

By Senator Hill

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1 A bill to be entitled
2 An act relating to hospital outpatient services;
3 amending s. 409.905, F.S.; authorizing the Agency for
4 Health Care Administration to pay for hospital
5 outpatient services provided to Medicaid recipients
6 under the direction of a licensed advanced registered
7 nurse practitioner; providing an exception to limits
8 on payment for hospital outpatient services provided
9 to Medicaid recipients for services provided in
10 certain clinics; providing an effective date.

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

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14 Section 1. Subsection (6) of section 409.905, Florida
15 Statutes, is amended to read:

16 409.905 Mandatory Medicaid services.—The agency may make
17 payments for the following services, which are required of the
18 state by Title XIX of the Social Security Act, furnished by
19 Medicaid providers to recipients who are determined to be
20 eligible on the dates on which the services were provided. Any
21 service under this section shall be provided only when medically
22 necessary and in accordance with state and federal law.
23 Mandatory services rendered by providers in mobile units to
24 Medicaid recipients may be restricted by the agency. Nothing in
25 this section shall be construed to prevent or limit the agency
26 from adjusting fees, reimbursement rates, lengths of stay,
27 number of visits, number of services, or any other adjustments
28 necessary to comply with the availability of moneys and any
29 limitations or directions provided for in the General

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30 Appropriations Act or chapter 216.

31 (6) HOSPITAL OUTPATIENT SERVICES.—The agency shall pay for
32 preventive, diagnostic, therapeutic, or palliative care and
33 other services provided to a recipient in the outpatient portion
34 of a hospital licensed under part I of chapter 395, and provided
35 under the direction of a licensed physician, licensed advanced
36 registered nurse practitioner, or licensed dentist, except that
37 payment for such care and services is limited to \$1,500 per
38 state fiscal year per recipient, unless an exception has been
39 made by the agency, and with the exception of a Medicaid
40 recipient under age 21 or a Medicaid recipient of any age who is
41 receiving such care in a community-based clinic of a publicly
42 owned hospital, in which case the only limitation is medical
43 necessity.

44 Section 2. This act shall take effect July 1, 2010.