

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative Jennings offered the following:

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3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Section 381.736, Florida Statutes, is created
6 to read:

7 381.736 Florida Healthy People 2010 Program.--

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

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

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

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

22 (3) To reduce negative health consequences that result
23 from ignoring racial and ethnic cultures, the department shall
24 work with minority physician networks to develop programs to
25 educate health care professionals about the importance of
26 culture in health status. These programs shall include, but need
27 not be limited to:

28 (a) The education of health care providers about the
29 prevalence of specific health conditions among certain minority
30 groups.

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

34 (c) The creation of initiatives that educate private-
35 sector health care and managed care organizations about the
36 importance of cross-cultural training of health care
37 professionals and the effect of such training on the
38 professional-patient relationship.

39 (d) The fostering of increased use of interpreter services
40 in health care settings.

41 (4) The department shall work with and promote the
42 establishment of public and private partnerships with charitable
43 organizations, hospitals, and minority physician networks to

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44 increase the proportion of health care professionals from
45 minority backgrounds.

46 (5) The department shall work with and promote research on
47 methods by which to reduce disparities in health care at
48 colleges and universities that have historically large minority
49 enrollments, including centers of excellence in this state
50 identified by the National Center on Minority Health and Health
51 Disparities, by working with those colleges, universities, and
52 with community representatives to encourage local minority
53 students to pursue professions in health care.

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

58 409.901 Definitions; ss. 409.901-409.920.--As used in ss.
59 409.901-409.920, except as otherwise specifically provided, the
60 term:

61 (23) "Minority physician network" means a network of
62 primary care physicians with experience managing Medicaid or
63 Medicare recipients that is predominantly owned by minorities,
64 as defined in s. 288.703(3), which may have a collaborative
65 partnership with a public college or university and a tax-exempt
66 charitable corporation.

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

69 409.912 Cost-effective purchasing of health care.--The
70 agency shall purchase goods and services for Medicaid recipients
71 in the most cost-effective manner consistent with the delivery

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72 of quality medical care. The agency shall maximize the use of
73 prepaid per capita and prepaid aggregate fixed-sum basis
74 services when appropriate and other alternative service delivery
75 and reimbursement methodologies, including competitive bidding
76 pursuant to s. 287.057, designed to facilitate the cost-
77 effective purchase of a case-managed continuum of care. The
78 agency shall also require providers to minimize the exposure of
79 recipients to the need for acute inpatient, custodial, and other
80 institutional care and the inappropriate or unnecessary use of
81 high-cost services. The agency may establish prior authorization
82 requirements for certain populations of Medicaid beneficiaries,
83 certain drug classes, or particular drugs to prevent fraud,
84 abuse, overuse, and possible dangerous drug interactions. The
85 Pharmaceutical and Therapeutics Committee shall make
86 recommendations to the agency on drugs for which prior
87 authorization is required. The agency shall inform the
88 Pharmaceutical and Therapeutics Committee of its decisions
89 regarding drugs subject to prior authorization.

90 (45) The agency shall contract with minority physician
91 networks that have a history of providing health care services
92 to historically underserved minorities. The network must provide
93 cost-effective Medicaid services, comply with the requirements
94 of the MediPass program, and provide its primary care physicians
95 with access to data and other management tools necessary to
96 assist them in ensuring the appropriate use of services,
97 including inpatient hospital services and pharmaceuticals. The
98 providers in the network must be enrolled in the MediPass
99 program.

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

104 (b) The agency shall reimburse the minority physician
105 network as a fee-for-service provider, including the case
106 management fee for primary care, or as a capitated rate provider
107 for Medicaid services. Any savings shall be shared with the
108 minority physician network pursuant to the contract.

109 (c) For purposes of this subsection, the term "cost-
110 effective" means that a network's per-member, per-month costs to
111 the state, including, but not limited to, fee-for-service costs,
112 administrative costs, and case-management fees, must be no
113 greater than the state's costs associated with contracts for
114 Medicaid services established under subsection (3), which shall
115 be actuarially adjusted for case mix, model, and service area.
116 The agency shall conduct actuarially sound audits adjusted for
117 case mix and model in order to ensure such cost-effectiveness
118 and shall publish the audit results on its Internet website and
119 submit the audit results annually to the Governor, the President
120 of the Senate, and the Speaker of the House of Representatives
121 no later than December 31. Contracts established pursuant to
122 this subsection which are not cost-effective may not be renewed.

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

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

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127 ===== T I T L E A M E N D M E N T =====

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128 Remove the entire title and insert:
129 A bill to be entitled
130 An act relating to minority health care; creating s.
131 381.736, F.S.; providing for the Department of Health to
132 monitor and report on Florida's status regarding the
133 Healthy People 2010 goals and objectives currently tracked
134 by the department; requiring an annual report to the
135 Legislature; requiring the department to work with various
136 groups to educate health care professionals on racial and
137 ethnic issues in health, to recruit and train health care
138 professionals from minority backgrounds, and to promote
139 certain research; amending s. 409.901, F.S.; defining the
140 term "minority physician network"; amending s. 409.912,
141 F.S.; requiring the Agency for Health Care Administration
142 to contract for a Medicaid minority physician network;
143 providing guidelines for the operation of the network;
144 defining the term "cost-effective"; requiring the agency
145 to conduct actuarially sound audits; providing an
146 effective date.