

1 A bill to be entitled
 2 An act relating to alcohol and substance abuse
 3 prevention; creating s. 14.35, F.S.; creating the
 4 Office of Alcohol and Drug Control Policy within the
 5 Executive Office of the Governor; providing for
 6 appointment of the director of the office; specifying
 7 duties of the office; requiring the office to adopt
 8 rules; requiring the office to submit an annual report
 9 to the Governor and the Legislature; amending s.
 10 409.912, F.S.; requiring the Agency for Health Care
 11 Administration, in consultation with the Department of
 12 Children and Families, to seek federal approval of a
 13 waiver to increase federal Medicaid funding for
 14 specified purposes relating to substance use
 15 disorders; providing an effective date.

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

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 19 Section 1. Section 14.35, Florida Statutes, is created to
 20 read:

21 14.35 Office of Alcohol and Drug Control Policy.—
 22 (1) The Office of Alcohol and Drug Control Policy is
 23 created within the Executive Office of the Governor. The
 24 director, who shall be appointed by and serve at the pleasure of
 25 the Governor, shall oversee the office.

26 (2) The office is responsible for all matters relating to
27 the research, coordination, and execution of programs related to
28 alcohol and drug control.

29 (3) The office shall:

30 (a) Develop a strategic plan to reduce the prevalence of
31 alcohol and substance abuse in the state.

32 (b) Monitor data and issues related to state policies
33 concerning youth alcohol use prevention and state substance
34 abuse policies, the impact of such policies on state and local
35 programs, and the flexibility of such policies to adapt to the
36 needs of local communities and service providers.

37 (c) Collect data related to drug crimes and overdoses to
38 generate statistical and analytical reports containing
39 recommendations for this state's criminal justice system.

40 (d) Issue policy recommendations to executive branch
41 agencies for alcohol and substance abuse prevention and
42 treatment to ensure the administration operates efficiently.

43 (e) Work with behavioral health managing entities to
44 identify existing resources and programs in each community which
45 provide alcohol and substance abuse treatment or prevention
46 education.

47 (f) Facilitate coordination of alcohol and substance abuse
48 treatment and prevention education among the courts, local and
49 state agencies, organizations, service providers, and related
50 public or private programs concerning alcohol and substance

51 abuse.

52 (g) Assist behavioral health managing entities in
53 coordinating activities to ensure the availability of training,
54 technical assistance, and consultation to local service
55 providers for programs funded by this state which provide
56 services related to alcohol or substance abuse.

57 (h) Act as a referral source of information using existing
58 information clearinghouse resources.

59 (i) Search for grant opportunities to fund the office and
60 its initiatives.

61 (j) Be knowledgeable about alcohol and substance abuse
62 prevention and treatment programs and initiatives in this state
63 and in other states.

64 (k) Review existing research on programs related to
65 substance abuse prevention and treatment.

66 (l) Coordinate with the Department of Education to link
67 schools with community-based agencies and county health
68 departments to implement early intervention programs for the
69 prevention of alcohol and substance abuse.

70 (m) Coordinate media campaigns to demonstrate the negative
71 impact of substance use disorders and to prevent the development
72 of such disorders in children, young people, and adults.

73 (n) Prepare and submit legislative budget requests.

74 (o) Adopt rules necessary to administer this section.

75 (p) Submit a report annually to the Governor, the

76 | President of the Senate, and the Speaker of the House of
77 | Representatives on the effectiveness of state policies and
78 | coordinated state efforts related to substance abuse.

79 | Section 2. Subsection (14) is added to section 409.912,
80 | Florida Statutes, to read:

81 | 409.912 Cost-effective purchasing of health care.—The
82 | agency shall purchase goods and services for Medicaid recipients
83 | in the most cost-effective manner consistent with the delivery
84 | of quality medical care. To ensure that medical services are
85 | effectively utilized, the agency may, in any case, require a
86 | confirmation or second physician's opinion of the correct
87 | diagnosis for purposes of authorizing future services under the
88 | Medicaid program. This section does not restrict access to
89 | emergency services or poststabilization care services as defined
90 | in 42 C.F.R. s. 438.114. Such confirmation or second opinion
91 | shall be rendered in a manner approved by the agency. The agency
92 | shall maximize the use of prepaid per capita and prepaid
93 | aggregate fixed-sum basis services when appropriate and other
94 | alternative service delivery and reimbursement methodologies,
95 | including competitive bidding pursuant to s. 287.057, designed
96 | to facilitate the cost-effective purchase of a case-managed
97 | continuum of care. The agency shall also require providers to
98 | minimize the exposure of recipients to the need for acute
99 | inpatient, custodial, and other institutional care and the
100 | inappropriate or unnecessary use of high-cost services. The

101 agency shall contract with a vendor to monitor and evaluate the
102 clinical practice patterns of providers in order to identify
103 trends that are outside the normal practice patterns of a
104 provider's professional peers or the national guidelines of a
105 provider's professional association. The vendor must be able to
106 provide information and counseling to a provider whose practice
107 patterns are outside the norms, in consultation with the agency,
108 to improve patient care and reduce inappropriate utilization.
109 The agency may mandate prior authorization, drug therapy
110 management, or disease management participation for certain
111 populations of Medicaid beneficiaries, certain drug classes, or
112 particular drugs to prevent fraud, abuse, overuse, and possible
113 dangerous drug interactions. The Pharmaceutical and Therapeutics
114 Committee shall make recommendations to the agency on drugs for
115 which prior authorization is required. The agency shall inform
116 the Pharmaceutical and Therapeutics Committee of its decisions
117 regarding drugs subject to prior authorization. The agency is
118 authorized to limit the entities it contracts with or enrolls as
119 Medicaid providers by developing a provider network through
120 provider credentialing. The agency may competitively bid single-
121 source-provider contracts if procurement of goods or services
122 results in demonstrated cost savings to the state without
123 limiting access to care. The agency may limit its network based
124 on the assessment of beneficiary access to care, provider
125 availability, provider quality standards, time and distance

126 standards for access to care, the cultural competence of the
127 provider network, demographic characteristics of Medicaid
128 beneficiaries, practice and provider-to-beneficiary standards,
129 appointment wait times, beneficiary use of services, provider
130 turnover, provider profiling, provider licensure history,
131 previous program integrity investigations and findings, peer
132 review, provider Medicaid policy and billing compliance records,
133 clinical and medical record audits, and other factors. Providers
134 are not entitled to enrollment in the Medicaid provider network.
135 The agency shall determine instances in which allowing Medicaid
136 beneficiaries to purchase durable medical equipment and other
137 goods is less expensive to the Medicaid program than long-term
138 rental of the equipment or goods. The agency may establish rules
139 to facilitate purchases in lieu of long-term rentals in order to
140 protect against fraud and abuse in the Medicaid program as
141 defined in s. 409.913. The agency may seek federal waivers
142 necessary to administer these policies.

143 (14) The agency, in consultation with the department,
144 shall seek federal approval for a waiver to increase the
145 availability of federal Medicaid funding to provide programs
146 that improve the quality of and access to treatment for
147 individuals with substance use disorders served by the Medicaid
148 program and to provide a more comprehensive continuum of care
149 for individuals with substance use disorders, including
150 detoxification services, residential services, medication-

HB 711

2019

151 assisted treatment, targeted case management, and recovery
152 support, which Medicaid is unable to cover without a waiver.

153 Section 3. This act shall take effect July 1, 2019.