

By Senator Book

32-00824A-19

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1 A bill to be entitled
2 An act relating to donor human milk bank services;
3 amending s. 409.906, F.S.; authorizing the Agency for
4 Health Care Administration to pay for donor human milk
5 bank services as an optional Medicaid service under
6 certain conditions; specifying eligibility criteria;
7 amending s. 409.908, F.S.; adding donor human milk
8 bank services to the list of Medicaid services
9 authorized for reimbursement on a fee-for-service
10 basis; amending s. 409.973, F.S.; adding donor human
11 milk bank services to the list of services covered by
12 managed care plans; providing an effective date.

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

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16 Section 1. Subsection (28) is added to section 409.906,
17 Florida Statutes, to read:

18 409.906 Optional Medicaid services.—Subject to specific
19 appropriations, the agency may make payments for services which
20 are optional to the state under Title XIX of the Social Security
21 Act and are furnished by Medicaid providers to recipients who
22 are determined to be eligible on the dates on which the services
23 were provided. Any optional service that is provided shall be
24 provided only when medically necessary and in accordance with
25 state and federal law. Optional services rendered by providers
26 in mobile units to Medicaid recipients may be restricted or
27 prohibited by the agency. Nothing in this section shall be
28 construed to prevent or limit the agency from adjusting fees,
29 reimbursement rates, lengths of stay, number of visits, or

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30 number of services, or making any other adjustments necessary to
31 comply with the availability of moneys and any limitations or
32 directions provided for in the General Appropriations Act or
33 chapter 216. If necessary to safeguard the state's systems of
34 providing services to elderly and disabled persons and subject
35 to the notice and review provisions of s. 216.177, the Governor
36 may direct the Agency for Health Care Administration to amend
37 the Medicaid state plan to delete the optional Medicaid service
38 known as "Intermediate Care Facilities for the Developmentally
39 Disabled." Optional services may include:

40 (28) DONOR HUMAN MILK BANK SERVICES.—The agency may pay for
41 the cost of donor human milk, for home and inpatient use, for
42 which a licensed physician or nurse practitioner has issued an
43 order for an infant who is medically or physically unable to
44 receive maternal breast milk or breastfeed or whose mother is
45 medically or physically unable to produce maternal breast milk
46 or breastfeed. Such infant must have a documented birth weight
47 of 1,500 grams or less; a congenital or acquired intestinal
48 condition and be at high risk for developing a feeding
49 intolerance, necrotizing enterocolitis, or an infection; or
50 otherwise require nourishment by breast milk. The donor human
51 milk must be procured from a nonprofit milk bank certified by
52 the Human Milk Banking Association of North America (HMBANA).
53 Coverage for donor human milk may not be less than the
54 reasonable cost of such milk procured from an HMBANA-certified
55 milk bank, plus reasonable processing and handling fees.

56 Section 2. Present paragraphs (f) through (t) of subsection
57 (3) of section 409.908, Florida Statutes, are redesignated as
58 paragraphs (g) through (u), respectively, and a new paragraph

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59 (f) is added to that subsection, to read:

60 409.908 Reimbursement of Medicaid providers.—Subject to
61 specific appropriations, the agency shall reimburse Medicaid
62 providers, in accordance with state and federal law, according
63 to methodologies set forth in the rules of the agency and in
64 policy manuals and handbooks incorporated by reference therein.
65 These methodologies may include fee schedules, reimbursement
66 methods based on cost reporting, negotiated fees, competitive
67 bidding pursuant to s. 287.057, and other mechanisms the agency
68 considers efficient and effective for purchasing services or
69 goods on behalf of recipients. If a provider is reimbursed based
70 on cost reporting and submits a cost report late and that cost
71 report would have been used to set a lower reimbursement rate
72 for a rate semester, then the provider's rate for that semester
73 shall be retroactively calculated using the new cost report, and
74 full payment at the recalculated rate shall be effected
75 retroactively. Medicare-granted extensions for filing cost
76 reports, if applicable, shall also apply to Medicaid cost
77 reports. Payment for Medicaid compensable services made on
78 behalf of Medicaid eligible persons is subject to the
79 availability of moneys and any limitations or directions
80 provided for in the General Appropriations Act or chapter 216.
81 Further, nothing in this section shall be construed to prevent
82 or limit the agency from adjusting fees, reimbursement rates,
83 lengths of stay, number of visits, or number of services, or
84 making any other adjustments necessary to comply with the
85 availability of moneys and any limitations or directions
86 provided for in the General Appropriations Act, provided the
87 adjustment is consistent with legislative intent.

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88 (3) Subject to any limitations or directions provided for
89 in the General Appropriations Act, the following Medicaid
90 services and goods may be reimbursed on a fee-for-service basis.
91 For each allowable service or goods furnished in accordance with
92 Medicaid rules, policy manuals, handbooks, and state and federal
93 law, the payment shall be the amount billed by the provider, the
94 provider's usual and customary charge, or the maximum allowable
95 fee established by the agency, whichever amount is less, with
96 the exception of those services or goods for which the agency
97 makes payment using a methodology based on capitation rates,
98 average costs, or negotiated fees.

99 (f) Donor human milk bank services.

100 Section 3. Present paragraphs (e) through (bb) of
101 subsection (1) of section 409.973, Florida Statutes, are
102 redesignated as paragraphs (f) through (cc), respectively, and a
103 new paragraph (e) is added to that subsection, to read:

104 409.973 Benefits.—

105 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
106 minimum, the following services:

107 (e) Donor human milk bank services.

108 Section 4. This act shall take effect July 1, 2019.