

A bill to be entitled

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

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

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

381.736 Florida Healthy People 2010 Program.--

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

29 goals and objectives are designed to measure and help to improve  
30 the health of all Americans by advancing the following goals:

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

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

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

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

45 (a) The education of health care providers about the  
46 prevalence of specific health conditions among certain minority  
47 groups.

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

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

56        (d) The fostering of increased use of interpreter services  
57 in health care settings.

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

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

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

75        409.901 Definitions; ss. 409.901-409.920.--As used in ss.  
76 409.901-409.920, except as otherwise specifically provided, the  
77 term:

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

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

86 409.912 Cost-effective purchasing of health care.--The  
 87 agency shall purchase goods and services for Medicaid recipients  
 88 in the most cost-effective manner consistent with the delivery  
 89 of quality medical care. The agency shall maximize the use of  
 90 prepaid per capita and prepaid aggregate fixed-sum basis  
 91 services when appropriate and other alternative service delivery  
 92 and reimbursement methodologies, including competitive bidding  
 93 pursuant to s. 287.057, designed to facilitate the cost-  
 94 effective purchase of a case-managed continuum of care. The  
 95 agency shall also require providers to minimize the exposure of  
 96 recipients to the need for acute inpatient, custodial, and other  
 97 institutional care and the inappropriate or unnecessary use of  
 98 high-cost services. The agency may establish prior authorization  
 99 requirements for certain populations of Medicaid beneficiaries,  
 100 certain drug classes, or particular drugs to prevent fraud,  
 101 abuse, overuse, and possible dangerous drug interactions. The  
 102 Pharmaceutical and Therapeutics Committee shall make  
 103 recommendations to the agency on drugs for which prior  
 104 authorization is required. The agency shall inform the  
 105 Pharmaceutical and Therapeutics Committee of its decisions  
 106 regarding drugs subject to prior authorization.

107 (45) The agency shall contract with minority physician  
 108 networks that have a history of providing health care services  
 109 to historically underserved minorities. The network must provide  
 110 cost-effective Medicaid services, comply with the requirements  
 111 of the MediPass program, and provide its primary care physicians

112 with access to data and other management tools necessary to  
113 assist them in ensuring the appropriate use of services,  
114 including inpatient hospital services and pharmaceuticals. The  
115 providers in the network must be enrolled in the MediPass  
116 program.

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

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

126 (c) For purposes of this subsection, the term "cost-  
127 effective" means that a network's per-member, per-month costs to  
128 the state, including, but not limited to, fee-for-service costs,  
129 administrative costs, and case-management fees, must be no  
130 greater than the state's costs associated with contracts for  
131 Medicaid services established under subsection (3), which shall  
132 be actuarially adjusted for case mix, model, and service area.  
133 The agency shall conduct actuarially sound audits adjusted for  
134 case mix and model in order to ensure such cost-effectiveness  
135 and shall publish the audit results on its Internet website and  
136 submit the audit results annually to the Governor, the President  
137 of the Senate, and the Speaker of the House of Representatives  
138 no later than December 31. Contracts established pursuant to  
139 this subsection which are not cost-effective may not be renewed.

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

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