

Bill No. CS for CS for SB 1178

Amendment No. \_\_\_\_ Barcode 313138

CHAMBER ACTION

Senate

House

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Senator Miller moved the following amendment:

**Senate Amendment**

On page 1, line 28, through  
page 5, line 26, delete those lines

and insert:

381.736 Florida Healthy People 2010 Program.--

(1) The Department of Health shall, using existing resources, monitor and report Florida's status on the Healthy People 2010 goals and objectives currently tracked and available to the department. The federal Healthy People 2010 goals and objectives are designed to measure and help to improve the health of all Americans by advancing the following goals:

(a) Increase the quality and years of healthy life.

(b) Eliminate health disparities among different segments of the population.

(2) The department shall report to the Legislature by December 31 of each year on the status of disparities in health among minorities and nonminorities, using health

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1 indicators currently available that are consistent with those  
2 identified by the federal Healthy People 2010 goals and  
3 objectives.

4 (3) To reduce negative health consequences that result  
5 from ignoring racial and ethnic cultures, the department shall  
6 work with minority physician networks to develop programs to  
7 educate health care professionals about the importance of  
8 culture in health status. These programs shall include, but  
9 need not be limited to:

10 (a) The education of health care providers about the  
11 prevalence of specific health conditions among certain  
12 minority groups.

13 (b) The training of clinicians to be sensitive to  
14 cultural diversity among patients and to recognize that  
15 inherent biases can lead to disparate treatments.

16 (c) The creation of initiatives that educate  
17 private-sector health care and managed care organizations  
18 about the importance of cross-cultural training of health care  
19 professionals and the effect of such training on the  
20 professional-patient relationship.

21 (d) The fostering of increased use of interpreter  
22 services in health care settings.

23 (4) The department shall work with and promote the  
24 establishment of public and private partnerships with  
25 charitable organizations, hospitals, and minority physician  
26 networks to increase the proportion of health care  
27 professionals from minority backgrounds.

28 (5) The department shall promote research on methods  
29 by which to reduce disparities in health care at colleges and  
30 universities that have historically large minority  
31 enrollments, including centers of excellence in this state

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1 identified by the National Center on Minority Health and  
2 Health Disparities, by working with those colleges and  
3 universities and with community representatives to encourage  
4 local minority students to pursue professions in health care.

5 Section 2. Subsections (23), (24), (25), and (26) of  
6 section 409.901, Florida Statutes, are renumbered as  
7 subsections (24), (25), (26), and (27), respectively, and a  
8 new subsection (23) is added to that section, to read:

9 409.901 Definitions; ss. 409.901-409.920.--As used in  
10 ss. 409.901-409.920, except as otherwise specifically  
11 provided, the term:

12 (23) "Minority physician network" means a network of  
13 primary care physicians with experience managing Medicaid or  
14 Medicare recipients that is predominantly owned by minorities  
15 as defined in s. 288.703, which may have a collaborative  
16 partnership with a public college or university and a  
17 tax-exempt charitable corporation.

18 Section 3. Subsection (45) is added to section  
19 409.912, Florida Statutes, 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 inpatient, custodial, and other institutional care and the

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1 inappropriate or unnecessary use of high-cost services. The  
2 agency may establish prior authorization requirements for  
3 certain populations of Medicaid beneficiaries, certain drug  
4 classes, or particular drugs to prevent fraud, abuse, overuse,  
5 and possible dangerous drug interactions. The Pharmaceutical  
6 and Therapeutics Committee shall make recommendations to the  
7 agency on drugs for which prior authorization is required. The  
8 agency shall inform the Pharmaceutical and Therapeutics  
9 Committee of its decisions regarding drugs subject to prior  
10 authorization.

11 (45) The agency shall contract with an established  
12 minority physician network that provides services to  
13 historically underserved minority patients. The network must  
14 provide cost-effective Medicaid services, comply with the  
15 requirements to be a MediPass provider, and provide its  
16 primary care physicians with access to data and other  
17 management tools necessary to assist them in ensuring the  
18 appropriate use of services, including inpatient hospital  
19 services and pharmaceuticals.

20 (a) The agency shall provide for the development and  
21 expansion of minority physician networks in each service area  
22 to provide services to Medicaid recipients who are eligible to  
23 participate under federal law and rules.

24 (b) The agency shall reimburse the minority physician  
25 network as a fee-for-service provider, including the case  
26 management fee for primary care, or as a capitated rate  
27 provider for Medicaid services. Any savings shall be shared  
28 with the minority physician network pursuant to the contract.

29 (c) For purposes of this subsection, the term  
30 "cost-effective" means that a network's per-member, per-month  
31 costs to the state, including, but not limited to,

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1 fee-for-service costs, administrative costs, and  
2 case-management fees, must be no greater than the state's  
3 costs associated with contracts for Medicaid services  
4 established under subsection (3), which shall be actuarially  
5 adjusted for case mix, model, and service area. The agency  
6 shall conduct actuarially sound audits adjusted for case mix  
7 and model in order to ensure such cost-effectiveness and shall  
8 publish the audit results on its Internet website and submit  
9 the audit results annually to the Governor, the President of  
10 the Senate, and the Speaker of the House of Representatives no  
11 later than December 31. Contracts established pursuant to this  
12 subsection which are not cost-effective may not be renewed.

13       (d) The agency may apply for any federal waivers  
14 needed to implement this paragraph.

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