

CHAMBER ACTION

1 The Committee on Appropriations recommends the following:

2
3 **Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to minority health care; creating s.
7 381.736, F.S.; providing for the Department of Health to
8 monitor and report on Florida's status regarding the
9 Healthy People 2010 goals and objectives currently tracked
10 by the department; requiring an annual report to the
11 Legislature; requiring the department to work with various
12 groups to educate health care professionals on racial and
13 ethnic issues in health, to recruit and train health care
14 professionals from minority backgrounds, and to promote
15 certain research; amending s. 409.901, F.S.; defining the
16 term "minority physician network"; amending s. 409.912,
17 F.S.; requiring the Agency for Health Care Administration
18 to contract for a Medicaid minority physician network;
19 providing guidelines for the operation of the network;
20 defining the term "cost-effective"; requiring the agency
21 to conduct actuarially sound audits; providing an
22 effective date.

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

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26 Section 1. Section 381.736, Florida Statutes, is created
27 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
32 available to the department. The federal Healthy People 2010
33 goals and objectives are designed to measure and help to improve
34 the health of all Americans by advancing the following goals:

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

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

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

43 (3) To reduce negative health consequences that result
44 from ignoring racial and ethnic cultures, the department shall
45 work with minority physician networks to develop programs to
46 educate health care professionals about the importance of
47 culture in health status. These programs shall include, but need
48 not be limited to:

49 (a) The education of health care providers about the
50 prevalence of specific health conditions among certain minority
51 groups.

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

55 (c) The creation of initiatives that educate private-
 56 sector health care and managed care organizations about the
 57 importance of cross-cultural training of health care
 58 professionals and the effect of such training on the
 59 professional-patient relationship.

60 (d) The fostering of increased use of interpreter services
 61 in health care settings.

62 (4) The department shall work with and promote the
 63 establishment of public and private partnerships with charitable
 64 organizations, hospitals, and minority physician networks to
 65 increase the proportion of health care professionals from
 66 minority backgrounds.

67 (5) The department shall work with and promote research on
 68 methods by which to reduce disparities in health care at
 69 colleges and universities that have historically large minority
 70 enrollments, including centers of excellence in this state
 71 identified by the National Center on Minority Health and Health
 72 Disparities, by working with those colleges, universities, and
 73 with community representatives to encourage local minority
 74 students to pursue professions in health care.

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

79 409.901 Definitions; ss. 409.901-409.920.--As used in ss.
80 409.901-409.920, except as otherwise specifically provided, the
81 term:

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

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

90 409.912 Cost-effective purchasing of health care.--The
91 agency shall purchase goods and services for Medicaid recipients
92 in the most cost-effective manner consistent with the delivery
93 of quality medical care. The agency shall maximize the use of
94 prepaid per capita and prepaid aggregate fixed-sum basis
95 services when appropriate and other alternative service delivery
96 and reimbursement methodologies, including competitive bidding
97 pursuant to s. 287.057, designed to facilitate the cost-
98 effective purchase of a case-managed continuum of care. The
99 agency shall also require providers to minimize the exposure of
100 recipients to the need for acute inpatient, custodial, and other
101 institutional care and the inappropriate or unnecessary use of
102 high-cost services. The agency may establish prior authorization
103 requirements for certain populations of Medicaid beneficiaries,
104 certain drug classes, or particular drugs to prevent fraud,
105 abuse, overuse, and possible dangerous drug interactions. The
106 Pharmaceutical and Therapeutics Committee shall make

107 | recommendations to the agency on drugs for which prior
 108 | authorization is required. The agency shall inform the
 109 | Pharmaceutical and Therapeutics Committee of its decisions
 110 | regarding drugs subject to prior authorization.

111 | (45) The agency shall contract with minority physician
 112 | networks that have a history of providing health care services
 113 | to historically underserved minorities. The network must provide
 114 | cost-effective Medicaid services, comply with the requirements
 115 | of the MediPass program, and provide its primary care physicians
 116 | with access to data and other management tools necessary to
 117 | assist them in ensuring the appropriate use of services,
 118 | including inpatient hospital services and pharmaceuticals. The
 119 | providers in the network must be enrolled in the MediPass
 120 | program.

121 | (a) The agency shall provide for the development and
 122 | expansion of minority physician networks in each service area to
 123 | provide services to Medicaid recipients who are eligible to
 124 | participate under federal law and rules.

125 | (b) The agency shall reimburse the minority physician
 126 | network as a fee-for-service provider, including the case
 127 | management fee for primary care, or as a capitated rate provider
 128 | for Medicaid services. Any savings shall be shared with the
 129 | minority physician network pursuant to the contract.

130 | (c) For purposes of this subsection, the term "cost-
 131 | effective" means that a network's per-member, per-month costs to
 132 | the state, including, but not limited to, fee-for-service costs,
 133 | administrative costs, and case-management fees, must be no
 134 | greater than the state's costs associated with contracts for

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135 Medicaid services established under subsection (3), which shall
136 be actuarially adjusted for case mix, model, and service area.
137 The agency shall conduct actuarially sound audits adjusted for
138 case mix and model in order to ensure such cost-effectiveness
139 and shall publish the audit results on its Internet website and
140 submit the audit results annually to the Governor, the President
141 of the Senate, and the Speaker of the House of Representatives
142 no later than December 31. Contracts established pursuant to
143 this subsection which are not cost-effective may not be renewed.

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

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