

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Coley offered the following:

2  
3 **Amendment to Amendment (171333) (with title amendment)**

4 Remove lines 19-742 and insert:

5 Section 3. Subsections (13) through (40) of section  
6 393.063, Florida Statutes, are renumbered as subsections (14)  
7 through (41), respectively, subsections (3) and (9) are amended,  
8 and a new subsection (13) is added to that section, to read:

9 393.063 Definitions.--For the purposes of this chapter,  
10 the term:

11 (3) (a) "Autism" means a pervasive, neurologically based  
12 developmental disability of extended duration which causes  
13 severe learning, communication, and behavior disorders with age  
14 of onset during infancy or childhood. Individuals with autism  
15 exhibit impairment in reciprocal social interaction, impairment  
16 in verbal and nonverbal communication and imaginative ability,

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17 and a markedly restricted repertoire of activities and  
18 interests.

19 (b) "Autism spectrum disorder" means any of the following  
20 disorders as defined with most recent edition of the Diagnostic  
21 and Statistical Manual of Mental Disorders of the American  
22 Psychiatric Association:

- 23 1. Autistic disorder;  
24 2. Asperger syndrome; or  
25 3. Pervasive developmental disorder not otherwise  
26 specified.

27 (9) "Developmental disability" means a disorder or  
28 syndrome that is attributable to retardation, cerebral palsy,  
29 autism, spina bifida, Down syndrome, or Prader-Willi syndrome;  
30 that manifests before the age of 18; and that constitutes a  
31 substantial handicap that can reasonably be expected to continue  
32 indefinitely.

33 (13) "Down syndrome" means a genetic disorder caused by  
34 the presence of extra chromosomal material on chromosome 21.  
35 Causes of the syndrome may include Trisomy 21, Mosaicism,  
36 Robertsonian Translocation, and other duplications of a portion  
37 of chromosome 21.

38 Section 4. Subsection (7) of section 409.8132, Florida  
39 Statutes, is amended to read:

40 409.8132 Medikids program component.--

41 (7) ENROLLMENT.--Enrollment in the Medikids program  
42 component may occur at any time throughout the year. A child may  
43 not receive services under the Medikids program until the child  
44 is enrolled in a managed care plan or MediPass. Once determined

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45 eligible, an applicant may receive choice counseling and select  
46 a managed care plan or MediPass. The agency may initiate  
47 mandatory assignment for a Medikids applicant who has not chosen  
48 a managed care plan or MediPass provider after the applicant's  
49 voluntary choice period ends; however, the agency shall ensure  
50 that family members are assigned to the same managed care plan  
51 or the same MediPass provider to the greatest extent possible,  
52 including situations in which some family members are enrolled  
53 in Medicaid and other family members are enrolled in a Title  
54 XXI-funded component of the Florida Kidcare program. An  
55 applicant may select MediPass under the Medikids program  
56 component only in counties that have fewer than two managed care  
57 plans available to serve Medicaid recipients and only if the  
58 federal Health Care Financing Administration determines that  
59 MediPass constitutes "health insurance coverage" as defined in  
60 Title XXI of the Social Security Act.

61 Section 5. Subsection (2) of section 409.8134, Florida  
62 Statutes, is amended, and subsection (5) is added to that  
63 section, to read:

64 409.8134 Program expenditure ceiling.--

65 (2) Open enrollment periods shall consist of:

66 (a) Enrollment for premium assistance.--The Florida  
67 Kidcare program may conduct enrollment at any time throughout  
68 the year for the purpose of enrolling children eligible for all  
69 program components listed in s. 409.813 except Medicaid. The  
70 four Florida Kidcare administrators shall work together to  
71 ensure that the year-round enrollment period is announced  
72 statewide. Eligible children for premium assistance shall be

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73 enrolled on a first-come, first-served basis using the date the  
74 enrollment application is received. Enrollment shall immediately  
75 cease when the expenditure ceiling is reached. Year-round  
76 enrollment for premium assistance shall only be held if the  
77 Social Services Estimating Conference determines that sufficient  
78 federal and state funds will be available to finance the  
79 increased enrollment ~~through federal fiscal year 2007~~. Any  
80 individual who is not enrolled must reapply by submitting a new  
81 application. The application for the Florida Kidcare program  
82 shall be valid for a period of 120 days after the date it was  
83 received. At the end of the 120-day period, if the applicant has  
84 not been enrolled in the program, the application shall be  
85 invalid and the applicant shall be notified of the action. The  
86 applicant may reactivate ~~resubmit~~ the application after  
87 notification of the action taken by the program. Except for the  
88 Medicaid program, whenever the Social Services Estimating  
89 Conference determines that there are presently, or will be by  
90 the end of the current fiscal year, insufficient funds to  
91 finance the current or projected enrollment in the Florida  
92 Kidcare program, all additional enrollment must cease and  
93 additional enrollment may not resume until sufficient funds are  
94 available to finance such enrollment.

95 (b) Open enrollment without premium assistance, effective  
96 July 1, 2009.--

97 1. Effective July 1, 2009, an open enrollment period for  
98 the Florida Healthy Kids program for those enrollees not  
99 eligible for premium assistance may be held once each fiscal  
100 year and may not exceed 30 consecutive calendar days in length.

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101 The timing and length of any open enrollment period shall be  
102 determined by the Florida Healthy Kids Corporation. Applicants  
103 shall be enrolled on a first come, first served basis, based  
104 upon the date the application was received. During the 2009-2010  
105 fiscal year, the effective date for new enrollees without  
106 premium assistance shall be October 1, 2009. However, for a  
107 child who has had his or her coverage in an employer-sponsored  
108 or private health benefit plan voluntarily canceled in the last  
109 90 days and who is otherwise eligible to participate without  
110 premium assistance the effective date of coverage shall be the  
111 end of the 90-day period or October 1, 2009, whichever is later.

112 2. The following individuals are not subject to the open  
113 enrollment period:

114 a. Enrollees in any Florida Kidcare program component that  
115 are determined to be no longer eligible under that component due  
116 to changes in income or age. These enrollees may transfer to the  
117 Healthy Kids program if such transfer is initiated within 30  
118 days after the loss of such eligibility.

119 b. Applicants that have adopted a child in the state.

120 c. Applicants who have had employer-sponsored or private  
121 health insurance involuntarily canceled within 30 days prior to  
122 submission of the application.

123 3. Any individual who is not enrolled under this  
124 subsection must reapply by submitting a new application during  
125 the next open enrollment period. The application for the Florida  
126 Kidcare program without premium assistance shall be valid for  
127 the period of the open enrollment.

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128       (5) Effective October 1, 2009, upon determination by the  
129 Social Service Estimating Conference, in consultation with the  
130 agency and the Florida Healthy Kids Corporation, that enrollment  
131 of children whose family income exceeds 200 percent of the  
132 federal poverty level is projected to raise overall premiums per  
133 enrollee by greater than 5 percent of current average premiums  
134 in the Florida Healthy Kids plans, the board of directors of the  
135 Florida Healthy Kids Corporation may, with the concurrence of  
136 the agency, take appropriate actions to reduce the projected  
137 cost below the projected 5 percent increase. Actions the board  
138 may take may include, but are not limited to:

139       (a) Reducing habilitative and behavior analysis benefits  
140 to enrollees who are receiving these services.

141       (b) Eliminating habilitative and or behavior analysis  
142 services as a benefit in Healthy Kids plans for enrollees and  
143 providing enrollees the opportunity to purchase these benefits  
144 separately.

145       (c) Increasing copayments for habilitative and behavior  
146 analysis services provided to nonpremium assistance enrollees.

147       (d) Reducing benefit packages to all nonpremium assistance  
148 enrollees.

149       Section 6. Paragraphs (c) and (f) of subsection (4) and  
150 subsections (5), (7), and (8) of section 409.814, Florida  
151 Statutes, are amended to read:

152       409.814 Eligibility.--A child who has not reached 19 years  
153 of age whose family income is equal to or below 200 percent of  
154 the federal poverty level is eligible for the Florida Kidcare  
155 program as provided in this section. For enrollment in the

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156 Children's Medical Services Network, a complete application  
157 includes the medical or behavioral health screening. If,  
158 subsequently, an individual is determined to be ineligible for  
159 coverage, he or she must immediately be disenrolled from the  
160 respective Florida Kidcare program component.

161 (4) The following children are not eligible to receive  
162 premium assistance for health benefits coverage under the  
163 Florida Kidcare program, except under Medicaid if the child  
164 would have been eligible for Medicaid under s. 409.903 or s.  
165 409.904 as of June 1, 1997:

166 (c) A child who is seeking premium assistance for the  
167 Florida Kidcare program through employer-sponsored group  
168 coverage, if the child has been covered by the same employer's  
169 group coverage during the 90 days ~~6 months~~ prior to the family's  
170 submitting an application for determination of eligibility under  
171 the program.

172 (f) A child who has had his or her coverage in an  
173 employer-sponsored or private health benefit plan voluntarily  
174 canceled in the last 90 days ~~6 months~~, except those children who  
175 were on the waiting list prior to March 12, 2004, or whose  
176 coverage was voluntarily canceled for good cause, including, but  
177 not limited to, the following circumstances:

178 1. The cost of participation in an employer-sponsored or  
179 private health benefit plan is greater than 5 percent of the  
180 family's income;

181 2. The parent lost a job that provided an employer-  
182 sponsored health benefit plan for children;

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183       3. The parent with health benefits coverage for the child  
184 is deceased;

185       4. The employer of the parent canceled health benefits  
186 coverage for children;

187       5. The child's health benefits coverage ended because the  
188 child reached the maximum lifetime coverage amount;

189       6. The child has exhausted coverage under a COBRA  
190 continuation provision; or

191       7. A situation involving domestic violence led to the loss  
192 of coverage.

193       (5) A child whose family income is above 200 percent of  
194 the federal poverty level or a child who is excluded under the  
195 provisions of subsection (4) may participate in the Medikids  
196 program as provided in s. 409.8132 or, if the child is  
197 ineligible for Medikids by reason of age, in the Florida Healthy  
198 Kids program as provided in s. 624.91, subject to the following  
199 provisions:

200       (a) The family is not eligible for premium assistance  
201 payments and must pay the full cost of the premium, including  
202 any administrative costs.

203       (b) Effective October 1, 2009, new applicants for  
204 nonpremium assistance in the Medikids program shall enroll in  
205 the Florida Healthy Kids program component of the Florida  
206 Kidcare program. ~~The agency is authorized to place limits on~~  
207 ~~enrollment in Medikids by these children in order to avoid~~  
208 ~~adverse selection. The number of children participating in~~  
209 ~~Medikids whose family income exceeds 200 percent of the federal~~

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210 ~~poverty level must not exceed 10 percent of total enrollees in~~  
211 ~~the Medikids program.~~

212 (c) The board of directors of the Florida Healthy Kids  
213 Corporation ~~is authorized to place limits on enrollment of these~~  
214 ~~children in order to avoid adverse selection. In addition, the~~  
215 ~~board~~ is authorized to offer a reduced benefit package to these  
216 children in order to limit program costs for such families. The  
217 ~~number of children participating in the Florida Healthy Kids~~  
218 ~~program whose family income exceeds 200 percent of the federal~~  
219 ~~poverty level must not exceed 10 percent of total enrollees in~~  
220 ~~the Florida Healthy Kids program.~~

221 (7) When determining or reviewing a child's eligibility  
222 under the Florida Kidcare program, the applicant shall be  
223 provided with reasonable notice of changes in eligibility which  
224 may affect enrollment in one or more of the program components.  
225 When a transition from one program component to another is  
226 authorized, there shall be cooperation between the program  
227 components, and the affected family, the child's health  
228 insurance plan, and the child's health care providers to promote  
229 which promotes continuity of health care coverage. If a child is  
230 determined ineligible for Medicaid or Medikids, the agency, in  
231 coordination with the department, shall notify that child's  
232 Medicaid managed care plan or MediPass provider of such  
233 determination before the child's eligibility is scheduled to be  
234 terminated so that the Medicaid managed care plan or MediPass  
235 provider can assist the child's family in applying for Florida  
236 Kidcare program coverage. Any authorized transfers must be  
237 managed within the program's overall appropriated or authorized

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238 levels of funding. Each component of the program shall establish  
239 a reserve to ensure that transfers between components will be  
240 accomplished within current year appropriations. These reserves  
241 shall be reviewed by each convening of the Social Services  
242 Estimating Conference to determine the adequacy of such reserves  
243 to meet actual experience.

244 (8) In determining the eligibility of a child for the  
245 Florida Kidcare program, an assets test is not required. The  
246 information required under this section from each applicant  
247 shall be obtained electronically to the extent possible. If such  
248 information cannot be obtained electronically, the ~~Each~~  
249 applicant shall provide written documentation during the  
250 application process and the redetermination process, including,  
251 but not limited to, the following:

252 (a) Proof of family income, which must include a copy of  
253 the applicant's most recent federal income tax return. In the  
254 absence of a federal income tax return, an applicant may submit  
255 wages and earnings statements (pay stubs), W-2 forms, or other  
256 appropriate documents.

257 (b) A statement from all family members that:

258 1. Their employer does not sponsor a health benefit plan  
259 for employees; or

260 2. The potential enrollee is not covered by the employer-  
261 sponsored health benefit plan because the potential enrollee is  
262 not eligible for coverage, or, if the potential enrollee is  
263 eligible but not covered, a statement of the cost to enroll the  
264 potential enrollee in the employer-sponsored health benefit  
265 plan.

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An individual who applies for coverage under the Florida Kidcare program and who pays the full cost of the premium is exempt from the requirements of this subsection.

Section 7. Paragraphs (r) through (v) of subsection (2) of section 409.815, Florida Statutes, are redesignated as paragraphs (s) through (w), respectively, present paragraphs (o), (r), and (u) are amended, and a new paragraph (r) is added to that subsection, to read:

409.815 Health benefits coverage; limitations.--

(2) BENCHMARK BENEFITS.--In order for health benefits coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.820, the health benefits coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically necessary.

(o) Therapy services.--Covered services include habilitative and rehabilitative services, including occupational, physical, respiratory, and speech therapies, with the following limitations:

1. Rehabilitative services are limited to:

~~a.1. Services must be for~~ Short-term rehabilitation when where significant improvement in the enrollee's condition will result; and

~~b.2. Services shall be limited to~~ Not more than 24 treatment sessions within a 60-day period per episode or injury, with the 60-day period beginning with the first treatment.

2. Effective October 1, 2009, habilitative services shall be offered and are limited to:

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294 a. Habilitation when improvements in and maintenance of  
295 human behavior, skill acquisition, and communication will  
296 result; and

297 b. Enrollees that are diagnosed with a developmental  
298 disability as defined in s. 393.063(3) (a) or autism spectrum  
299 disorder as defined in s. 393.063(3) (b).

300 (r) Behavior analysis services.--Effective October 1,  
301 2009, behavior analysis and behavior assistant services shall be  
302 covered for enrollees that are diagnosed with a developmental  
303 disability as defined in s. 393.063(3) (a) or autism spectrum  
304 disorder as defined in s. 393.063(3) (b). For purposes of this  
305 paragraph:

306 1. "Behavior analysis" means the design, implementation,  
307 and evaluation of instructional and environmental modifications  
308 to produce socially significant improvements in human behavior  
309 through skill acquisition and the reduction of problematic  
310 behavior. Behavior analysis shall be provided by an individual  
311 certified pursuant to s. 393.17 or an individual licensed under  
312 chapter 490 or chapter 491.

313 2. "Behavior assistant services" means services provided  
314 by an individual with specific training to assist in carrying  
315 out plans designed by a behavior analyst.

316 (s)~~(r)~~ Lifetime maximum and limitations.--Health benefits  
317 coverage obtained under ss. 409.810-409.820 shall pay an  
318 enrollee's covered expenses at a lifetime maximum of \$1 million  
319 per covered child. However, coverage for the combination of  
320 behavior analysis services and habilitative therapy services for  
321 recipients diagnosed with a developmental disability as defined

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322 in s. 393.063(3)(a) or autism spectrum disorder as defined in s.  
323 393.063(3)(b) shall be limited to \$36,000 annually and may not  
324 exceed \$108,000 in total lifetime benefits. Without prior  
325 authorization by the Florida Healthy Kids plan, not more than 12  
326 percent of the annual maximum amount for combined habilitative  
327 therapy and behavior analysis services may be used on a monthly  
328 basis.

329 (v) ~~(u)~~ Enhancements to minimum requirements.--

330 1. This section sets the minimum benefits that must be  
331 included in any health benefits coverage, other than Medicaid or  
332 Medikids coverage, offered under ss. 409.810-409.820. Health  
333 benefits coverage may include additional benefits not included  
334 under this subsection, but may not include benefits excluded  
335 under paragraph (t) ~~(s)~~.

336 2. Health benefits coverage may extend any limitations  
337 beyond the minimum benefits described in this section.

338  
339 Except for the Children's Medical Services Network, the agency  
340 may not increase the premium assistance payment for either  
341 additional benefits provided beyond the minimum benefits  
342 described in this section or the imposition of less restrictive  
343 service limitations.

344 Section 8. Paragraph (b) of subsection (1) of section  
345 409.818, Florida Statutes, is amended to read:

346 409.818 Administration.--In order to implement ss.  
347 409.810-409.820, the following agencies shall have the following  
348 duties:

349 (1) The Department of Children and Family Services shall:

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350 (b) Establish and maintain the eligibility determination  
351 process under the program except as specified in subsection (5).  
352 The department shall directly, or through the services of a  
353 contracted third-party administrator, establish and maintain a  
354 process for determining eligibility of children for coverage  
355 under the program. The eligibility determination process must be  
356 used solely for determining eligibility of applicants for health  
357 benefits coverage under the program. The eligibility  
358 determination process must include an initial determination of  
359 eligibility for any coverage offered under the program, as well  
360 as a redetermination or reverification of eligibility each  
361 subsequent 12 6 months. Effective January 1, 1999, a child who  
362 has not attained the age of 5 and who has been determined  
363 eligible for the Medicaid program is eligible for coverage for  
364 12 months without a redetermination or reverification of  
365 eligibility. In conducting an eligibility determination, the  
366 department shall determine if the child has special health care  
367 needs. The department, in consultation with the Agency for  
368 Health Care Administration and the Florida Healthy Kids  
369 Corporation, shall develop procedures for redetermining  
370 eligibility which enable a family to easily update any change in  
371 circumstances which could affect eligibility. The department may  
372 accept changes in a family's status as reported to the  
373 department by the Florida Healthy Kids Corporation without  
374 requiring a new application from the family. Redetermination of  
375 a child's eligibility for Medicaid may not be linked to a  
376 child's eligibility determination for other programs.

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377 Section 9. Subsection (26) is added to section 409.906,  
378 Florida Statutes, to read:

379 409.906 Optional Medicaid services.--Subject to specific  
380 appropriations, the agency may make payments for services which  
381 are optional to the state under Title XIX of the Social Security  
382 Act and are furnished by Medicaid providers to recipients who  
383 are determined to be eligible on the dates on which the services  
384 were provided. Any optional service that is provided shall be  
385 provided only when medically necessary and in accordance with  
386 state and federal law. Optional services rendered by providers  
387 in mobile units to Medicaid recipients may be restricted or  
388 prohibited by the agency. Nothing in this section shall be  
389 construed to prevent or limit the agency from adjusting fees,  
390 reimbursement rates, lengths of stay, number of visits, or  
391 number of services, or making any other adjustments necessary to  
392 comply with the availability of moneys and any limitations or  
393 directions provided for in the General Appropriations Act or  
394 chapter 216. If necessary to safeguard the state's systems of  
395 providing services to elderly and disabled persons and subject  
396 to the notice and review provisions of s. 216.177, the Governor  
397 may direct the Agency for Health Care Administration to amend  
398 the Medicaid state plan to delete the optional Medicaid service  
399 known as "Intermediate Care Facilities for the Developmentally  
400 Disabled." Optional services may include:

401 (26) HOME AND COMMUNITY-BASED SERVICES FOR AUTISM SPECTRUM  
402 DISORDER AND OTHER DEVELOPMENTAL DISABILITIES.--The agency is  
403 authorized to seek federal approval through a Medicaid waiver or  
404 a state plan amendment for the provision of occupational

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405 therapy, speech therapy, physical therapy, behavior analysis,  
406 and behavior assistant services to individuals who are 5 years  
407 of age and under and have a diagnosed developmental disability  
408 as defined in s. 393.063(3) (a) or autism spectrum disorder as  
409 defined in s. 393.063(3) (b). Coverage for such services shall be  
410 limited to \$36,000 annually and may not exceed \$108,000 in total  
411 lifetime benefits. The agency shall submit an annual report  
412 beginning on January 1, 2009, to the President of the Senate,  
413 the Speaker of the House of Representatives, and the relevant  
414 committees of the Senate and the House of Representatives  
415 regarding progress on obtaining federal approval and  
416 recommendations for the implementation of these home and  
417 community-based services. The agency may not implement this  
418 subsection without prior legislative approval.

419 Section 10. Section 456.0291, Florida Statutes, is created  
420 to read:

421 456.0291 Requirement for instruction on developmental  
422 disabilities.--

423 (1) (a) The appropriate board shall require each person  
424 licensed or certified under part I of chapter 464, chapter 490,  
425 or chapter 491 to complete a 2-hour continuing education course,  
426 approved by the board, on developmental disabilities as defined  
427 in s. 393.063(3) (a) or autism spectrum disorder as defined in s.  
428 393.063(3) (b), as part of every third biennial relicensure or  
429 recertification. The course shall consist of information on the  
430 diagnosis and treatment of developmental disabilities and  
431 information on counseling and education of a parent whose child  
432 is diagnosed with a developmental disability as defined in s.

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433 393.063(3)(a), with an emphasis on autism spectrum disorder as  
434 defined in s. 393.063(3)(b).

435 (b) The Board of Medicine and the Board of Osteopathic  
436 Medicine shall require each physician with a primary care  
437 specialty of pediatrics to complete a 2-hour continuing  
438 education course, approved by the appropriate board, on  
439 developmental disabilities as defined in s. 393.063(3)(a) and  
440 autism spectrum disorder as defined in s. 393.063(3)(b), as part  
441 of every third biennial relicensure. The course shall consist of  
442 information on the diagnosis and treatment of developmental  
443 disabilities and information on counseling and education of a  
444 parent whose child is diagnosed with a developmental disability  
445 as defined in s. 393.063(3)(a), with an emphasis on autism  
446 spectrum disorder as defined in s. 393.063(3)(b).

447 (c) Each such licensee or certificateholder shall submit  
448 confirmation of having completed the course, on a form provided  
449 by the board, when submitting fees for every third biennial  
450 renewal.

451 (d) The board may approve additional equivalent courses  
452 that may be used to satisfy the requirements of paragraph (a).  
453 Each licensing board that requires a licensee to complete an  
454 educational course pursuant to this subsection may include the  
455 hours required for completion of the course in the total hours  
456 of continuing education required by law for such profession  
457 unless the continuing education requirements for such profession  
458 consist of fewer than 30 hours biennially.

459 (e) Any person holding two or more licenses subject to the  
460 provisions of this subsection shall be permitted to show proof

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461 of having taken one board-approved course on developmental  
462 disabilities for purposes of relicensure or recertification for  
463 additional licenses.

464 (f) Failure to comply with the requirements of this  
465 subsection shall constitute grounds for disciplinary action  
466 under each respective practice act and under s. 456.072(1)(k).  
467 In addition to discipline by the board, the licensee shall be  
468 required to complete such course.

469 (2) Each board may adopt rules pursuant to ss. 120.536(1)  
470 and 120.54 to carry out the provisions of this section.

471 (3) The department shall implement a plan to promote  
472 awareness of developmental disabilities as defined in s.  
473 393.063(3)(a), with an emphasis on autism spectrum disorder as  
474 defined in s. 393.063(3)(b), to physicians licensed under  
475 chapter 458 or chapter 459 and parents. The department shall  
476 develop the plan in consultation with organizations representing  
477 allopathic and osteopathic physicians, the Board of Medicine,  
478 the Board of Osteopathic Medicine, and nationally recognized  
479 organizations that promote awareness of developmental  
480 disabilities. The department's plan shall include the  
481 distribution of educational materials for parents, including a  
482 developmental assessment tool.

483 Section 11. Paragraph (b) of subsection (2) and paragraph  
484 (b) of subsection (5) of section 624.91, Florida Statutes, are  
485 amended to read:

486 624.91 The Florida Healthy Kids Corporation Act.--

487 (2) LEGISLATIVE INTENT.--

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488 (b) It is the intent of the Legislature that the Florida  
489 Healthy Kids Corporation serve as one of several providers of  
490 services to children eligible for medical assistance under Title  
491 XXI of the Social Security Act. Although the corporation may  
492 serve other children, the Legislature intends the primary  
493 recipients of services provided through the corporation be  
494 ~~school-age~~ children with a family income below 200 percent of  
495 the federal poverty level, who do not qualify for Medicaid. It  
496 is also the intent of the Legislature that state and local  
497 government Florida Healthy Kids funds be used to continue  
498 coverage, subject to specific appropriations in the General  
499 Appropriations Act, to children not eligible for federal  
500 matching funds under Title XXI.

501 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

502 (b) The Florida Healthy Kids Corporation shall:

503 1. Arrange for the collection of any family, local  
504 contributions, or employer payment or premium, in an amount to  
505 be determined by the board of directors, to provide for payment  
506 of premiums for comprehensive insurance coverage and for the  
507 actual or estimated administrative expenses.

508 2. Arrange for the collection of any voluntary  
509 contributions to provide for payment of premiums for children  
510 who are not eligible for medical assistance under Title XXI of  
511 the Social Security Act.

512 3. Subject to the provisions of s. 409.8134, accept  
513 voluntary supplemental local match contributions that comply  
514 with the requirements of Title XXI of the Social Security Act

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515 for the purpose of providing additional coverage in contributing  
516 counties under Title XXI.

517 4. Establish the administrative and accounting procedures  
518 for the operation of the corporation.

519 5. Establish, with consultation from appropriate  
520 professional organizations, standards for preventive health  
521 services and providers and comprehensive insurance benefits  
522 appropriate to children, provided that such standards for rural  
523 areas shall not limit primary care providers to board-certified  
524 pediatricians.

525 6. Determine eligibility for children seeking to  
526 participate in the Title XXI-funded components of the Florida  
527 Kidcare program consistent with the requirements specified in s.  
528 409.814, as well as the non-Title-XXI-eligible children as  
529 provided in subsection (3).

530 7. Establish procedures under which providers of local  
531 match to, applicants to and participants in the program may have  
532 grievances reviewed by an impartial body and reported to the  
533 board of directors of the corporation.

534 8. Establish participation criteria and, if appropriate,  
535 contract with an authorized insurer, health maintenance  
536 organization, or third-party administrator to provide  
537 administrative services to the corporation.

538 9. Establish enrollment criteria which shall include  
539 penalties or waiting periods of not fewer than 60 days for  
540 reinstatement of coverage upon voluntary cancellation for  
541 nonpayment of family premiums.

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542           10. Contract with authorized insurers or any provider of  
543 health care services, meeting standards established by the  
544 corporation, for the provision of comprehensive insurance  
545 coverage to participants. Such standards shall include criteria  
546 under which the corporation may contract with more than one  
547 provider of health care services in program sites. Health plans  
548 shall be selected through a competitive bid process. The Florida  
549 Healthy Kids Corporation shall purchase goods and services in  
550 the most cost-effective manner consistent with the delivery of  
551 quality medical care. The maximum administrative cost for a  
552 Florida Healthy Kids Corporation contract shall be 15 percent.  
553 For health care contracts, the minimum medical loss ratio for a  
554 Florida Healthy Kids Corporation contract shall be 85 percent.  
555 For dental contracts, the remaining compensation to be paid to  
556 the authorized insurer or provider under a Florida Healthy Kids  
557 Corporation contract shall be no less than an amount which is 85  
558 percent of premium; to the extent any contract provision does  
559 not provide for this minimum compensation, this section shall  
560 prevail. The health plan selection criteria and scoring system,  
561 and the scoring results, shall be available upon request for  
562 inspection after the bids have been awarded.

563           11. Establish disenrollment criteria in the event local  
564 matching funds are insufficient to cover enrollments.

565           12. Develop and implement a plan to publicize the Florida  
566 Kidcare program ~~Healthy Kids Corporation~~, the eligibility  
567 requirements of the program, and the procedures for enrollment  
568 in the program and to maintain public awareness of the  
569 corporation and the program. Health care and dental health plans

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570 participating in the program may develop and distribute  
571 marketing and other promotional materials and participate in  
572 activities, such as health fairs and public events, as approved  
573 by the corporation. Health care and dental health plans may also  
574 contact their current and former enrollees to encourage  
575 continued participation in the program and assist the enrollee  
576 in transferring from a Title XIX-funded plan to a Title XXI-  
577 funded plan.

578 13. Establish an assignment process for Florida Healthy  
579 Kids program enrollees to ensure that family members are  
580 assigned to the same managed care plan to the greatest extent  
581 possible, including situations in which some family members are  
582 enrolled in a Medicaid managed care plan and other family  
583 members are enrolled in a Florida Healthy Kids plan. The Agency  
584 for Health Care Administration shall consult with the  
585 corporation to implement this subparagraph.

586 14.13- Secure staff necessary to properly administer the  
587 corporation. Staff costs shall be funded from state and local  
588 matching funds and such other private or public funds as become  
589 available. The board of directors shall determine the number of  
590 staff members necessary to administer the corporation.

591 15.14- Provide a report annually to the Governor, Chief  
592 Financial Officer, Commissioner of Education, Senate President,  
593 Speaker of the House of Representatives, and Minority Leaders of  
594 the Senate and the House of Representatives.

595 16. Provide a report by October 31, 2008, to the Governor,  
596 the Senate, and the House of Representatives, which includes an  
597 actuarial analysis of the projected impact on premiums from the

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598 addition of habilitative and behavior analysis services in  
599 accordance with s. 409.815.

600 17. Provide information on a quarterly basis to the  
601 Governor, the Senate, and the House of Representatives that  
602 assesses the cost and utilization of services for the Florida  
603 Healthy Kids health benefits plans provided through the Florida  
604 Healthy Kids Corporation. The information must be specific to  
605 each eligibility component of the plan and, at a minimum,  
606 include:

607 a. The monthly enrollment and expenditures for enrollees.

608 b. The cost and utilization of specific services.

609 c. An analysis of the impact on premiums prior to and  
610 following implementation of the Window of Opportunity Act.

611 d. An analysis of trends regarding transfer of enrollees  
612 from the Florida Healthy Kids plans to the Children's Medical  
613 Services Network plan.

614 e. Any recommendations resulting from the analysis  
615 conducted under this subparagraph.

616 ~~18.15.~~ Establish benefit packages which conform to the  
617 provisions of the Florida Kidcare program, as created in ss.  
618 409.810-409.820.

619 Section 12. Section 624.916, Florida Statutes, is created  
620 to read:

621 624.916 Developmental disabilities compact.--

622 (1) The Office of Insurance Regulation shall convene a  
623 workgroup by August 31, 2008, for the purpose of negotiating a  
624 compact that includes a binding agreement among the participants  
625 relating to insurance and access to services for persons with

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626 developmental disabilities as defined in s. 393.063 and autism  
627 spectrum disorder as defined in s. 393.063(3)(b). The workgroup  
628 shall consist of the following:

629 (a) Representatives of all health insurers licensed under  
630 this chapter.

631 (b) Representatives of all health maintenance  
632 organizations licensed under part I of chapter 641.

633 (c) Representatives of employers with self-insured health  
634 benefit plans.

635 (d) Two designees of the Governor, one of whom must be a  
636 consumer advocate.

637 (e) A designee of the President of the Senate.

638 (f) A designee of the Speaker of the House of  
639 Representatives.

640 (2) The Office of Insurance Regulation shall convene a  
641 consumer advisory workgroup for the purpose of providing a forum  
642 for comment on the compact negotiated in subsection (1). The  
643 office shall convene the workgroup prior to finalization of the  
644 compact.

645 (3) The agreement shall include the following components:

646 (a) Procedures for clear and specific notice to  
647 policyholders identifying the amount, scope, and conditions  
648 under which coverage is provided for speech therapy, physical  
649 therapy, occupational therapy, and behavioral interventions when  
650 necessary due to the presence of a developmental disability.

651 (b) Penalties for documented cases of denial of claims for  
652 medically necessary services due to the presence of a  
653 developmental disability.

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654 (c) Proposals for new product lines that may be offered in  
655 conjunction with traditional health insurance and provide a more  
656 appropriate means of spreading risk, financing costs, and  
657 accessing favorable prices.

658 (4) Upon completion of the negotiations for the compact,  
659 the office shall report the results to the Governor, the  
660 President of the Senate, and the Speaker of the House of  
661 Representatives. The office shall continue to monitor  
662 participation, compliance, and effectiveness of the agreement  
663 and report its findings at least annually.

664 Section 13. Section 627.6686, Florida Statutes, is created  
665 to read:

666 627.6686 Coverage for individuals with developmental  
667 disabilities required; exception.--

668 (1) As used in this section, the term:

669 (a) "Developmental disability" has the same meaning as  
670 provided in s. 393.063(3)(a) and "autism spectrum disorder" as  
671 defined in s. 393.063(3)(b).

672 (b) "Eligible individual" means an individual under 18  
673 years of age or an individual 18 years of age or older who is in  
674 high school who has been diagnosed as having a developmental  
675 disability at 8 years of age or younger.

676 (c) "Health insurance plan" means a group health insurance  
677 policy or group health benefit plan offered by an insurer which  
678 includes the state group insurance program provided under s.  
679 110.123. The term does not include any health insurance plan  
680 offered in the individual market, any health insurance plan that

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681 is individually underwritten, or any health insurance plan  
682 provided to a small employer.

683 (d) "Insurer" means an insurer providing health insurance  
684 coverage, which is licensed to engage in the business of  
685 insurance in this state and is subject to insurance regulation.

686 (2) A health insurance plan issued or renewed on or after  
687 July 1, 2009, shall provide coverage to an eligible individual  
688 for:

689 (a) Well-baby and well-child screening for diagnosing the  
690 presence of a developmental disability.

691 (b) Treatment of a developmental disability through speech  
692 therapy, occupational therapy, physical therapy, and behavior  
693 analysis services. Behavior analysis services shall be provided  
694 by an individual certified pursuant to s. 393.17 or an  
695 individual licensed under chapter 490 or chapter 491.

696 (3) The coverage required pursuant to subsection (2) is  
697 subject to the following requirements:

698 (a) Coverage shall be limited to treatment that is  
699 prescribed by the insured's treating physician in accordance  
700 with a treatment plan.

701 (b) Coverage for the services described in subsection (2)  
702 shall be limited to \$36,000 annually and may not exceed \$108,000  
703 in total lifetime benefits.

704 (c) Coverage may not be denied on the basis that provided  
705 services are habilitative in nature.

706 (d) Coverage may be subject to other general exclusions  
707 and limitations of the insurer's policy or plan, including, but  
708 not limited to, coordination of benefits, participating provider

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709 requirements, restrictions on services provided by family or  
710 household members, and utilization review of health care  
711 services, including the review of medical necessity, case  
712 management, and other managed care provisions.

713 (4) The coverage required pursuant to subsection (2) may  
714 not be subject to dollar limits, deductibles, or coinsurance  
715 provisions that are less favorable to an insured than the dollar  
716 limits, deductibles, or coinsurance provisions that apply to  
717 physical illnesses that are generally covered under the health  
718 insurance plan, except as otherwise provided in subsection (3).

719 (5) An insurer may not deny or refuse to issue coverage  
720 for medically necessary services, refuse to contract with, or  
721 refuse to renew or reissue or otherwise terminate or restrict  
722 coverage for an individual because the individual is diagnosed  
723 as having a developmental disability.

724 (6) The treatment plan required pursuant to subsection (3)  
725 shall include all elements necessary for the health insurance  
726 plan to appropriately pay claims. These elements include, but  
727 are not limited to, a diagnosis, the proposed treatment by type,  
728 the frequency and duration of treatment, the anticipated  
729 outcomes stated as goals, the frequency with which the treatment  
730 plan will be updated, and the signature of the treating  
731 physician.

732 (7) Beginning January 1, 2011, the maximum benefit under  
733 paragraph (3)(b) shall be adjusted annually on January 1 of each  
734 calendar year to reflect any change from the previous year in  
735 the medical component of the then current Consumer Price Index

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736 for all urban consumers, published by the Bureau of Labor  
737 Statistics of the United States Department of Labor.

738 (8) This section may not be construed as limiting benefits  
739 and coverage otherwise available to an insured under a health  
740 insurance plan.

741 (9) The Office of Insurance Regulation may not enforce  
742 this section against an insurer that is a signatory to the  
743 developmental disabilities compact established under s. 624.916.

744 Section 14. Section 641.31098, Florida Statutes, is  
745 created to read:

746 641.31098 Coverage for individuals with developmental  
747 disabilities.--

748 (1) As used in this section, the term:

749 (a) "Developmental disability" has the same meaning as  
750 provided in s. 393.063 in s. 393.063(3)(a) and autism spectrum  
751 disorder as defined in s. 393.063(3)(b).

752

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

754 Remove line 822 and insert:

755 Services; amending 393.063, F.S.; providing a definition of  
756 "autism spectrum disorder"; revising the definition

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