricate part of the service delivery system for the special
19 needs citizens served by or through the Department of Children
20 and Family Services and the Department of Health. The Agency
21 for Health Care Administration is not a service provider and
22 does not develop or direct programs for the special needs
23 citizens served by or through the Department of Children and
24 Family Services and the Department of Health. Therefore, it is
25 the intent of the Legislature that the Agency for Health Care
26 Administration work closely with the Department of Children
27 and Family Services and the Department of Health in developing
28 plans for assuring access to all Floridians in order to assure
29 that the needs of special citizens are met.

30 Section 12. Paragraph (b) of subsection (5) of section
31 408.704, Florida Statutes, is amended to read:

1 408.704 Agency duties and responsibilities related to
2 community health purchasing alliances.--The agency shall
3 assist in developing a statewide system of community health
4 purchasing alliances. To this end, the agency is responsible
5 for:

6 (5) Establishing a data system for accountable health
7 partnerships.

8 (b) The advisory data committee shall issue a report
9 and recommendations on each of the following subjects as each
10 is completed. ~~A final report covering all subjects must be~~
11 ~~included in the final Florida Health Plan to be submitted to~~
12 ~~the Legislature on December 31, 1993.~~ The report shall
13 include recommendations regarding:

14 1. Types of data to be collected. Careful
15 consideration shall be given to other data collection projects
16 and standards for electronic data interchanges already in
17 process in this state and nationally, to evaluating and
18 recommending the feasibility and cost-effectiveness of various
19 data collection activities, and to ensuring that data
20 reporting is necessary to support the evaluation of providers
21 with respect to cost containment, access, quality, control of
22 expensive technologies, and customer satisfaction analysis.
23 Data elements to be collected from providers include prices,
24 utilization, patient outcomes, quality, and patient
25 satisfaction. The completion of this task is the first
26 priority of the advisory data committee. ~~The agency shall~~
27 ~~begin implementing these data collection activities~~
28 ~~immediately upon receipt of the recommendations, but no later~~
29 ~~than January 1, 1994.~~ The data shall be submitted by
30 hospitals, other licensed health care facilities, pharmacists,
31 and group practices as defined in s. 455.654(3)(f).

1 2. A standard data set, a standard cost-effective
2 format for collecting the data, and a standard methodology for
3 reporting the data to the agency, or its designee, and to the
4 alliances. The reporting mechanisms must be designed to
5 minimize the administrative burden and cost to health care
6 providers and carriers. A methodology shall be developed for
7 aggregating data in a standardized format for making
8 comparisons between accountable health partnerships which
9 takes advantage of national models and activities.

10 3. Methods by which the agency should collect,
11 process, analyze, and distribute the data.

12 4. Standards for data interpretation. The advisory
13 data committee shall actively solicit broad input from the
14 provider community, carriers, the business community, and the
15 general public.

16 5. Structuring the data collection process to:

17 a. Incorporate safeguards to ensure that the health
18 care services utilization data collected is reviewed by
19 experienced, practicing physicians licensed to practice
20 medicine in this state;

21 b. Require that carrier customer satisfaction data
22 conclusions are validated by the agency;

23 c. Protect the confidentiality of medical information
24 to protect the patient's identity and to protect the privacy
25 of individual physicians and patients. Proprietary data
26 submitted by insurers, providers, and purchasers are
27 confidential pursuant to s. 408.061; and

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

31

1 6. Developing a data collection implementation
2 schedule, based on the data collection capabilities of
3 carriers and providers.

4 Section 13. Section 408.01, Florida Statutes, is
5 repealed.

6 Section 14. Subsection (9) of section 408.02, Florida
7 Statutes, is repealed.

8 Section 15. Paragraph (g) of subsection (1) of section
9 408.062, Florida Statutes, is repealed.

10 Section 16. Section 408.30, Florida Statutes, is
11 repealed.

12 Section 17. Section 408.7071, Florida Statutes, is
13 repealed.

14 Section 18. Paragraph (c) of subsection (12) and
15 subsection (22) of section 409.908, Florida Statutes, are
16 repealed.

17 Section 19. Paragraph (f) of subsection (35) of
18 section 409.912, Florida Statutes, is repealed, and paragraph
19 (c) of subsection (3) of said section is amended to read:

20 409.912 Cost-effective purchasing of health care.--The
21 agency shall purchase goods and services for Medicaid
22 recipients in the most cost-effective manner consistent with
23 the delivery of quality medical care. The agency shall
24 maximize the use of prepaid per capita and prepaid aggregate
25 fixed-sum basis services when appropriate and other
26 alternative service delivery and reimbursement methodologies,
27 including competitive bidding pursuant to s. 287.057, designed
28 to facilitate the cost-effective purchase of a case-managed
29 continuum of care. The agency shall also require providers to
30 minimize the exposure of recipients to the need for acute
31

1 inpatient, custodial, and other institutional care and the
2 inappropriate or unnecessary use of high-cost services.

3 (3) The agency may contract with:

4 (c)~~1~~. A federally qualified health center or an entity
5 owned by one or more federally qualified health centers or an
6 entity owned by other migrant and community health centers
7 receiving non-Medicaid financial support from the Federal
8 Government to provide health care services on a prepaid or
9 fixed-sum basis to recipients. Such prepaid health care
10 services entity must be licensed under parts I and III of
11 chapter 641 ~~by January 1, 1998~~, but shall be prohibited from
12 serving Medicaid recipients on a prepaid basis, until such
13 licensure has been obtained. However, such an entity is
14 exempt from s. 641.225 if the entity meets the requirements
15 specified in subsections (14) and (15).

16 ~~2. Until March 1, 2000, only, the licensure~~
17 ~~requirements under parts I and III of chapter 641 shall not~~
18 ~~apply to a federally qualified health center, an entity owned~~
19 ~~by one or more federally qualified health centers, or an~~
20 ~~entity owned by other migrant and community health centers~~
21 ~~receiving non-Medicaid financial support from the Federal~~
22 ~~Government to provide health care services on a prepaid or~~
23 ~~fixed-sum basis to recipients. These entities are not~~
24 ~~prohibited from serving Medicaid recipients on a prepaid~~
25 ~~basis. This subparagraph expires March 1, 2000.~~

26 Section 20. Section 514.081, Florida Statutes, is
27 repealed.

28 Section 21. Section 636.045, Florida Statutes, is
29 amended to read:

30 636.045 Minimum surplus requirements.--
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1 (1) ~~Except as provided in subsection (2),~~ Each prepaid
2 limited health service organization must at all times maintain
3 a minimum surplus in an amount which is the greater of
4 \$150,000 or 10 percent of total liabilities. ~~Any prepaid~~
5 ~~limited health service organization which had a valid~~
6 ~~certificate of authority issued pursuant to part I, part II,~~
7 ~~or part III of chapter 637, or chapter 638, before October 1,~~
8 ~~1993, must maintain the surplus required on September 30,~~
9 ~~1993, until the following dates, and then shall increase its~~
10 ~~surplus as follows:~~

Date	Amount
January 1, 1994.....	The greater of \$100,000 or 6 percent of total liabilities, whichever is greater.
January 1, 1995.....	The greater of \$125,000 or 8 percent of total liabilities, whichever is greater.
January 1, 1996.....	The greater of \$150,000 or 10 percent of total liabilities, whichever is greater.

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

31

1 Section 22. Subsection (9) of section 641.51, Florida
2 Statutes, is repealed.
3 Section 23. Section 859.03, Florida Statutes, is
4 repealed.
5 Section 24. Section 859.05, Florida Statutes, is
6 repealed.
7 Section 25. Section 35 of chapter 93-129, Laws of
8 Florida, is repealed.
9 Section 26. Section 19 of chapter 96-403, Laws of
10 Florida, is repealed.
11 Section 27. Section 3 of chapter 98-21, Laws of
12 Florida, is repealed.
13 Section 28. Section 1 of chapter 98-305, Laws of
14 Florida, is repealed.
15 Section 29. Section 4 of chapter 99-214, Laws of
16 Florida, is repealed.
17 Section 30. Section 6 of chapter 99-393, Laws of
18 Florida, is repealed.
19 Section 31. Section 192 of chapter 99-397, Laws of
20 Florida, is repealed.
21 Section 32. The proviso language following Specific
22 Appropriation 224 of chapter 99-226, Laws of Florida, is
23 amended to read:
24
25 224 SALARIES AND BENEFITS POSITIONS 884
26 FROM GENERAL REVENUE FUND..... 12,856,783
27 FROM ADMINISTRATIVE TRUST FUND..... 22,992,867
28 FROM GRANTS AND DONATIONS TRUST FUND..... 187,973
29
30 From the funds in Specific Appropriation 224,
31 the Agency for Health Care Administration in

1 conjunction with the Department of Children and
2 Families shall conduct a feasibility study
3 related to the development and implementation
4 of a system to automate patient applications
5 for nursing home care under the Medicaid
6 program.

7
8 The Agency for Health Care Administration and
9 the Department of Children and Families shall
10 evaluate the potential cost effectiveness of
11 conducting the demonstration project, document
12 potential savings to the state and provide a
13 written report to the chairmen of the Senate
14 Budget Committee and the House Fiscal
15 Responsibility Council and to the Governor no
16 later than February 1, 2000.

17
18 ~~From the funds in Specific Appropriation 224~~
19 ~~and 225B the agency shall provide support for~~
20 ~~the Medicaid Formulary study panel.~~

21
22 ~~The Medicaid Formulary study panel is created~~
23 ~~and shall consist of the following nine~~
24 ~~members: three members appointed by the~~
25 ~~Governor to include the Director of the Agency~~
26 ~~for Health Care Administration; three members~~
27 ~~appointed by the Speaker of the House of~~
28 ~~Representatives to include a Member of the~~
29 ~~House of Representatives; and three members~~
30 ~~appointed by the President of the Senate, to~~
31 ~~include a Member of the Senate. The Governor~~

1 ~~shall appoint a chairperson of the panel from~~
2 ~~among the panel membership. The panel shall be~~
3 ~~placed for administrative purposes within the~~
4 ~~Agency for Health Care Administration. Staff~~
5 ~~support for the panel shall be provided by the~~
6 ~~Agency for Health Care Administration.~~

7
8 ~~The panel shall prepare recommendations on the~~
9 ~~advisability, feasibility and cost~~
10 ~~effectiveness of implementing an appropriate~~
11 ~~formulary for the Medicaid program. Included~~
12 ~~within the recommendations shall be proposals~~
13 ~~which will ensure quality of care, enhance~~
14 ~~patient safety, support appropriate~~
15 ~~utilization, and maximize cost efficiency. In~~
16 ~~addition, the panel shall when making their~~
17 ~~recommendations, include studying the pros and~~
18 ~~cons of an Open Formulary versus a Restricted~~
19 ~~Formulary, and the impact a formulary will have~~
20 ~~on the overall Medicaid program.~~

21
22 ~~In addition, the panel must prepare a plan~~
23 ~~which must include, but is not limited to, the~~
24 ~~following specific components: recommended time~~
25 ~~lines for implementation; an appropriate~~
26 ~~communication plan to providers and Medicaid~~
27 ~~beneficiaries; a plan to obtain all required~~
28 ~~waivers from the federal government;~~
29 ~~identification of cost savings through a~~
30 ~~combination of changes in prescription drug~~
31 ~~utilization, enhanced patient compliance, and~~

1 ~~reduced purchasing costs; development of~~
2 ~~appropriate clinical protocols and guidelines;~~
3 ~~identification of administrative resources to~~
4 ~~support the program; multi-year projections for~~
5 ~~benchmarks for additional cost savings; and an~~
6 ~~ongoing evaluation plan that includes cost and~~
7 ~~quality measures. However, the agency shall not~~
8 ~~implement a formulary without specific~~
9 ~~legislative authorization.~~
10
11 ~~Travel and per diem costs of panel members~~
12 ~~shall be the responsibility of the appointing~~
13 ~~agency.~~
14
15 ~~The panel shall present its report to the~~
16 ~~Governor, the Speaker of the House of~~
17 ~~Representatives, and the President of the~~
18 ~~Senate by no later than January 15, 2000.~~
19 Section 33. This act shall take effect upon becoming a
20 law.
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