

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  
 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  
 41 | for the cost of donor human milk, for home and inpatient use,  
 42 | for which a licensed physician or an advanced practice  
 43 | registered nurse has issued an order for an infant who is  
 44 | medically or physically unable to receive maternal breast milk  
 45 | or breastfeed or whose mother is medically or physically unable  
 46 | to produce maternal breast milk or breastfeed. Such infant must  
 47 | have a documented birth weight of 1,500 grams or less; a  
 48 | congenital or acquired intestinal condition and is at high risk  
 49 | of developing a feeding intolerance, necrotizing enterocolitis,  
 50 | or an infection; or otherwise requires nourishment by breast

51 milk. The donor human milk must be procured from a nonprofit  
52 milk bank certified by the Human Milk Banking Association of  
53 North America (HMBANA). Coverage for donor human milk may not be  
54 less than the reasonable cost of such milk procured from a  
55 HMBANA-certified milk bank, plus reasonable processing and  
56 handling fees.

57 Section 2. Paragraphs (f) through (t) of subsection (3) of  
58 section 409.908, Florida Statutes, are redesignated as  
59 paragraphs (g) through (u), respectively, and a new paragraph  
60 (f) is added to that subsection, to read:

61 409.908 Reimbursement of Medicaid providers.—Subject to  
62 specific appropriations, the agency shall reimburse Medicaid  
63 providers, in accordance with state and federal law, according  
64 to methodologies set forth in the rules of the agency and in  
65 policy manuals and handbooks incorporated by reference therein.  
66 These methodologies may include fee schedules, reimbursement  
67 methods based on cost reporting, negotiated fees, competitive  
68 bidding pursuant to s. 287.057, and other mechanisms the agency  
69 considers efficient and effective for purchasing services or  
70 goods on behalf of recipients. If a provider is reimbursed based  
71 on cost reporting and submits a cost report late and that cost  
72 report would have been used to set a lower reimbursement rate  
73 for a rate semester, then the provider's rate for that semester  
74 shall be retroactively calculated using the new cost report, and  
75 full payment at the recalculated rate shall be effected

76 retroactively. Medicare-granted extensions for filing cost  
77 reports, if applicable, shall also apply to Medicaid cost  
78 reports. Payment for Medicaid compensable services made on  
79 behalf of Medicaid eligible persons is subject to the  
80 availability of moneys and any limitations or directions  
81 provided for in the General Appropriations Act or chapter 216.  
82 Further, nothing in this section shall be construed to prevent  
83 or limit the agency from adjusting fees, reimbursement rates,  
84 lengths of stay, number of visits, or number of services, or  
85 making any other adjustments necessary to comply with the  
86 availability of moneys and any limitations or directions  
87 provided for in the General Appropriations Act, provided the  
88 adjustment is consistent with legislative intent.

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

100 (f) Donor human milk bank services.

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

105 409.973 Benefits.—

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

108 (e) Donor human milk bank services.

109 Section 4. This act shall take effect July 1, 2020.