

By Senator Saunders

25-1419A-01

See HB

1 A bill to be entitled
 2 An act relating to the statewide and district
 3 managed care ombudsman committees; amending s.
 4 641.65, F.S.; revising district committee
 5 membership; revising provisions relating to
 6 district committee site visits and to referral
 7 of complaints to the district committees by the
 8 Agency for Health Care Administration; amending
 9 s. 641.70, F.S.; providing additional duties of
 10 the district committees; revising facility and
 11 administrative support services provided by the
 12 agency to the statewide and district
 13 committees; providing for annual appropriations
 14 for operation of the district committees,
 15 including members' travel expenses; providing
 16 an effective date.

17
 18 Be It Enacted by the Legislature of the State of Florida:

19
 20 Section 1. Subsections (2) and (6) of section 641.65,
 21 Florida Statutes, are amended, and subsection (7) is added to
 22 that section, to read:

23 641.65 District managed care ombudsman committees.--

24 (2) Each district committee shall have no fewer than 9
 25 members and no more than 20 ~~16~~ members, including, if possible
 26 ~~at least~~: one physician licensed under chapter 458, one
 27 physician licensed under chapter 459, one physician licensed
 28 under chapter 460, and one physician licensed under chapter
 29 461, one psychologist, one registered nurse, one clinical
 30 social worker, one attorney, and at least one recipient of
 31 managed care services ~~one consumer~~. For the members who are

1 recipients of managed care services ~~consumer member~~,
2 preference shall be given to members of organized consumer or
3 advocacy groups with national or statewide membership. No
4 member may be employed by or affiliated with a managed care
5 program.

6 (6) Each district committee or member of the
7 committee:

8 (a) Shall serve to protect the health, safety, and
9 rights of all enrollees participating in managed care programs
10 in this state.

11 (b) Shall receive complaints regarding quality of care
12 from the agency, and may assist the agency with the resolution
13 of complaints.

14 (c) Shall ~~May~~ conduct site visits with the agency, ~~as~~
15 ~~the agency determines is appropriate~~. A complaint shall ~~may~~
16 be referred by the agency to the committee, as to whether an
17 enrollee's managed care program may have inappropriately
18 denied the enrollee a covered medical service, may be
19 inappropriately delaying the provision of a covered medical
20 service to the enrollee, or is providing substandard covered
21 medical services. The committee shall establish and follow
22 uniform criteria in reviewing information and receiving
23 complaints.

24 (d) Shall assist consumers in selecting health care
25 plans appropriate for their needs.

26 (e) Shall train consumers to understand and use the
27 annual consumer guide on plan performance and the marketing
28 information prepared by plans.

29 (f) Shall educate managed care plan enrollees about
30 their rights and responsibilities.

31

1 (g) Shall identify, investigate, and resolve enrollee
2 complaints about health care services in managed care plans.

3 (h) Shall assist enrollees with filing formal appeals
4 of managed care plan determinations, including preservice
5 denials and the termination of services.

6 (i)~~(d)~~ Shall submit an annual report to the statewide
7 committee concerning activities, recommendations, and
8 complaints reviewed or developed by the district committee
9 during the year.

10 (j)~~(e)~~ Shall conduct meetings as required at the call
11 of its chairperson, the call of the agency director, the call
12 of the statewide committee, or by written request of a
13 majority of the district committee members.

14 (7) The agency is authorized to adopt rules pursuant
15 to the Administrative Procedure Act to implement the
16 provisions of this section.

17 Section 2. Subsection (2) of section 641.70, Florida
18 Statutes, is amended to read:

19 641.70 Agency duties relating to the Statewide Managed
20 Care Ombudsman Committee and the district managed care
21 ombudsman committees.--

22 (2) The agency ~~for Health Care Administration~~ shall
23 provide for location of the statewide and district committees
24 in the agency's district offices and shall provide necessary
25 training, equipment, and office supplies, including, at a
26 minimum, clerical and word-processing services, photocopiers,
27 telephone services, recordkeeping, and stationery and other
28 necessary supplies ~~a meeting place for district committees in~~
29 ~~agency offices and shall provide the necessary administrative~~
30 ~~support to assist the statewide committee and district~~
31 ~~committees, within available resources.~~

