

By the Committees on Appropriations; Health, Aging, and Long-Term Care; and Senators Miller, Lawson, Dawson, Hill, Saunders, Bullard, Siplin, Wilson, Bennett and Klein

309-2693-04

1                                A bill to be entitled

2                                An act relating to minority health care;

3                                creating s. 381.736, F.S.; providing for the

4                                Department of Health to monitor and report on

5                                Florida's status regarding the Healthy People

6                                2010 goals and objectives currently tracked by

7                                the department; requiring an annual report to

8                                the Legislature; requiring the department to

9                                work with various groups to educate health care

10                               professionals on racial and ethnic issues in

11                               health, to recruit and train health care

12                               professionals from minority backgrounds, and to

13                               promote certain research; amending s. 409.901,

14                               F.S.; defining the term "minority physician

15                               network"; amending s. 409.912, F.S.; requiring

16                               the Agency for Health Care Administration to

17                               contract for a Medicaid minority physician

18                               network; providing guidelines for the operation

19                               of the network; defining the term

20                               "cost-effective"; requiring the agency to

21                               conduct actuarially sound audits; providing an

22                               effective date.

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

26                               Section 1.    Section 381.736, Florida Statutes, is

27                               created to read:

28                                      381.736 Florida Healthy People 2010 Program.--

29                                      (1) The Department of Health shall, using existing

30                               resources, monitor and report Florida's status on the Florida

31                               Healthy People 2010 goals and objectives currently tracked and

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1 available to the department. The federal Healthy People 2010  
2 goals and objectives are designed to measure and help to  
3 improve the health of all Americans by advancing the following  
4 goals:

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

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

8 (2) The department shall report to the Legislature by  
9 December 31 of each year on the status of disparities in  
10 health among minorities and nonminorities, using health  
11 indicators that are consistent with those identified by the  
12 federal Healthy People 2010 goals and objectives.

13 (3) To reduce negative health consequences that result  
14 from ignoring racial and ethnic cultures, the department shall  
15 work with minority physician networks to develop programs to  
16 educate health care professionals about the importance of  
17 culture in health status. These programs shall include, but  
18 need not be limited to:

19 (a) The education of health care providers about the  
20 prevalence of specific health conditions among certain  
21 minority groups.

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

25 (c) The creation of initiatives that educate  
26 private-sector health care and managed care organizations  
27 about the importance of cross-cultural training of health care  
28 professionals and the effect of such training on the  
29 professional-patient relationship.

30 (d) The fostering of increased use of interpreter  
31 services in health care settings.

1           (4) The department shall work with and promote the  
2 establishment of public and private partnerships with  
3 charitable organizations, hospitals, and minority physician  
4 networks to increase the proportion of health care  
5 professionals from minority backgrounds.

6           (5) The department shall work with and promote  
7 research on methods by which to reduce disparities in health  
8 care at colleges and universities that have historically large  
9 minority enrollments, including centers of excellence in this  
10 state identified by the National Center on Minority Health and  
11 Health Disparities, by working with those colleges,  
12 universities, and with community representatives to encourage  
13 local minority students to pursue professions in health care.

14           Section 2. Present subsections (23), (24), (25), and  
15 (26) of section 409.901, Florida Statutes, are renumbered as  
16 subsections (24), (25), (26), and (27), respectively, and a  
17 new subsection (23) is added to that section, to read:

18           409.901 Definitions; ss. 409.901-409.920.--As used in  
19 ss. 409.901-409.920, except as otherwise specifically  
20 provided, the term:

21           (23) "Minority physician network" means a network of  
22 primary care physicians with experience managing Medicaid or  
23 Medicare recipients that is predominantly minority-owned, as  
24 defined in s. 288.703, which may have a collaborative  
25 partnership with a public college or university and a  
26 tax-exempt charitable corporation.

27           Section 3. Subsection (45) is added to section  
28 409.912, Florida Statutes, to read:

29           409.912 Cost-effective purchasing of health care.--The  
30 agency shall purchase goods and services for Medicaid  
31 recipients in the most cost-effective manner consistent with

1 the delivery of quality medical care. The agency shall  
2 maximize the use of prepaid per capita and prepaid aggregate  
3 fixed-sum basis services when appropriate and other  
4 alternative service delivery and reimbursement methodologies,  
5 including competitive bidding pursuant to s. 287.057, designed  
6 to facilitate the cost-effective purchase of a case-managed  
7 continuum of care. The agency shall also require providers to  
8 minimize the exposure of recipients to the need for acute  
9 inpatient, custodial, and other institutional care and the  
10 inappropriate or unnecessary use of high-cost services. The  
11 agency may establish prior authorization requirements for  
12 certain populations of Medicaid beneficiaries, certain drug  
13 classes, or particular drugs to prevent fraud, abuse, overuse,  
14 and possible dangerous drug interactions. The Pharmaceutical  
15 and Therapeutics Committee shall make recommendations to the  
16 agency on drugs for which prior authorization is required. The  
17 agency shall inform the Pharmaceutical and Therapeutics  
18 Committee of its decisions regarding drugs subject to prior  
19 authorization.

20 (45) The agency shall contract with minority physician  
21 networks that have a history of providing health care services  
22 to historically underserved minorities. The network must  
23 provide cost-effective Medicaid services, comply with the  
24 requirements of the MediPass program, and provide its primary  
25 care physicians with access to data and other management tools  
26 necessary to assist them in ensuring the appropriate use of  
27 services, including inpatient hospital services and  
28 pharmaceuticals. The providers in the network must be  
29 enrolled in the MediPass program.

30 (a) The agency shall provide for the development and  
31 expansion of minority physician networks in each service area

1 to provide services to Medicaid recipients who are eligible to  
2 participate under federal law and rules.

3 (b) The agency shall reimburse the minority physician  
4 network as a fee-for-service provider, including the case  
5 management fee for primary care, or as a capitated rate  
6 provider for Medicaid services. Any savings shall be shared  
7 with the minority physician network pursuant to the contract.

8 (c) Medicaid recipients who are enrolled in MediPass  
9 shall be assigned to a minority physician network pursuant to  
10 the assignment ratios provided in s. 409.9122.

11 (d) For purposes of this subsection, the term  
12 "cost-effective" means that a network's per-member, per-month  
13 costs to the state, including, but not limited to,  
14 fee-for-service costs, administrative costs, and  
15 case-management fees, must be no greater than the state's  
16 costs associated with contracts for Medicaid services  
17 established under subsection (3), as applicable, by service  
18 area. The agency shall conduct actuarially sound audits to  
19 ensure such cost-effectiveness and shall publish the audit  
20 results on its website and submit the audit results annually  
21 to the Governor, the President of the Senate, and the Speaker  
22 of the House of Representatives no later than December 31.  
23 Contracts established pursuant to this subsection which are  
24 not cost-effective may not be renewed.

25 (e) The agency may apply for any federal waivers  
26 needed to implement this paragraph.

27 Section 4. This act shall take effect July 1, 2004.  
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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
COMMITTEE SUBSTITUTE FOR  
CS for SB 1178

Provides a definition of "cost-effective" and requires the Agency for Health Care Administration to conduct an actuarially sound audit to ensure the networks are cost-effective.

Clarifies that the Agency for Health Care Administration shall reimburse the minority physician network as a fee-for-service provider, including the case management fee for primary care, or as a capitated provider for Medicaid services. Any savings is to be shared with the minority physician network pursuant to the contract.