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LEGISLATIVE ACTION

Senate

House

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The Conference Committee on SB 2526 recommended the following:

1 **Senate Conference Committee Amendment (with title**
2 **amendment)**

3 Delete everything after the enacting clause
4 and insert:

5 Section 1. Subsection (1) of section 17.41, Florida
6 Statutes, is amended to read:

7 17.41 Department of Financial Services Tobacco Settlement
8 Clearing Trust Fund.—

9 (1) The Department of Financial Services Tobacco Settlement
10 Clearing Trust Fund, which shall be referred to as the "Lawton



12 Chiles Trust Fund," is created within that department.

13 Section 2. Section 210.201, Florida Statutes, is amended to
14 read:

15 210.201 H. Lee Moffitt Cancer Center and Research Institute
16 facilities; establishment; funding.—

17 (1) The Board of Directors of the H. Lee Moffitt Cancer
18 Center and Research Institute shall construct, furnish, and
19 equip, and shall covenant to complete, the cancer research and
20 clinical and related facilities of the H. Lee Moffitt Cancer
21 Center and Research Institute funded with proceeds from the
22 Cigarette Tax Collection Trust Fund pursuant to s. 210.20.
23 Moneys transferred to the Board of Directors of the H. Lee
24 Moffitt Cancer Center and Research Institute pursuant to s.
25 210.20 may be used to secure financing to pay costs related to
26 constructing, furnishing, equipping, operating, and maintaining
27 cancer research and clinical and related facilities; furnishing,
28 equipping, operating, and maintaining other leased or owned
29 properties; and paying costs incurred in connection with
30 purchasing, financing, operating, and maintaining such
31 equipment, facilities, and properties as provided in s. 210.20.
32 Such financing may include the issuance of tax-exempt bonds or
33 other forms of indebtedness by a local authority, municipality,
34 or county pursuant to parts II and III of chapter 159. Such
35 bonds shall not constitute state bonds for purposes of s. 11,
36 Art. VII of the State Constitution, but shall constitute bonds
37 of a "local agency," as defined in s. 159.27(4). The cigarette
38 tax dollars pledged to facilities pursuant to s. 210.20 may be
39 replaced annually by the Legislature from tobacco litigation
40 settlement proceeds.



41 (2) Beginning in the 2022-2023 fiscal year, and annually
42 through the 2052-2053 fiscal year, the sum of \$20 million is
43 appropriated and shall be transferred to the Board of Directors
44 of the H. Lee Moffitt Cancer Center and Research Institute for
45 construction and development of Moffitt's Pasco County life
46 sciences park. Moneys transferred to the Board of Directors of
47 the H. Lee Moffitt Cancer Center and Research Institute pursuant
48 to this subsection may be used to secure financing to pay costs
49 related to the construction and development of Moffitt's Pasco
50 County life sciences park. Such financing may include the
51 issuance of tax-exempt bonds or other forms of indebtedness by a
52 local authority, municipality, or county pursuant to parts II
53 and III of chapter 159. Such bonds shall not constitute state
54 bonds for purposes of s. 11, Art. VII of the State Constitution,
55 but shall constitute bonds of a local agency as defined in s.
56 159.27(4).

57 Section 3. Paragraph (f) is added to subsection (7) of
58 section 381.02035, Florida Statutes, to read:

59 381.02035 Canadian Prescription Drug Importation Program.—
60 (7) ELIGIBLE IMPORTERS.—The following entities may import
61 prescription drugs from an eligible Canadian supplier under the
62 program:

63 (f) A pharmacist or wholesaler employed by or under
64 contract with a forensic facility, as defined in s. 916.106,
65 that is managed by the Agency for Persons with Disabilities, for
66 dispensing to clients treated in such facility.

67 Section 4. Section 381.915, Florida Statutes, is amended to
68 read:

69 381.915 Casey DeSantis Cancer Research Florida Consortium



70 ~~of National Cancer Institute Centers Program.~~—

71 (1) This section may be cited as the "Casey DeSantis Cancer
72 Research Florida NCI Cancer Centers Act."

73 (2) The Casey DeSantis Cancer Research Florida Consortium
74 ~~of National Cancer Institute Centers Program~~ is established to
75 enhance the quality and competitiveness of cancer care in this
76 state, further a statewide biomedical research strategy directly
77 responsive to the health needs of Florida's citizens, and
78 capitalize on the potential educational opportunities available
79 to its students. The department shall make payments to Florida-
80 based cancer centers recognized by the National Cancer Institute
81 (NCI) at the National Institutes of Health as NCI-designated
82 cancer centers or NCI-designated comprehensive cancer centers,
83 and cancer centers working toward achieving NCI designation. The
84 department shall distribute funds to participating cancer
85 centers on a quarterly basis during each fiscal year for which
86 an appropriation is made.

87 (3) On or before September 15 of each year, the department
88 shall calculate an allocation fraction to be used for
89 distributing funds to participating cancer centers. On or before
90 the final business day of each quarter of the state fiscal year,
91 the department shall distribute to each participating cancer
92 center one-fourth of that cancer center's annual allocation
93 calculated under subsection (6). The allocation fraction for
94 each participating cancer center is based on the cancer center's
95 tier-designated weight under subsection (4) multiplied by each
96 of the following allocation factors: number of reportable cases,
97 peer-review costs, and biomedical education and training. As
98 used in this section, the term:



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99 (a) "Biomedical education and training" means instruction
100 that is offered to a student who is enrolled in a biomedical
101 research program at an affiliated university as a medical
102 student or a student in a master's or doctoral degree program,
103 or who is a resident physician trainee or postdoctoral trainee
104 in such program. An affiliated university biomedical research
105 program must be accredited or approved by a nationally
106 recognized agency and offered through an institution accredited
107 by the Commission on Colleges of the Southern Association of
108 Colleges and Schools. Full-time equivalency for trainees shall
109 be prorated for training received in oncologic sciences and
110 oncologic medicine.

111 (b) "Cancer center" means a freestanding center, a center
112 situated within an academic institution, or a formal research-
113 based consortium under centralized leadership that has achieved
114 NCI designation or is prepared to achieve NCI designation by
115 July 1, 2019.

116 (c) "Florida-based" means that a cancer center's actual or
117 sought designated status is or would be recognized by the NCI as
118 primarily located in Florida and not in another state.

119 (d) "Peer-review costs" means the total annual direct costs
120 for peer-reviewed cancer-related research projects, consistent
121 with reporting guidelines provided by the NCI, for the most
122 recent annual reporting period available.

123 (e) "Reportable cases" means cases of cancer in which a
124 cancer center is involved in the diagnosis, evaluation of the
125 diagnosis, evaluation of the extent of cancer spread at the time
126 of diagnosis, or administration of all or any part of the first
127 course of therapy for the most recent annual reporting period



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128 available. Cases relating to patients enrolled in institutional
129 or investigator-initiated interventional clinical trials shall
130 be weighted at 1.2 relative to other cases weighted at 1.0.
131 Determination of institutional or investigator-initiated
132 interventional clinical trials must be consistent with reporting
133 guidelines provided by the NCI.

134 (4) Tier designations and corresponding weights within the
135 Casey DeSantis Cancer Research Florida Consortium of National
136 Cancer Institute Centers Program are as follows:

137 (a) Tier 1: Florida-based NCI-designated comprehensive
138 cancer centers, which shall be weighted at 1.5.

139 (b) Tier 2: Florida-based NCI-designated cancer centers,
140 which shall be weighted at 1.25.

141 (c) Tier 3: Florida-based cancer centers seeking
142 designation as either a NCI-designated cancer center or NCI-
143 designated comprehensive cancer center, which shall be weighted
144 at 1.0.

145 1. A cancer center shall meet the following minimum
146 criteria to be considered eligible for Tier 3 designation in any
147 given fiscal year:

148 a. Conducting cancer-related basic scientific research and
149 cancer-related population scientific research;

150 b. Offering and providing the full range of diagnostic and
151 treatment services on site, as determined by the Commission on
152 Cancer of the American College of Surgeons;

153 c. Hosting or conducting cancer-related interventional
154 clinical trials that are registered with the NCI's Clinical
155 Trials Reporting Program;

156 d. Offering degree-granting programs or affiliating with



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157 universities through degree-granting programs accredited or
158 approved by a nationally recognized agency and offered through
159 the center or through the center in conjunction with another
160 institution accredited by the Commission on Colleges of the
161 Southern Association of Colleges and Schools;

162 e. Providing training to clinical trainees, medical
163 trainees accredited by the Accreditation Council for Graduate
164 Medical Education or the American Osteopathic Association, and
165 postdoctoral fellows recently awarded a doctorate degree; and

166 f. Having more than \$5 million in annual direct costs
167 associated with their total NCI peer-reviewed grant funding.

168 2. The General Appropriations Act or accompanying
169 legislation may limit the number of cancer centers which shall
170 receive Tier 3 designations or provide additional criteria for
171 such designation.

172 3. A cancer center's participation in Tier 3 may not extend
173 beyond June 30, 2024.

174 4. A cancer center that qualifies as a designated Tier 3
175 center under the criteria provided in subparagraph 1. by July 1,
176 2014, is authorized to pursue NCI designation as a cancer center
177 or a comprehensive cancer center until June 30, 2024.

178 (5) The department shall use the following formula to
179 calculate a participating cancer center's allocation fraction:

$$181 \text{CAF} = [0.4 \times (\text{CRC} \div \text{TCRC})] + [0.3 \times (\text{CPC} \div \text{TCPC})] + [0.3 \times (\text{CBE} \div \text{TCBE})]$$

182
183 Where:

184 CAF=A cancer center's allocation fraction.

185 CRC=A cancer center's tier-weighted reportable cases.



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186 TCRC=The total tier-weighted reportable cases for all
187 cancer centers.

188 CPC=A cancer center's tier-weighted peer-review costs.

189 TCPc=The total tier-weighted peer-review costs for all
190 cancer centers.

191 CBE=A cancer center's tier-weighted biomedical education
192 and training.

193 TCBE=The total tier-weighted biomedical education and
194 training for all cancer centers.

195
196 (6) A cancer center's annual allocation shall be calculated
197 by multiplying the funds appropriated for the Casey DeSantis
198 Cancer Research Florida Consortium of National Cancer Institute
199 Centers Program in the General Appropriations Act by that cancer
200 center's allocation fraction. If the calculation results in an
201 annual allocation that is less than \$16 million, that cancer
202 center's annual allocation shall be increased to a sum equaling
203 \$16 million, with the additional funds being provided
204 proportionally from the annual allocations calculated for the
205 other participating cancer centers.

206 (7) Beginning July 1, 2017, and every 3 years thereafter,
207 the department, in conjunction with participating cancer
208 centers, shall submit a report to the Cancer Control and
209 Research Advisory Council on specific metrics relating to cancer
210 mortality and external funding for cancer-related research in
211 the state. If a cancer center does not endorse this report or
212 produce an equivalent independent report, the cancer center
213 shall be suspended from the program for 1 year. The report must
214 include:



215 (a) An analysis of trending age-adjusted cancer mortality
216 rates in the state, which must include, at a minimum, overall
217 age-adjusted mortality rates for cancer statewide and age-
218 adjusted mortality rates by age group, geographic region, and
219 type of cancer, which must include, at a minimum:

220 1. Lung cancer.

221 2. Pancreatic cancer.

222 3. Sarcoma.

223 4. Melanoma.

224 5. Leukemia and myelodysplastic syndromes.

225 6. Brain cancer.

226 (b) Identification of trends in overall federal funding,
227 broken down by institutional source, for cancer-related research
228 in the state.

229 (c) A list and narrative description of collaborative
230 grants and interinstitutional collaboration among participating
231 cancer centers, a comparison of collaborative grants in
232 proportion to the grant totals for each cancer center, a
233 catalogue of retreats and progress seed grants using state
234 funds, and targets for collaboration in the future and reports
235 on progress regarding such targets where appropriate.

236 (8) This section is subject to annual appropriation by the
237 Legislature.

238 (9) The department may adopt rules to administer this
239 section.

240 Section 5. Paragraph (i) of subsection (5) of section
241 394.9082, Florida Statutes, is amended, and paragraphs (k) and
242 (l) are added to subsection (4) of that section, to read:

243 394.9082 Behavioral health managing entities.—



244 (4) CONTRACT WITH MANAGING ENTITIES.—

245 (k) The department's contracts with managing entities must
246 be made available in a publicly accessible format on the
247 department's website.

248 (l) Every 2 years, the department shall conduct a
249 comprehensive, multiyear review of the revenues, expenditures,
250 and financial positions of managing entities covering the most
251 recent 2 consecutive fiscal years. The review must include a
252 comprehensive system-of-care analysis. The department shall
253 submit the review to the Governor, the President of the Senate,
254 and the Speaker of the House of Representatives by November 1 of
255 every other year, beginning in 2023.

256 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

257 (u) Develop a comprehensive provider network of qualified
258 providers to deliver behavioral health services. The managing
259 entity is not required to competitively procure network
260 providers but shall publicize opportunities to join the provider
261 network and evaluate providers in the network to determine if
262 they may remain in the network. A managing entity must provide
263 notice to a provider before the provider is removed from the
264 network. The managing entity shall publish these processes on
265 its website. The managing entity shall ensure continuity of care
266 for clients if a provider ceases to provide a service or leaves
267 the network.

268 Section 6. Present subsections (4) through (11) of section
269 409.814, Florida Statutes, are redesignated as subsections (5)
270 through (12), respectively, a new subsection (4) is added to
271 that section, and present subsections (5), (6), and (10) are
272 amended, to read:



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273 409.814 Eligibility.—A child who has not reached 19 years
274 of age whose family income is equal to or below 200 percent of
275 the federal poverty level is eligible for the Florida Kidcare
276 program as provided in this section. If an enrolled individual
277 is determined to be ineligible for coverage, he or she must be
278 immediately disenrolled from the respective Florida Kidcare
279 program component.

280 (4) A Title XXI-funded child who reaches 19 years of age is
281 eligible for continued Title XXI-funded coverage for the
282 duration of a pregnancy and the postpartum period consisting of
283 the 12-month period beginning on the last day of a pregnancy, if
284 such pregnancy or postpartum period begins prior to the child
285 reaching 19 years of age, and if the child is ineligible for
286 Medicaid.

287 (6)~~(5)~~ A child who is otherwise eligible for the Florida
288 Kidcare program and who has a preexisting condition that
289 prevents coverage under another insurance plan as described in
290 paragraph (5)(a)~~(4)(a)~~ which would have disqualified the child
291 for the Florida Kidcare program if the child were able to enroll
292 in the plan is eligible for Florida Kidcare coverage when
293 enrollment is possible.

294 (7)~~(6)~~ A child whose family income is above 200 percent of
295 the federal poverty level or a child who is excluded under the
296 provisions of subsection (5)~~(4)~~ may participate in the Florida
297 Kidcare program as provided in s. 409.8132 or, if the child is
298 ineligible for Medikids by reason of age, in the Florida Healthy
299 Kids program, subject to the following:

300 (a) The family is not eligible for premium assistance
301 payments and must pay the full cost of the premium, including



302 any administrative costs.

303 (b) The board of directors of the Florida Healthy Kids
304 Corporation may offer a reduced benefit package to these
305 children in order to limit program costs for such families.

306 (11)~~(10)~~ Subject to paragraph (5)(a)~~(4)(a)~~, the Florida
307 Kidcare program shall withhold benefits from an enrollee if the
308 program obtains evidence that the enrollee is no longer
309 eligible, submitted incorrect or fraudulent information in order
310 to establish eligibility, or failed to provide verification of
311 eligibility. The applicant or enrollee shall be notified that
312 because of such evidence program benefits will be withheld
313 unless the applicant or enrollee contacts a designated
314 representative of the program by a specified date, which must be
315 within 10 working days after the date of notice, to discuss and
316 resolve the matter. The program shall make every effort to
317 resolve the matter within a timeframe that will not cause
318 benefits to be withheld from an eligible enrollee.

319 Section 7. Subsection (2) of section 409.908, Florida
320 Statutes, is amended to read:

321 409.908 Reimbursement of Medicaid providers.—Subject to
322 specific appropriations, the agency shall reimburse Medicaid
323 providers, in accordance with state and federal law, according
324 to methodologies set forth in the rules of the agency and in
325 policy manuals and handbooks incorporated by reference therein.
326 These methodologies may include fee schedules, reimbursement
327 methods based on cost reporting, negotiated fees, competitive
328 bidding pursuant to s. 287.057, and other mechanisms the agency
329 considers efficient and effective for purchasing services or
330 goods on behalf of recipients. If a provider is reimbursed based



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331 on cost reporting and submits a cost report late and that cost
332 report would have been used to set a lower reimbursement rate
333 for a rate semester, then the provider's rate for that semester
334 shall be retroactively calculated using the new cost report, and
335 full payment at the recalculated rate shall be effected
336 retroactively. Medicare-granted extensions for filing cost
337 reports, if applicable, shall also apply to Medicaid cost
338 reports. Payment for Medicaid compensable services made on
339 behalf of Medicaid-eligible persons is subject to the
340 availability of moneys and any limitations or directions
341 provided for in the General Appropriations Act or chapter 216.
342 Further, nothing in this section shall be construed to prevent
343 or limit the agency from adjusting fees, reimbursement rates,
344 lengths of stay, number of visits, or number of services, or
345 making any other adjustments necessary to comply with the
346 availability of moneys and any limitations or directions
347 provided for in the General Appropriations Act, provided the
348 adjustment is consistent with legislative intent.

349 (2) (a)1. Reimbursement to nursing homes licensed under part
350 II of chapter 400 and state-owned-and-operated intermediate care
351 facilities for the developmentally disabled licensed under part
352 VIII of chapter 400 must be made prospectively.

353 2. Unless otherwise limited or directed in the General
354 Appropriations Act, reimbursement to hospitals licensed under
355 part I of chapter 395 for the provision of swing-bed nursing
356 home services must be made on the basis of the average statewide
357 nursing home payment, and reimbursement to a hospital licensed
358 under part I of chapter 395 for the provision of skilled nursing
359 services must be made on the basis of the average nursing home



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360 payment for those services in the county in which the hospital
361 is located. When a hospital is located in a county that does not
362 have any community nursing homes, reimbursement shall be
363 determined by averaging the nursing home payments in counties
364 that surround the county in which the hospital is located.
365 Reimbursement to hospitals, including Medicaid payment of
366 Medicare copayments, for skilled nursing services shall be
367 limited to 30 days, unless a prior authorization has been
368 obtained from the agency. Medicaid reimbursement may be extended
369 by the agency beyond 30 days, and approval must be based upon
370 verification by the patient's physician that the patient
371 requires short-term rehabilitative and recuperative services
372 only, in which case an extension of no more than 15 days may be
373 approved. Reimbursement to a hospital licensed under part I of
374 chapter 395 for the temporary provision of skilled nursing
375 services to nursing home residents who have been displaced as
376 the result of a natural disaster or other emergency may not
377 exceed the average county nursing home payment for those
378 services in the county in which the hospital is located and is
379 limited to the period of time which the agency considers
380 necessary for continued placement of the nursing home residents
381 in the hospital.

382 (b) Subject to any limitations or directions in the General
383 Appropriations Act, the agency shall establish and implement a
384 state Title XIX Long-Term Care Reimbursement Plan for nursing
385 home care in order to provide care and services in conformance
386 with the applicable state and federal laws, rules, regulations,
387 and quality and safety standards and to ensure that individuals
388 eligible for medical assistance have reasonable geographic



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389 access to such care.

390 1. The agency shall amend the long-term care reimbursement
391 plan and cost reporting system to create direct care and
392 indirect care subcomponents of the patient care component of the
393 per diem rate. These two subcomponents together shall equal the
394 patient care component of the per diem rate. Separate prices
395 shall be calculated for each patient care subcomponent,
396 initially based on the September 2016 rate setting cost reports
397 and subsequently based on the most recently audited cost report
398 used during a rebasing year. The direct care subcomponent of the
399 per diem rate for any providers still being reimbursed on a cost
400 basis shall be limited by the cost-based class ceiling, and the
401 indirect care subcomponent may be limited by the lower of the
402 cost-based class ceiling, the target rate class ceiling, or the
403 individual provider target. The ceilings and targets apply only
404 to providers being reimbursed on a cost-based system. Effective
405 October 1, 2018, a prospective payment methodology shall be
406 implemented for rate setting purposes with the following
407 parameters:

408 a. Peer Groups, including:

409 (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee
410 Counties; and

411 (II) South-SMMC Regions 10-11, plus Palm Beach and
412 Okeechobee Counties.

413 b. Percentage of Median Costs based on the cost reports
414 used for September 2016 rate setting:

- | | |
|---|--------------|
| 415 (I) Direct Care Costs..... | 100 percent. |
| 416 (II) Indirect Care Costs..... | 92 percent. |
| 417 (III) Operating Costs..... | 86 percent. |



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418 c. Floors:
419 (I) Direct Care Component.....95 percent.
420 (II) Indirect Care Component.....92.5 percent.
421 (III) Operating Component.....None.
422 d. Pass-through Payments.....Real Estate and
423Personal Property
424Taxes and Property Insurance.
425 e. Quality Incentive Program Payment
426 Pool.....6 percent of September
4272016 non-property related
428payments of included facilities.
429 f. Quality Score Threshold to Quality for Quality Incentive
430 Payment.....20th percentile of included facilities.
431 g. Fair Rental Value System Payment Parameters:
432 (I) Building Value per Square Foot based on 2018 RS Means.
433 (II) Land Valuation.....10 percent of Gross Building value.
434 (III) Facility Square Footage.....Actual Square Footage.
435 (IV) Moveable Equipment Allowance.....\$8,000 per bed.
436 (V) Obsolescence Factor.....1.5 percent.
437 (VI) Fair Rental Rate of Return.....8 percent.
438 (VII) Minimum Occupancy.....90 percent.
439 (VIII) Maximum Facility Age.....40 years.
440 (IX) Minimum Square Footage per Bed.....350.
441 (X) Maximum Square Footage for Bed.....500.
442 (XI) Minimum Cost of a renovation/replacements.\$500 per bed.
443 h. Ventilator Supplemental payment of \$200 per Medicaid day
444 of 40,000 ventilator Medicaid days per fiscal year.
445 2. The direct care subcomponent shall include salaries and
446 benefits of direct care staff providing nursing services



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447 including registered nurses, licensed practical nurses, and
448 certified nursing assistants who deliver care directly to
449 residents in the nursing home facility, allowable therapy costs,
450 and dietary costs. This excludes nursing administration, staff
451 development, the staffing coordinator, and the administrative
452 portion of the minimum data set and care plan coordinators. The
453 direct care subcomponent also includes medically necessary
454 dental care, vision care, hearing care, and podiatric care.

455 3. All other patient care costs shall be included in the
456 indirect care cost subcomponent of the patient care per diem
457 rate, including complex medical equipment, medical supplies, and
458 other allowable ancillary costs. Costs may not be allocated
459 directly or indirectly to the direct care subcomponent from a
460 home office or management company.

461 4. On July 1 of each year, the agency shall report to the
462 Legislature direct and indirect care costs, including average
463 direct and indirect care costs per resident per facility and
464 direct care and indirect care salaries and benefits per category
465 of staff member per facility.

466 5. Every fourth year, the agency shall rebase nursing home
467 prospective payment rates to reflect changes in cost based on
468 the most recently audited cost report for each participating
469 provider.

470 6. A direct care supplemental payment may be made to
471 providers whose direct care hours per patient day are above the
472 80th percentile and who provide Medicaid services to a larger
473 percentage of Medicaid patients than the state average.

474 7. For the period beginning on October 1, 2018, and ending
475 on September 30, 2021, the agency shall reimburse providers the



476 greater of their September 2016 cost-based rate or their
477 prospective payment rate. Effective October 1, 2021, the agency
478 shall reimburse providers the greater of 95 percent of their
479 cost-based rate or their rebased prospective payment rate, using
480 the most recently audited cost report for each facility. This
481 subparagraph shall expire September 30, 2023.

482 8. Pediatric, Florida Department of Veterans Affairs, and
483 government-owned facilities are exempt from the pricing model
484 established in this subsection and shall remain on a cost-based
485 prospective payment system. Effective October 1, 2018, the
486 agency shall set rates for all facilities remaining on a cost-
487 based prospective payment system using each facility's most
488 recently audited cost report, eliminating retroactive
489 settlements.

490
491 It is the intent of the Legislature that the reimbursement plan
492 achieve the goal of providing access to health care for nursing
493 home residents who require large amounts of care while
494 encouraging diversion services as an alternative to nursing home
495 care for residents who can be served within the community. The
496 agency shall base the establishment of any maximum rate of
497 payment, whether overall or component, on the available moneys
498 as provided for in the General Appropriations Act. The agency
499 may base the maximum rate of payment on the results of
500 scientifically valid analysis and conclusions derived from
501 objective statistical data pertinent to the particular maximum
502 rate of payment. The agency shall base the rates of payments in
503 accordance with the minimum wage requirements as provided in the
504 General Appropriations Act.



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505 Section 8. Paragraph (a) of subsection (7) of section
506 20.435, Florida Statutes, is amended to read:

507 20.435 Department of Health; trust funds.—The following
508 trust funds shall be administered by the Department of Health:

509 (7) Biomedical Research Trust Fund.

510 (a) Funds to be credited to the trust fund shall consist of
511 funds appropriated by the Legislature. Funds shall be used for
512 the purposes of the James and Esther King Biomedical Research
513 Program, the Casey DeSantis Cancer Research Florida Consortium
514 ~~ef National Cancer Institute Centers Program, and the William G.~~
515 "Bill" Bankhead, Jr., and David Coley Cancer Research Program as
516 specified in ss. 215.5602, 288.955, 381.915, and 381.922. The
517 trust fund is exempt from the service charges imposed by s.
518 215.20.

519 Section 9. Paragraph (c) of subsection (2) of section
520 210.20, Florida Statutes, is amended to read:

521 210.20 Employees and assistants; distribution of funds.—

522 (2) As collections are received by the division from such
523 cigarette taxes, it shall pay the same into a trust fund in the
524 State Treasury designated "Cigarette Tax Collection Trust Fund"
525 which shall be paid and distributed as follows:

526 (c) Beginning July 1, 2017, and continuing through June 30,
527 2033, the division shall from month to month certify to the
528 Chief Financial Officer the amount derived from the cigarette
529 tax imposed by s. 210.02, less the service charges provided for
530 in s. 215.20 and less 0.9 percent of the amount derived from the
531 cigarette tax imposed by s. 210.02, which shall be deposited
532 into the Alcoholic Beverage and Tobacco Trust Fund, specifying
533 an amount equal to 1 percent of the net collections, not to



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534 exceed \$3 million annually, and that amount shall be deposited
535 into the Biomedical Research Trust Fund in the Department of
536 Health. These funds are appropriated annually from the
537 Biomedical Research Trust Fund for the advancement of cures for
538 cancers afflicting pediatric populations through basic or
539 applied research, including, but not limited to, clinical trials
540 and nontoxic drug discovery. These funds are not included in the
541 calculation for the distribution of funds pursuant to s.
542 381.915; however, these funds shall be distributed to cancer
543 centers participating in the Casey DeSantis Cancer Research
544 ~~Florida Consortium of National Cancer Institute Centers~~ Program
545 in the same proportion as is allocated to each cancer center in
546 accordance with s. 381.915 and are in addition to any funds
547 distributed pursuant to that section.

548 Section 10. Subsection (3) of section 409.816, Florida
549 Statutes, is amended to read:

550 409.816 Limitations on premiums and cost sharing.—The
551 following limitations on premiums and cost sharing are
552 established for the program.

553 (3) Enrollees in families with a family income above 150
554 percent of the federal poverty level who are not receiving
555 coverage under the Medicaid program or who are not eligible
556 under s. 409.814(7) ~~s. 409.814(6)~~ may be required to pay
557 enrollment fees, premiums, copayments, deductibles, coinsurance,
558 or similar charges on a sliding scale related to income, except
559 that the total annual aggregate cost sharing with respect to all
560 children in a family may not exceed 5 percent of the family's
561 income. However, copayments, deductibles, coinsurance, or
562 similar charges may not be imposed for preventive services,



563 including well-baby and well-child care, age-appropriate
564 immunizations, and routine hearing and vision screenings.

565 Section 11. This act shall take effect July 1, 2022.

566
567 ===== T I T L E A M E N D M E N T =====

568 And the title is amended as follows:

569 Delete everything before the enacting clause
570 and insert:

571 A bill to be entitled

572 An act relating to health; amending s. 17.41, F.S.;
573 providing that the Department of Financial Services
574 Tobacco Settlement Clearing Trust Fund shall be
575 referred to as the "Lawton Chiles Trust Fund";
576 amending s. 210.201, F.S.; providing an appropriation
577 to the Board of Directors of the H. Lee Moffitt Cancer
578 Center and Research Institute for a specified purpose;
579 authorizing such appropriation to be used to secure
580 certain financing; providing construction; amending s.
581 381.02035, F.S.; authorizing pharmacists and
582 wholesalers employed by or under contract with
583 forensic facilities managed by the Agency for Persons
584 with Disabilities to import prescription drugs under
585 the Canadian Prescription Drug Importation Program for
586 dispensing to clients in such facilities; amending s.
587 381.915, F.S.; renaming the Florida Consortium of
588 National Cancer Institute Centers Program as the
589 "Casey DeSantis Cancer Research Program"; revising a
590 short title; amending s. 394.9082, F.S.; requiring
591 that the Department of Children and Families'



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592 contracts with managing entities be made available on
593 the department's website; requiring the department to
594 conduct a specified review of managing entities every
595 2 years; requiring the department to submit the review
596 to the Governor and the Legislature by a specified
597 date; requiring managing entities to provide notice to
598 providers before removing the provider from the
599 provider network; amending s. 409.814, F.S.; providing
600 for continued Title XXI-funded coverage for certain
601 enrollees beyond 19 years of age under certain
602 circumstances; providing for eligibility; amending s.
603 409.908, F.S.; requiring the agency to base its rate
604 of payments for nursing home care in its Title XIX
605 Long-Term Care Reimbursement Plan in accordance with
606 specified minimum wage requirements; amending ss.
607 20.435, 210.20, and 409.816, F.S.; conforming
608 provisions to changes made by the act; providing an
609 effective date.