A bill to be entitled

An act relating to health care practice parameters; repealing s. 408.02, F.S., relating to practice parameters; amending s. 440.13, F.S.; providing for practice parameters and protocols; amending ss. 440.134, 627.6418, 627.6613, F.S., relating to worker's compensation managed care plans and health insurance policy coverage for mammograms; removing references and legislative intent, to conform; providing legislative intent that the statutory requirements conform to certain parameters relating to mammograms; amending s. 409.904, F.S.; postponing the effective date of changes to standards for eligibility for certain optional medical assistance, including coverage under the medically needy program; providing appropriations; providing for retroactive application; providing effective dates.

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

Section 1. Section 408.02, Florida Statutes, is repealed.

Section 2. Subsection (15) of section 440.13, Florida Statutes, is amended to read:

440.13 Medical services and supplies; penalty for violations; limitations.--

(15) PRACTICE PARAMETERS.--The practice parameters and protocols mandated under this chapter shall be the Workers'

Compensation Utilization Management Standards adopted by the American Accreditation Health Care Commission in effect on January 1, 2003.

~~(a) The Agency for Health Care Administration, in conjunction with the department and appropriate health professional associations and health-related organizations shall develop and may adopt by rule scientifically sound practice parameters for medical procedures relevant to workers' compensation claimants. Practice parameters developed under this section must focus on identifying effective remedial treatments and promoting the appropriate utilization of health care resources. Priority must be given to those procedures that involve the greatest utilization of resources either because they are the most costly or because they are the most frequently performed. Practice parameters for treatment of the 10 top procedures associated with workers' compensation injuries including the remedial treatment of lower-back injuries must be developed by December 31, 1994.~~

~~(b) The guidelines may be initially based on guidelines prepared by nationally recognized health care institutions and professional organizations but should be tailored to meet the workers' compensation goal of returning employees to full employment as quickly as medically possible, taking into consideration outcomes data collected from managed care providers and any other inpatient and outpatient facilities serving workers' compensation claimants.~~

~~(c) Procedures must be instituted which provide for the periodic review and revision of practice parameters based on the latest outcomes data, research findings, technological advancements, and clinical experiences, at least once every 3 years.~~

~~(d) Practice parameters developed under this section must be used by carriers and the agency in evaluating the appropriateness and overutilization of medical services provided to injured employees.~~

Section 3. Subsection (11) of section 440.134, Florida Statutes, is amended to read:

440.134 Workers' compensation managed care arrangement.--

(11) A description of the use of workers' compensation practice parameters and protocols for treatment for health care services ~~when adopted by the agency~~.

Section 4. Subsection (1) of section 627.6418, Florida Statutes, is amended to read:

627.6418 Coverage for mammograms.--

(1) An accident or health insurance policy issued, amended, delivered, or renewed in this state must provide coverage for at least the following:

(a) A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age.

(b) A mammogram every 2 years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the patient's physician's recommendation.

(c) A mammogram every year for any woman who is 50 years of age or older.

(d) One or more mammograms a year, based upon a physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or

daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

It is the intent of the Legislature that, the requirements of this section conform to the practice parameters relating to mammograms as recognized by the United States Agency for Healthcare Research and Quality ~~when practice parameters for the delivery of mammography services are developed pursuant to s. 408.02(7), the Legislature review the requirements of this section and conform to the practice parameters~~.

Section 5. Subsection (1) of section 627.6613, Florida Statutes, is amended to read:

627.6613 Coverage for mammograms.--

(1) A group, blanket, or franchise accident or health insurance policy issued, amended, delivered, or renewed in this state must provide coverage for at least the following:

(a) A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age.

(b) A mammogram every 2 years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the patient's physician's recommendation.

(c) A mammogram every year for any woman who is 50 years of age or older.

(d) One or more mammograms a year, based upon a physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

It is the intent of the Legislature that the requirements of this section conform to the practice parameters relating to mammograms as recognized by the United States Agency for Healthcare Research and Quality~~, when practice parameters for the delivery of mammography services are developed pursuant to s. 408.02(7), the Legislature review the requirements of this section and conform to the practice parameters~~.

Section 6. Effective May 1, 2003, subsection (2) of section 409.904, Florida Statutes, is amended to read:

409.904 Optional payments for eligible persons.--The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(2) A caretaker relative or parent, a pregnant woman, a child under age 19 who would otherwise qualify for Florida Kidcare Medicaid, a child up to age 21 who would otherwise qualify under s. 409.903(1), a person age 65 or over, or a blind or disabled person, who would otherwise be eligible for Florida Medicaid, except that the income or assets of such family or person exceed established limitations. For a family or person in one of these coverage groups, medical expenses are deductible from income in accordance with federal requirements in order to make a determination of eligibility. Expenses used to meet spend-down liability are not reimbursable by Medicaid. Effective July ~~May~~ 1, 2003, when determining the eligibility of a pregnant woman, a child, or

an aged, blind, or disabled individual, $270 shall be deducted from the countable income of the filing unit. When determining the eligibility of the parent or caretaker relative as defined by Title XIX of the Social Security Act, the additional income disregard of $270 does not apply. A family or person eligible under the coverage known as the "medically needy," is eligible to receive the same services as other Medicaid recipients, with the exception of services in skilled nursing facilities and intermediate care facilities for the developmentally disabled.

Section 7. The non-recurring sums of $8,265,777 from the General Revenue Fund, $2,505,224 from the Grants and Donations Trust Fund, and $11,727,287 from the Medical Care Trust Fund are appropriated to the Agency for Health Care Administration to implement section 6 of this act during the 2002-2003 fiscal year. This section takes effect May 1, 2003.

Section 8. Except as otherwise expressly provided, this act shall take July 1, 2003, but if it becomes a law after May 1, 2003, sections 6 and 7 of this act shall operate retroactively to that date.