



26 Medicaid program. This section does not restrict access to  
27 emergency services or poststabilization care services as defined  
28 in 42 C.F.R. s. 438.114. Such confirmation or second opinion  
29 shall be rendered in a manner approved by the agency. The agency  
30 shall maximize the use of prepaid per capita and prepaid  
31 aggregate fixed-sum basis services when appropriate and other  
32 alternative service delivery and reimbursement methodologies,  
33 including competitive bidding pursuant to s. 287.057, designed  
34 to facilitate the cost-effective purchase of a case-managed  
35 continuum of care. The agency shall also require providers to  
36 minimize the exposure of recipients to the need for acute  
37 inpatient, custodial, and other institutional care and the  
38 inappropriate or unnecessary use of high-cost services. The  
39 agency shall contract with a vendor to monitor and evaluate the  
40 clinical practice patterns of providers in order to identify  
41 trends that are outside the normal practice patterns of a  
42 provider's professional peers or the national guidelines of a  
43 provider's professional association. The vendor must be able to  
44 provide information and counseling to a provider whose practice  
45 patterns are outside the norms, in consultation with the agency,  
46 to improve patient care and reduce inappropriate utilization.  
47 The agency may mandate prior authorization, drug therapy  
48 management, or disease management participation for certain  
49 populations of Medicaid beneficiaries, certain drug classes, or  
50 particular drugs to prevent fraud, abuse, overuse, and possible

51 | dangerous drug interactions. The Pharmaceutical and Therapeutics  
52 | Committee shall make recommendations to the agency on drugs for  
53 | which prior authorization is required. The agency shall inform  
54 | the Pharmaceutical and Therapeutics Committee of its decisions  
55 | regarding drugs subject to prior authorization. The agency is  
56 | authorized to limit the entities it contracts with or enrolls as  
57 | Medicaid providers by developing a provider network through  
58 | provider credentialing. The agency may competitively bid single-  
59 | source-provider contracts if procurement of goods or services  
60 | results in demonstrated cost savings to the state without  
61 | limiting access to care. The agency may limit its network based  
62 | on the assessment of beneficiary access to care, provider  
63 | availability, provider quality standards, time and distance  
64 | standards for access to care, the cultural competence of the  
65 | provider network, demographic characteristics of Medicaid  
66 | beneficiaries, practice and provider-to-beneficiary standards,  
67 | appointment wait times, beneficiary use of services, provider  
68 | turnover, provider profiling, provider licensure history,  
69 | previous program integrity investigations and findings, peer  
70 | review, provider Medicaid policy and billing compliance records,  
71 | clinical and medical record audits, and other factors. Providers  
72 | are not entitled to enrollment in the Medicaid provider network.  
73 | The agency shall determine instances in which allowing Medicaid  
74 | beneficiaries to purchase durable medical equipment and other  
75 | goods is less expensive to the Medicaid program than long-term

76 rental of the equipment or goods. The agency may establish rules  
77 to facilitate purchases in lieu of long-term rentals in order to  
78 protect against fraud and abuse in the Medicaid program as  
79 defined in s. 409.913. The agency may seek federal waivers  
80 necessary to administer these policies.

81 (14) The agency, in consultation with the department,  
82 shall seek federal approval for a waiver to increase the  
83 availability of federal Medicaid funding to provide programs  
84 that improve the quality of and access to treatment for  
85 individuals with a substance use disorder served by the Medicaid  
86 program and to provide a fuller continuum of care for  
87 individuals with a substance use disorder, including  
88 detoxification services, residential services, medication-  
89 assisted treatment, targeted case management, and recovery  
90 support that Medicaid is unable to cover without a waiver.

91 Section 2. Section 14.35, Florida Statutes, is created to  
92 read:

93 14.35 Office of Drug Control Policy.-

94 (1) The Office of Drug Control Policy is created within  
95 the Executive Office of the Governor. The head of the office  
96 shall be the director and shall be appointed by and shall serve  
97 at the pleasure of the Governor.

98 (2) The Office of Drug Control Policy shall be responsible  
99 for all matters relating to the research, coordination, and  
100 execution of drug control.

101        (3) The office shall:

102        (a) Develop a strategic plan to reduce the prevalence of  
103 drug and alcohol abuse among youth and adult populations in the  
104 state.

105        (b) Monitor the data and issues related to state policies  
106 concerning youth alcohol prevention and access, state substance  
107 abuse policies, the impact of state policies concerning such  
108 issues on state and local programs, and the flexibility of such  
109 policies to adapt to the needs of local communities and service  
110 providers.

111        (c) Collect crime, justice, and overdose data in the state  
112 related to substance abuse and work with law enforcement  
113 agencies to generate statistical and analytical reports to  
114 establish practical recommendations for the justice system.

115        (d) Make policy recommendations to be followed, to the  
116 extent permitted by budgetary restrictions and federal law, by  
117 executive branch agencies that work with the prevention of  
118 alcohol and substance abuse issues. The goal shall be to ensure  
119 the greatest efficiency in agencies and to ensure that a  
120 consistency in philosophy will be applied to all efforts  
121 undertaken by the administration in initiatives related to  
122 smoking cessation and prevention and alcohol and substance  
123 abuse.

124        (e) Work with behavioral health managing entities to  
125 identify existing resources in each community that advocate for

126 or implement programs concerning drug and alcohol abuse  
127 prevention, education, or treatment.

128 (f) Facilitate coordination among agencies, organizations,  
129 and service providers, and related programs concerning substance  
130 abuse, regardless of whether such entities are public or private  
131 or state and local.

132 (g) Act as the referral source of information, utilizing  
133 existing information clearinghouse resources within state  
134 government.

135 (h) Search for grant opportunities.

136 (i) Make recommendations to state and local agencies and  
137 substance abuse advisory and coordination boards.

138 (j) Observe programs from other states.

139 (k) Coordinate services among local and state agencies,  
140 including, but not limited to, the Office of the Attorney  
141 General, the Department of Juvenile Justice, the Department of  
142 Law Enforcement, the Department of Education, the Agency for  
143 Health Care Administration, the Department of Children and  
144 Families, the Department of Health, the workforce development  
145 system, and the courts.

146 (l) Assist behavioral health managing entities in  
147 coordinating their activities to assure the availability of  
148 training, technical assistance, and consultation to local  
149 service providers for programs funded by the state that provide  
150 services related to alcohol or substance abuse.

151 (m) Review existing research on programs related to  
 152 substance abuse prevention and treatment.

153 (n) Comply with any federal mandates regarding prevention  
 154 and substance abuse, to the extent authorized by state law.

155 (o) Research state laws related to substance abuse parity.

156 (p) Coordinate with the Department of Education on school-  
 157 based initiatives that link schools with community-based  
 158 agencies and health departments to implement prevention and  
 159 early intervention of alcohol and substance use.

160 (q) Coordinate media campaigns designed to demonstrate the  
 161 negative impact of substance abuse and to prevent the  
 162 development of other diseases in children, young people, and  
 163 adults.

164 (r) Prepare and submit legislative budget requests.

165 (s) Adopt administrative regulations necessary to  
 166 implement this section.

167 (t) Submit a report annually to the Governor, the  
 168 President of the Senate, and the Speaker of the House of  
 169 Representatives regarding state policies concerning substance  
 170 abuse and the organization of government agencies that will  
 171 provide the greatest coordination of substance abuse services.

172 Section 3. This act shall take effect July 1, 2018.