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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 with minority physician networks;
18 providing guidelines for the operation of the
19 networks; defining the term "cost-effective";
20 requiring the agency to conduct actuarially
21 sound audits; providing an effective date.

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

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25 Section 1. Section 381.736, Florida Statutes, is
26 created to read:

27 381.736 Florida Healthy People 2010 Program.--
28 (1) The Department of Health shall, using existing
29 resources, monitor and report Florida's status on the Healthy
30 People 2010 goals and objectives currently tracked and
31 available to the department. The federal Healthy People 2010

1 goals and objectives are designed to measure and help to
2 improve the health of all Americans by advancing the following
3 goals:
4 (a) Increase the quality and years of healthy life.
5 (b) Eliminate health disparities among different
6 segments of the population.
7 (2) The department shall report to the Legislature by
8 December 31 of each year on the status of disparities in
9 health among minorities and nonminorities, using health
10 indicators currently available that are consistent with those
11 identified by the federal Healthy People 2010 goals and
12 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 promote research on methods
7 by which to reduce disparities in health care at colleges and
8 universities that have historically large minority
9 enrollments, including centers of excellence in this state
10 identified by the National Center on Minority Health and
11 Health Disparities, by working with those colleges and
12 universities and with community representatives to encourage
13 local minority students to pursue professions in health care.

14 Section 2. Subsections (23), (24), (25), and (26) of
15 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 owned by minorities
24 as 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 established
21 minority physician networks that provide services to
22 historically underserved minority patients. The networks must
23 provide cost-effective Medicaid services, comply with the
24 requirements to be a MediPass provider, and provide their
25 primary care physicians with access to data and other
26 management tools necessary to assist them in ensuring the
27 appropriate use of services, including inpatient hospital
28 services and pharmaceuticals.

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

3 (b) The agency shall reimburse each 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 networks pursuant to the contract.

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

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

25 Section 4. This act shall take effect July 1, 2004.
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