

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3           repealed provisions of law; repealing various  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6           purpose, or have been impliedly repealed or  
7           superseded; repealing s. 154.013, F.S.,  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12          public health trusts with respect to a repealed  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. 859.03, F.S.,  
4       relating to wrapping and labeling requirements  
5       applicable to the sale of morphine; repealing  
6       s. 859.05, F.S., relating to a prohibition on  
7       the sale or other disposition of narcotics  
8       except by prescription; repealing s. 35, ch.  
9       93-129, Laws of Florida, relating to a work  
10      group on rural health care; repealing s. 19,  
11      ch. 96-403, Laws of Florida, relating to a task  
12      force on the organization and structure of  
13      state health programs; repealing s. 3, ch.  
14      98-21, Laws of Florida, relating to a rural  
15      hospital redefinition study group; repealing s.  
16      1, ch. 98-305, Laws of Florida, relating to the  
17      Prostate Cancer Task Force; repealing s. 4, ch.  
18      99-214, Laws of Florida, relating to a school  
19      nurse training study group; repealing s. 6, ch.  
20      99-393, Laws of Florida, relating to an  
21      advisory group on submission and payment of  
22      health claims; repealing s. 192, ch. 99-397,  
23      Laws of Florida, relating to the task force on  
24      the funding of the Public Medical Assistance  
25      Trust Fund; amending ch. 99-226, Laws of  
26      Florida, relating to the Medicaid Formulary  
27      study panel; providing an effective date.

28  
29   Be It Enacted by the Legislature of the State of Florida:  
30  
31

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2 repealed.

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

5           154.011 Primary care services.--

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

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

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

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

15           1. Adopt a minimum eligibility standard of at least  
16 100 percent of the federal nonfarm poverty level.

17           2. Provide a comprehensive mix of preventive and  
18 illness care services.

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

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

24           5. Offer continuity of care over time.

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

29           7. Have a sliding fee schedule based on income for  
30 eligible persons above 100 percent of the federal nonfarm  
31 poverty level.

1           8. Include quality assurance provisions and procedures  
2 for evaluation.

3           9. Provide early periodic screening diagnostic and  
4 treatment services for Medicaid-eligible children.

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

8           Section 3. Subsection (2) of section 154.12, Florida  
9 Statutes, is repealed.

10           Section 4. Section 381.0408, Florida Statutes, is  
11 repealed.

12           Section 5. Section 408.0014, Florida Statutes, is  
13 repealed.

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

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

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

28           (b) The Division of Health Policy and Cost Control,  
29 which shall be responsible for health policy, the State Center  
30 for Health Statistics, ~~the development of The Florida Health~~  
31

1 ~~Plan~~, certificate of need, state and local health planning  
2 under s. 408.033, and research and analysis.

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

8 Section 7. Paragraph (h) of subsection (2) of section  
9 409.9117, Florida Statutes, is amended to read:

10 409.9117 Primary care disproportionate share  
11 program.--

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

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

23  
24 Any hospital that fails to comply with any of the provisions  
25 of this subsection, or any other contractual condition, may  
26 not receive payments under this section until full compliance  
27 is achieved.

28 Section 8. Sections 408.002, 408.004, 408.005, and  
29 408.006, Florida Statutes, are repealed.

30 Section 9. Paragraph (a) of subsection (4) of section  
31 408.061, Florida Statutes, is amended to read:

1           408.061 Data collection; uniform systems of financial  
2 reporting; information relating to physician charges;  
3 confidentiality of patient records; immunity.--

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

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

28           408.15 Powers of the agency.--In addition to the  
29 powers granted to the agency elsewhere in this chapter, the  
30 agency is authorized to:

31



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

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

12           (a) The Employee Retirement and Income Security Act of  
13 1974 to permit greater state regulation of employer insurance  
14 plans.

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

19           (c) The Medicare program to seek state administration  
20 of benefits, provider payments, or case management of  
21 beneficiaries.

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

27           (e) Other federal programs to permit full  
28 implementation of ~~The Florida Health Plan and related~~ state  
29 health care reforms.

30           Section 11. Section 408.301, Florida Statutes, is  
31 amended to read:

1           408.301 Legislative findings.--The Legislature has  
2 found that access to quality, affordable, health care for all  
3 Floridians is an important goal for the state. ~~The~~  
4 ~~Legislature has charged the Agency for Health Care~~  
5 ~~Administration with the responsibility of developing the~~  
6 ~~Florida Health Plan for assuring access to health care for all~~  
7 ~~Floridians. At the same time,~~The Legislature recognizes that  
8 there are Floridians with special health care and social needs  
9 which require particular attention. The people served by the  
10 Department of Children and Family Services and the Department  
11 of Health are examples of citizens with special needs. The  
12 Legislature further recognizes that the Medicaid program is an  
13 intricate part of the service delivery system for the special  
14 needs citizens served by or through the Department of Children  
15 and Family Services and the Department of Health. The Agency  
16 for Health Care Administration is not a service provider and  
17 does not develop or direct programs for the special needs  
18 citizens served by or through the Department of Children and  
19 Family Services and the Department of Health. Therefore, it is  
20 the intent of the Legislature that the Agency for Health Care  
21 Administration work closely with the Department of Children  
22 and Family Services and the Department of Health in developing  
23 plans for assuring access to all Floridians in order to assure  
24 that the needs of special citizens are met.

25           Section 12. Paragraph (b) of subsection (5) of section  
26 408.704, Florida Statutes, is amended to read:

27           408.704 Agency duties and responsibilities related to  
28 community health purchasing alliances.--The agency shall  
29 assist in developing a statewide system of community health  
30 purchasing alliances. To this end, the agency is responsible  
31 for:

1           (5) Establishing a data system for accountable health  
2 partnerships.

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

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

27           2. A standard data set, a standard cost-effective  
28 format for collecting the data, and a standard methodology for  
29 reporting the data to the agency, or its designee, and to the  
30 alliances. The reporting mechanisms must be designed to  
31 minimize the administrative burden and cost to health care

1 providers and carriers. A methodology shall be developed for  
2 aggregating data in a standardized format for making  
3 comparisons between accountable health partnerships which  
4 takes advantage of national models and activities.

5 3. Methods by which the agency should collect,  
6 process, analyze, and distribute the data.

7 4. Standards for data interpretation. The advisory  
8 data committee shall actively solicit broad input from the  
9 provider community, carriers, the business community, and the  
10 general public.

11 5. Structuring the data collection process to:

12 a. Incorporate safeguards to ensure that the health  
13 care services utilization data collected is reviewed by  
14 experienced, practicing physicians licensed to practice  
15 medicine in this state;

16 b. Require that carrier customer satisfaction data  
17 conclusions are validated by the agency;

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

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

26 6. Developing a data collection implementation  
27 schedule, based on the data collection capabilities of  
28 carriers and providers.

29 Section 13. Section 408.01, Florida Statutes, is  
30 repealed.

31

1           Section 14. Subsection (9) of section 408.02, Florida  
2 Statutes, is repealed.

3           Section 15. Paragraph (g) of subsection (1) of section  
4 408.062, Florida Statutes, is repealed.

5           Section 16. Section 408.30, Florida Statutes, is  
6 repealed.

7           Section 17. Section 408.7071, Florida Statutes, is  
8 repealed.

9           Section 18. Paragraph (c) of subsection (12) and  
10 subsection (22) of section 409.908, Florida Statutes, are  
11 repealed.

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

15           409.912 Cost-effective purchasing of health care.--The  
16 agency shall purchase goods and services for Medicaid  
17 recipients in the most cost-effective manner consistent with  
18 the delivery of quality medical care. The agency shall  
19 maximize the use of prepaid per capita and prepaid aggregate  
20 fixed-sum basis services when appropriate and other  
21 alternative service delivery and reimbursement methodologies,  
22 including competitive bidding pursuant to s. 287.057, designed  
23 to facilitate the cost-effective purchase of a case-managed  
24 continuum of care. The agency shall also require providers to  
25 minimize the exposure of recipients to the need for acute  
26 inpatient, custodial, and other institutional care and the  
27 inappropriate or unnecessary use of high-cost services.

28           (3) The agency may contract with:

29           (c) ~~†~~ A federally qualified health center or an entity  
30 owned by one or more federally qualified health centers or an  
31 entity owned by other migrant and community health centers

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

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

20 Section 20. Section 514.081, Florida Statutes, is  
21 repealed.

22 Section 21. Section 636.045, Florida Statutes, is  
23 amended to read:

24 636.045 Minimum surplus requirements.--

25 (1) ~~Except as provided in subsection (2),~~ Each prepaid  
26 limited health service organization must at all times maintain  
27 a minimum surplus in an amount which is the greater of  
28 \$150,000 or 10 percent of total liabilities. ~~Any prepaid~~  
29 ~~limited health service organization which had a valid~~  
30 ~~certificate of authority issued pursuant to part I, part II,~~  
31 ~~or part III of chapter 637, or chapter 638, before October 1,~~

~~1993, must maintain the surplus required on September 30, 1993, until the following dates, and then shall increase its 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.

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

Section 22. Section 859.03, Florida Statutes, is repealed.

Section 23. Section 859.05, Florida Statutes, is repealed.

Section 24. Section 35 of chapter 93-129, Laws of Florida, is repealed.

Section 25. Section 19 of chapter 96-403, Laws of Florida, is repealed.

1           Section 26. Section 3 of chapter 98-21, Laws of  
2 Florida, is repealed.

3           Section 27. Section 1 of chapter 98-305, Laws of  
4 Florida, is repealed.

5           Section 28. Section 4 of chapter 99-214, Laws of  
6 Florida, is repealed.

7           Section 29. Section 6 of chapter 99-393, Laws of  
8 Florida, is repealed.

9           Section 30. Section 192 of chapter 99-397, Laws of  
10 Florida, is repealed.

11           Section 31. The proviso language following Specific  
12 Appropriation 224 of chapter 99-226, Laws of Florida, is  
13 amended to read:

14			
15	224	SALARIES AND BENEFITS                   POSITIONS                   884	
16		FROM GENERAL REVENUE FUND.....	12,856,783
17		FROM ADMINISTRATIVE TRUST FUND.....	22,992,867
18		FROM GRANTS AND DONATIONS TRUST FUND.....	187,973
19			

20           From the funds in Specific Appropriation 224,  
21 the Agency for Health Care Administration in  
22 conjunction with the Department of Children and  
23 Families shall conduct a feasibility study  
24 related to the development and implementation  
25 of a system to automate patient applications  
26 for nursing home care under the Medicaid  
27 program.

28  
29           The Agency for Health Care Administration and  
30 the Department of Children and Families shall  
31 evaluate the potential cost effectiveness of



1 conducting the demonstration project, document  
2 potential savings to the state and provide a  
3 written report to the chairmen of the Senate  
4 Budget Committee and the House Fiscal  
5 Responsibility Council and to the Governor no  
6 later than February 1, 2000.

7  
8 ~~From the funds in Specific Appropriation 224~~  
9 ~~and 225B the agency shall provide support for~~  
10 ~~the Medicaid Formulary study panel.~~

11  
12 ~~The Medicaid Formulary study panel is created~~  
13 ~~and shall consist of the following nine~~  
14 ~~members: three members appointed by the~~  
15 ~~Governor to include the Director of the Agency~~  
16 ~~for Health Care Administration; three members~~  
17 ~~appointed by the Speaker of the House of~~  
18 ~~Representatives to include a Member of the~~  
19 ~~House of Representatives; and three members~~  
20 ~~appointed by the President of the Senate, to~~  
21 ~~include a Member of the Senate. The Governor~~  
22 ~~shall appoint a chairperson of the panel from~~  
23 ~~among the panel membership. The panel shall be~~  
24 ~~placed for administrative purposes within the~~  
25 ~~Agency for Health Care Administration. Staff~~  
26 ~~support for the panel shall be provided by the~~  
27 ~~Agency for Health Care Administration.~~

28  
29 ~~The panel shall prepare recommendations on the~~  
30 ~~advisability, feasibility and cost~~  
31 ~~effectiveness of implementing an appropriate~~

1 ~~formulary for the Medicaid program. Included~~  
2 ~~within the recommendations shall be proposals~~  
3 ~~which will ensure quality of care, enhance~~  
4 ~~patient safety, support appropriate~~  
5 ~~utilization, and maximize cost efficiency. In~~  
6 ~~addition, the panel shall when making their~~  
7 ~~recommendations, include studying the pros and~~  
8 ~~cons of an Open Formulary versus a Restricted~~  
9 ~~Formulary, and the impact a formulary will have~~  
10 ~~on the overall Medicaid program.~~

11  
12 ~~In addition, the panel must prepare a plan~~  
13 ~~which must include, but is not limited to, the~~  
14 ~~following specific components: recommended time~~  
15 ~~lines for implementation; an appropriate~~  
16 ~~communication plan to providers and Medicaid~~  
17 ~~beneficiaries; a plan to obtain all required~~  
18 ~~waivers from the federal government;~~  
19 ~~identification of cost savings through a~~  
20 ~~combination of changes in prescription drug~~  
21 ~~utilization, enhanced patient compliance, and~~  
22 ~~reduced purchasing costs; development of~~  
23 ~~appropriate clinical protocols and guidelines;~~  
24 ~~identification of administrative resources to~~  
25 ~~support the program; multi-year projections for~~  
26 ~~benchmarks for additional cost savings; and an~~  
27 ~~ongoing evaluation plan that includes cost and~~  
28 ~~quality measures. However, the agency shall not~~  
29 ~~implement a formulary without specific~~  
30 ~~legislative authorization.~~

1 ~~Travel and per diem costs of panel members~~  
2 ~~shall be the responsibility of the appointing~~  
3 ~~agency.~~  
4  
5 ~~The panel shall present its report to the~~  
6 ~~Governor, the Speaker of the House of~~  
7 ~~Representatives, and the President of the~~  
8 ~~Senate by no later than January 15, 2000.~~  
9 Section 32. This act shall take effect upon becoming a  
10 law.  
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