

By Senator Silver

38-177A-01

1                                   A bill to be entitled  
2           An act relating to health care; creating s.  
3           16.65, F.S.; creating the Office of Health Care  
4           Consumer Advocate in the Department of Legal  
5           Affairs; providing duties and responsibilities;  
6           requiring certain entities to publish toll-free  
7           telephone numbers and a prescribed statement;  
8           authorizing the Health Care Consumer Advocate  
9           to assign personnel and to contract with  
10          experts; authorizing the Health Care Consumer  
11          Advocate to have access to records maintained  
12          by certain state agencies; requiring the  
13          Attorney General's Office to provide certain  
14          legal assistance to the Office of Health Care  
15          Consumer Advocate; requiring the Health Care  
16          Consumer Advocate to issue an annual report and  
17          to appear before the Legislature if requested;  
18          excluding health care consumer issues from the  
19          jurisdiction of the Division of Consumer  
20          Services of the Department of Agriculture and  
21          Consumer Services; amending s. 408.10, F.S.,  
22          relating to consumer complaints handled by the  
23          Agency for Health Care Administration;  
24          transferring authority to act as consumer  
25          liaison from the Agency for Health Care  
26          Administration to the Office of Health Care  
27          Consumer Advocate; requiring the agency to  
28          coordinate its consumer-complaint activities  
29          with the Office of Health Care Consumer  
30          Advocate; amending s. 570.544, F.S.; excluding  
31          health care consumer issues from the

1 jurisdiction of the Division of Consumer  
2 Services; transferring jurisdiction over health  
3 care consumer issues to the Health Care  
4 Consumer Advocate; amending s. 641.60, F.S.;  
5 transferring the statewide managed care  
6 ombudsman committee from the Agency for Health  
7 Care Administration to the Office of Health  
8 Care Consumer Advocate; amending s. 641.65,  
9 F.S.; revising the procedures for appointing  
10 district managed care ombudsmen; amending s.  
11 641.70, F.S.; transferring certain oversight  
12 duties relating to the statewide managed care  
13 ombudsman committee and the district managed  
14 care ombudsman committees from the Agency for  
15 Health Care Administration to the Department of  
16 Legal Affairs; providing an appropriation;  
17 providing an effective date.

18

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

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21 Section 1. Section 16.65, Florida Statutes, is created  
22 to read:

23 16.65 Office of Health Care Consumer Advocate; powers  
24 and duties; processing of complaints.--

25 (1) The Office of Health Care Consumer Advocate is  
26 created within the Department of Legal Affairs. The head of  
27 the office is the Health Care Consumer Advocate. The Attorney  
28 General shall appoint the Health Care Consumer Advocate,  
29 subject to confirmation by the Senate. The Health Care  
30 Consumer Advocate shall serve at the pleasure of and report to

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1 the Attorney General and shall receive the same annual salary  
2 as is set by law for the compensation of public defenders.

3 (2) The Office of Health Care Consumer Advocate shall:

4 (a) Promote the competence of consumers of health care  
5 goods and services in this state to obtain needed health care  
6 goods and services in a timely, efficient, and cost-effective  
7 manner.

8 (b) Investigate complaints and disseminate facts about  
9 alternative treatments provided by unregulated persons for  
10 misrepresentation of treatment efficacy. If the office  
11 determines that knowing misrepresentation has occurred, the  
12 office may impose a civil penalty against the treatment  
13 provider.

14 (c) Assist consumers of health care goods and services  
15 in resolving disputes with insurers, health maintenance  
16 organizations, health care practitioners, health care  
17 facilities, and other providers of health care goods and  
18 services.

19 (d) Serve as a liaison between consumer entities and  
20 other private entities and governmental entities for the  
21 disposition of problems identified by consumers of health  
22 care.

23  
24 The Health Care Consumer Advocate shall represent the  
25 interests of health care consumers in such disputes to enable  
26 them to secure the health care goods and services to which  
27 they are entitled under the laws of this state.

28 (3) The Office of Health Care Consumer Advocate may:

29 (a) Conduct studies and make analyses of matters  
30 affecting the interests of health care consumers.

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1           (b) Study the operation of laws for health care  
2 consumer protection.

3           (c) Advise and make recommendations to the various  
4 state agencies concerned with matters affecting health care  
5 consumers.

6           (d) Assist, advise, and cooperate with local, state,  
7 or federal agencies and officials in order to promote the  
8 interests of health care consumers.

9           (e) Report to the appropriate authorities any  
10 information concerning the violation of health care consumer  
11 protection laws.

12           (f) Assist, develop, and conduct programs of consumer  
13 education and consumer information through publications and  
14 other informational and educational material prepared for  
15 dissemination to the public, in order to increase the  
16 competence of health care consumers.

17           (g) Organize and hold conferences on problems  
18 affecting health care consumers.

19           (h) Recommend programs to encourage business and  
20 industry to maintain high standards of honesty, fair business  
21 practices, and public responsibility in the production,  
22 promotion, and sale of health care consumer goods and  
23 services.

24           (4) The Health Care Consumer Advocate shall provide  
25 for the assignment of personnel to the office. The Health Care  
26 Consumer Advocate may employ or contract with experts when  
27 necessary to carry out functions of the office.

28           (5)(a) The Office of Health Care Consumer Advocate  
29 shall serve as a clearinghouse for matters relating to health  
30 care consumer protection, health care consumer information,  
31 and health care consumer services generally. It may receive

1 complaints from health care consumers and advise such  
2 consumers of the procedure to follow, or promptly transmit the  
3 complaint to the most appropriate agency, in order that the  
4 complaint may be expeditiously handled in the best interests  
5 of the complaining consumer. If any complaint received by the  
6 Office of Health Care Consumer Advocate concerns matters that  
7 involve concurrent jurisdiction in more than one agency, the  
8 office must refer the matter to each agency that the office  
9 believes to have concurrent jurisdiction and must send  
10 duplicate copies of the complaint to each such agency. If  
11 there is no other agency that has jurisdiction, the office  
12 shall seek a settlement of the complaint by means of formal or  
13 informal methods of mediation and conciliation and may seek  
14 any other resolution of the matter in accordance with its  
15 jurisdiction.

16 (b) Any agency, office, bureau, division, or board of  
17 state government which receives a complaint that deals with  
18 health care consumer fraud or health care consumer protection  
19 and that is not within the jurisdiction of that agency,  
20 office, bureau, division, or board shall immediately refer the  
21 complaint to the Office of Health Care Consumer Advocate.

22 (c) Upon receipt of such a referral, the Office of  
23 Health Care Consumer Advocate shall make a determination as to  
24 the proper jurisdiction of the complaint and shall:

25 1. Immediately refer the complaint to the agency,  
26 office, bureau, division, or board that has the regulatory or  
27 enforcement authority to act on it; or

28 2. Seek to resolve the complaint, if no other agency,  
29 board, office, bureau, or division of state government has the  
30 regulatory or enforcement authority to act on the complaint.

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1           (d) The office or agency to which a complaint has been  
2 referred shall promptly acknowledge receipt of the complaint.  
3 Within 90 days after receiving the complaint, the office or  
4 agency shall report on its disposition of the complaint. For  
5 each complaint that has not been disposed of within the 90  
6 days, the receiving office or agency shall file progress  
7 reports with the Office of Health Care Consumer Advocate no  
8 less frequently than every 30 days until final disposition of  
9 the complaint has been made.

10           (e) The report must contain at least the following  
11 information:

12           1. A finding of whether the receiving agency has  
13 jurisdiction over the subject matter involved in the  
14 complaint.

15           2. Whether the complaint is adjudged to be frivolous,  
16 a sham, or without basis in fact or law.

17           3. What action has been taken and whether the original  
18 complainant was satisfied with the final disposition.

19           4. Any recommendation regarding needed changes in law  
20 or procedure which, in the opinion of the reporting agency or  
21 office, will improve consumer protection in the area involved.

22           (f) If the office or agency receiving a complaint  
23 referred by the Office of Health Care Consumer Advocate fails  
24 to file a report as required by this section, the Health Care  
25 Consumer Advocate shall notify the head of the agency or  
26 office and request compliance with the reporting requirements  
27 within 10 days. If the agency or office fails to file the  
28 required report within 10 days after notification by the  
29 Health Care Consumer Advocate, the Health Care Consumer  
30 Advocate may take jurisdiction over the complaint.

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1       (g) If an office or agency receiving a complaint  
2 referred by the Office of Health Care Consumer Advocate  
3 determines that the matter presents a prima facie case for  
4 criminal prosecution or if the complaint cannot be settled at  
5 the administrative level, the complaint, together with all  
6 supporting evidence, must be transmitted back to the Office of  
7 Health Care Consumer Advocate or other appropriate enforcement  
8 agency with a recommendation for civil or criminal action  
9 warranted by the evidence.

10       (6) The Office of Health Care Consumer Advocate shall  
11 maintain records and compile summaries and analyses of  
12 consumer health care complaints, the length of time taken to  
13 dispose of complaints, and the eventual disposition of  
14 complaints, which data may serve as a basis for  
15 recommendations to the Legislature and to state regulatory  
16 agencies.

17       (7) If the Office of Health Care Consumer Advocate, by  
18 its own inquiry or as a result of complaints, has reason to  
19 believe that a violation of the laws of the state relating to  
20 health care consumer protection has occurred or is occurring,  
21 it may conduct an investigation, subpoena witnesses and  
22 evidence, and administer oaths and affirmations. If, as a  
23 result of the investigation, the office has reason to believe  
24 that a violation of the law has occurred, the office and any  
25 state attorney within whose judicial circuit the violation has  
26 occurred or is occurring has the authority to bring an action  
27 in accordance with the appropriate laws or regulations.

28       (8) If the Office of Health Care Consumer Advocate, by  
29 its own inquiry or as a result of complaints, has reason to  
30 believe that a violation of the laws of the state relating to  
31 health care consumer protection has occurred or is occurring,

1 that the interests of the health care consumers of this state  
2 have been damaged or are being damaged, or that the public  
3 health, safety, or welfare is endangered or is likely to be  
4 endangered by any health care goods or services, the office  
5 may commence legal proceedings in circuit court to enjoin the  
6 act or practices or the sale of the product or service and may  
7 seek appropriate relief on behalf of the health care  
8 consumers. Upon application by the office, a hearing must be  
9 held within 3 days after the commencement of the proceedings.

10 (9) The Health Care Consumer Advocate shall establish  
11 and maintain a toll-free telephone number for the purpose of  
12 receiving consumer complaints regarding health care insurers,  
13 health maintenance organizations, health care practitioners,  
14 health care facilities, and other providers of health care  
15 goods and services.

16 (10) Each health care insurer, health care  
17 practitioner, health care facility, or other provider of  
18 health care goods and services shall publish the Health Care  
19 Consumer Advocate's toll-free telephone number and Internet  
20 address and the Florida Relay Service's toll-free telephone  
21 numbers for the hearing and speech impaired, on each insurer  
22 contract, on copies of grievance procedures, and on complaint  
23 forms. The Health Care Consumer Advocate's toll-free telephone  
24 number and Internet address and the Florida Relay Service's  
25 toll-free telephone number for the hearing and speech impaired  
26 must be included on all written notices to insureds,  
27 enrollees, residents, or patients which are distributed as a  
28 part of a grievance process, including any written  
29 communications to an insured, enrollee, resident, or patient  
30 which offers the opportunity to participate in the grievance  
31 process and on all written responses to grievances.



1           (11) The Health Care Consumer Advocate shall have  
2 access to records of all state agencies, as appropriate. All  
3 public records, public meetings, and confidentiality  
4 protections applicable to any record held by an agency must be  
5 maintained by the Office of the Health Care Consumer Advocate  
6 while the records remain in the custody of the office. The  
7 Attorney General's Office shall assist the office in  
8 compelling the production and disclosure of any information  
9 the office considers necessary to the performance of its  
10 duties.

11           (12) The Health Care Consumer Advocate shall annually  
12 issue a report on the activities of the Office of Health Care  
13 Consumer Advocate and shall appear before the appropriate  
14 substantive and fiscal committees of the Legislature, if  
15 requested, to report and make recommendations on the  
16 activities of the office.

17           Section 2. Section 408.10, Florida Statutes, is  
18 amended to read:

19           408.10 Consumer complaints.--The agency shall:

20           (1) Publish and make available to the public a  
21 toll-free telephone number for the purpose of handling  
22 consumer complaints ~~and shall serve as a liaison between~~  
23 ~~consumer entities and other private entities and governmental~~  
24 ~~entities for the disposition of problems identified by~~  
25 ~~consumers of health care.~~

26           (2) Be empowered to investigate consumer complaints  
27 relating to problems with health care facilities' billing  
28 practices and issue reports to be made public in any cases  
29 where the agency determines the health care facility has  
30 engaged in billing practices which are unreasonable and unfair  
31 to the consumer.

1           (3) The agency shall coordinate all activities  
2 authorized under this section with the Office of Health Care  
3 Consumer Advocate established under s. 16.65.

4           Section 3. Subsections (2), (3), (4), and (5) of  
5 section 570.544, Florida Statutes, are amended to read:

6           570.544 Division of Consumer Services; director;  
7 powers; processing of complaints; records.--

8           (2) The Division of Consumer Services may:

9           (a) Conduct studies and make analyses of matters  
10 affecting the interests of all consumers, except for  
11 consumers' interests relating to health care goods and  
12 services.

13           (b) Study the operation of laws for consumer  
14 protection.

15           (c) Advise and make recommendations to the various  
16 state agencies concerned with matters affecting consumers.

17           (d) Assist, advise, and cooperate with local, state,  
18 or federal agencies and officials in order to promote the  
19 interests of all consumers, except for consumers' interests  
20 relating to health care goods and services.

21           (e) Make use of the testing and laboratory facilities  
22 of the department for the detection of consumer fraud.

23           (f) Report to the appropriate law enforcement officers  
24 any information concerning violation of consumer protection  
25 laws.

26           (g) Assist, develop, and conduct programs of consumer  
27 education and consumer information through publications and  
28 other informational and educational material prepared for  
29 dissemination to the public, in order to increase the  
30 competence of consumers.

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1 (h) Organize and hold conferences on problems  
2 affecting consumers.

3 (i) Recommend programs to encourage business and  
4 industry to maintain high standards of honesty, fair business  
5 practices, and public responsibility in the production,  
6 promotion, and sale of consumer goods and services.

7 (3) In addition to the powers, duties, and  
8 responsibilities authorized by this or any other chapter, the  
9 Division of Consumer Services shall serve as a clearinghouse  
10 for matters relating to consumer protection, consumer  
11 information, and consumer services generally, except for  
12 matters pertaining to health care goods and services. It shall  
13 receive complaints and grievances from consumers and promptly  
14 transmit them to that agency most directly concerned in order  
15 that the complaint or grievance may be expeditiously handled  
16 in the best interests of the complaining consumer. If no  
17 agency exists, the Division of Consumer Services shall seek a  
18 settlement of the complaint using formal or informal methods  
19 of mediation and conciliation and may seek any other  
20 resolution of the matter in accordance with its jurisdiction.

21 (4) If any complaint received by the Division of  
22 Consumer Services concerns matters that ~~which~~ involve  
23 concurrent jurisdiction in more than one agency, except a  
24 complaint relating to a health care consumer issue, duplicate  
25 copies of the complaint shall be referred to those offices  
26 deemed to have concurrent jurisdiction. The Division of  
27 Consumer Services must refer all complaints relating to a  
28 health care consumer issue to the Office of Health Care  
29 Consumer Advocate.

30 (5)(a) Any agency, office, bureau, division, or board  
31 of state government receiving a complaint which deals with

1 consumer fraud or consumer protection and which is not within  
2 the jurisdiction of the receiving agency, office, bureau,  
3 division, or board originally receiving it, shall immediately  
4 refer the complaint to the Division of Consumer Services or,  
5 if the complaint relates to a health care consumer issue, to  
6 the Office of Health Care Consumer Advocate.

7 (b) Upon receipt of such a complaint, the Division of  
8 Consumer Services shall make a determination of the proper  
9 jurisdiction to which the complaint relates and shall  
10 immediately refer the complaint to the agency, office, bureau,  
11 division, or board which does have the proper regulatory or  
12 enforcement authority to deal with it.

13 Section 4. Section 641.60, Florida Statutes, is  
14 amended to read:

15 641.60 Statewide Managed Care Ombudsman Committee.--

16 (1) As used in ss. 641.60-641.75, the term:

17 ~~(a) "Agency" means the Agency for Health Care~~  
18 ~~Administration.~~

19 (a)~~(b)~~ "Covered medical service" means a service that  
20 has been contracted for under the managed care program  
21 agreement.

22 (b)~~(c)~~ "District" means one of the health service  
23 planning districts as defined in s. 408.032.

24 (c)~~(d)~~ "District committee" means a district managed  
25 care ombudsman committee.

26 (d)~~(e)~~ "Enrollee" means an individual who has  
27 contracted, or on whose behalf a contract has been entered  
28 into, with a managed care program for health care.

29 (e)~~(f)~~ "Managed care program" means a health care  
30 delivery system that emphasizes primary care and integrates  
31 the financing and delivery of services to enrolled individuals

1 through arrangements with selected providers, formal quality  
2 assurance and utilization review, and financial incentives for  
3 enrollees to use the program's providers. Such a health care  
4 delivery system may include arrangements in which providers  
5 receive prepaid set payments to coordinate and deliver all  
6 inpatient and outpatient services to enrollees or arrangements  
7 in which providers receive a case management fee to coordinate  
8 services and are reimbursed on a fee-for-service basis for the  
9 services they provide. A managed care program may include a  
10 state-licensed health maintenance organization, a Medicaid  
11 prepaid health plan, a Medicaid primary care case management  
12 program, or other similar program.

13 (f) "Office" means the Office of Health Care Consumer  
14 Advocate within the Attorney General's office.

15 (g) "Physician" means a person licensed under chapter  
16 458, chapter 459, chapter 460, or chapter 461.

17 (h) "Statewide committee" means the Statewide Managed  
18 Care Ombudsman Committee.

19 (2) There is created within the Office of Health Care  
20 Consumer Advocate ~~Agency for Health Care Administration~~ a  
21 Statewide Managed Care Ombudsman Committee. The statewide  
22 committee shall act as a consumer protection and advocacy  
23 organization on behalf of all health care consumers receiving  
24 services through managed care programs in the state. The  
25 statewide committee shall work in conjunction with the office  
26 ~~agency~~ in protecting the public health, safety, and welfare,  
27 as provided under this section and ss. 641.65, 641.70, and  
28 641.75. The statewide committee shall have administrative  
29 authority over the district committees established in s.  
30 641.65.

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1           (3) The statewide committee shall consist of the  
2 chairpersons of the district committees.

3           (4) The members of the statewide committee shall elect  
4 a chairperson to a term of 1 year. A person may not serve as  
5 chairperson for more than two consecutive terms.

6           (5)(a) Members of the statewide committee shall  
7 receive no compensation, but may be reimbursed for travel  
8 expenses in accordance with s. 112.061.

9           (b) Travel expenses for the statewide committee shall  
10 be funded from appropriations to the Department of Legal  
11 Affairs and existing resources of the department ~~the Health~~  
12 ~~Care Trust Fund created by s. 408.16~~. The statewide committee  
13 may solicit grants, gifts, donations, bequests, or other  
14 payments including money, property, or services from any  
15 governmental or public entity or private entity or person to  
16 fund other expenses of the committee and the district  
17 committees. Any such moneys received shall be deposited into a  
18 trust fund administered by the office ~~agency~~.

19           (6) The statewide committee or a member of the  
20 committee:

21           (a) Shall serve as a volunteer organization to protect  
22 the rights of all enrollees participating in managed care  
23 programs in this state.

24           (b) Shall receive complaints regarding quality of care  
25 from the Agency for Health Care Administration, and may assist  
26 the agency with the investigation and resolution of  
27 complaints.

28           (c) May conduct site visits with the Agency for Health  
29 Care Administration, as the agency determines is appropriate.

30           (d) May review existing and new or revised managed  
31 care quality assurance programs of the Agency for Health Care

1 Administration and make recommendations as to how the rights  
2 of managed care enrollees are affected by such programs.

3 (e) May submit a report to the Legislature, no later  
4 than January 1, as appropriate, concerning activities,  
5 recommendations, and complaints reviewed or developed by the  
6 statewide committee and district committees during the  
7 preceding year.

8 (f) Shall conduct meetings at least two times a year  
9 at the call of the chairperson and at other times at the call  
10 of the Health Care Consumer Advocate ~~secretary of the agency~~  
11 or by written request of three members.

12 (g) Shall adopt agency guidelines to carry out its  
13 purposes and responsibilities and those of the district  
14 committees.

15 (h) Shall monitor the district committees and provide  
16 technical assistance to members of district committees.

17 Section 5. Section 641.65, Florida Statutes, is  
18 amended to read:

19 641.65 District managed care ombudsman committees.--

20 (1) A district managed care ombudsman committee is  
21 created in each district of the Agency for Health Care  
22 Administration which ~~that~~ has staff assigned for the  
23 regulation of managed care programs. Each district committee  
24 is subject to direction from and the supervision of the  
25 statewide committee.

26 (2) Each district committee shall have no fewer than 9  
27 members and no more than 16 members, including at least: one  
28 physician licensed under chapter 458, one physician licensed  
29 under chapter 459, one physician licensed under chapter 460,  
30 and one physician licensed under chapter 461, one  
31 psychologist, one registered nurse, one clinical social

1 worker, one attorney, and one consumer. For the consumer  
2 member, preference shall be given to members of organized  
3 consumer or advocacy groups with national or statewide  
4 membership. A ~~No~~ member may not be employed by or affiliated  
5 with a managed care program.

6 (3)(a) The Health Care Consumer Advocate ~~agency~~  
7 ~~director~~ shall appoint the first three members of each  
8 district committee, and those three members shall select the  
9 remaining members, subject to approval of the Health Care  
10 Consumer Advocate ~~agency director~~. If any of the first three  
11 members are not appointed within 60 days after the statewide  
12 committee is established and after a request is submitted to  
13 the Health Care Consumer Advocate ~~agency director~~, those  
14 members shall be appointed by a majority vote of the statewide  
15 committee without further action by the Health Care Consumer  
16 Advocate ~~agency director~~.

17 (b) Members shall be appointed to serve for a term of  
18 3 years, except that at the time of initial appointment, terms  
19 shall be staggered so the first 40 percent of members  
20 appointed shall serve for a term of 2 years and the remaining  
21 members shall serve for a term of 3 years. Members may serve  
22 only two consecutive terms.

23 (c) Upon the expiration of the term of a member or  
24 upon the occurrence of a vacancy, the district committee shall  
25 appoint a successor, subject to the approval of the Health  
26 Care Consumer Advocate ~~agency director~~.

27 (d) If the Health Care Consumer Advocate ~~agency~~  
28 ~~director~~ fails to approve or disapprove a replacement member  
29 within 30 days after the district committee provides the  
30 Health Care Consumer Advocate ~~agency director~~ with a  
31 nomination, the nomination is automatically approved.



1           (4) Each district committee shall elect a chairperson  
2 for a term of 1 year. A person may not serve as chairperson  
3 for more than two consecutive terms.

4           (5) If a district committee member misses, without  
5 cause, two-thirds of the regular district committee meetings  
6 in a calendar year, the member is automatically removed, and  
7 the district committee shall select a replacement.

8           (6) Each district committee or member of the  
9 committee:

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

13           (b) Shall receive complaints regarding quality of care  
14 from the Agency for Health Care Administration, and may assist  
15 the agency with the resolution of complaints.

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

26           (d) Shall submit an annual report to the statewide  
27 committee concerning activities, recommendations, and  
28 complaints reviewed or developed by the district committee  
29 during the year.

30           (e) Shall conduct meetings as required at the call of  
31 its chairperson, the call of the Health Care Consumer Advocate

1 ~~agency director~~, the call of the statewide committee, or by  
2 written request of a majority of the district committee  
3 members.

4 Section 6. Section 641.70, Florida Statutes, is  
5 amended to read:

6 641.70 Department ~~Agency~~ duties relating to the  
7 Statewide Managed Care Ombudsman Committee and the district  
8 managed care ombudsman committees.--

9 (1) The Department of Legal Affairs ~~agency~~ shall adopt  
10 rules that specify:

11 (a) Procedures by which the statewide committee and  
12 district committees receive reports of enrollee complaints  
13 from the Agency for Health Care Administration.

14 (b) Procedures by which enrollee information shall be  
15 made available to members of the statewide committee and to  
16 the district committees.

17 (c) Procedures by which recommendations made by the  
18 committees shall be considered for incorporation into policies  
19 and procedures of the Agency for Health Care Administration.

20 (d) Procedures by which statewide committee members  
21 shall be reimbursed for authorized expenditures.

22 (e) Any other procedures that are necessary to  
23 administer this section and ss. 641.60 and 641.65.

24 (2) The Agency for Health Care Administration shall  
25 provide a meeting place for district committees in agency  
26 offices and shall provide the necessary administrative support  
27 to assist the statewide committee and district committees,  
28 within available resources of the Agency for Health Care  
29 Administration and the Department of Legal Affairs.

30 (3) The secretary of the Agency for Health Care  
31 Administration shall ensure the full cooperation and

1 assistance of agency employees with members of the statewide  
2 committee and district committees.

3           Section 7. The sum of \$ \_\_\_\_\_ is appropriated from  
4 the General Revenue Fund to the Department of Legal Affairs to  
5 fund the Office of Health Care Consumer Advocate and to carry  
6 out the provisions of this act.

7           Section 8. This act shall take effect July 1, 2001.

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SENATE SUMMARY

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Creates the Office of Health Care Consumer Advocate in the Department of Legal Affairs. Provides duties and responsibilities of the office. Requires certain entities to publish toll-free telephone numbers and a prescribed statement. Authorizes the Health Care Consumer Advocate to assign personnel and to contract with experts. Authorizes the Health Care Consumer Advocate to have access to records maintained by certain state agencies. Requires the Attorney General's Office to provide certain legal assistance to the Office of Health Care Consumer Advocate. Requires the Health Care Consumer Advocate to issue an annual report and to appear before the Legislature if requested to do so. Excludes health care consumer issues from the jurisdiction of the Division of Consumer Services of the Department of Agriculture and Consumer Services. Transfers authority to act as consumer liaison from the Agency for Health Care Administration to the Office of Health Care Consumer Advocate. Excludes health care consumer issues from the jurisdiction of the Division of Consumer Services. Transfers jurisdiction over health care consumer issues to the Health Care Consumer Advocate. Transfers the statewide managed care ombudsman committee from the Agency for Health Care Administration to the Office of Health Care Consumer Advocate. Revises the procedures for appointing district managed care ombudsmen. Transfers certain oversight duties relating to the statewide managed care ombudsman committee and the district managed care ombudsman committees from the Agency for Health Care Administration to the Department of Legal Affairs. Provides an appropriation.