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1 A bill to be entitled
2 An act relating to health; amending s. 17.41, F.S.;
3 providing that the Department of Financial Services
4 Tobacco Settlement Clearing Trust Fund shall be
5 referred to as the "Lawton Chiles Trust Fund";
6 amending s. 210.201, F.S.; providing an appropriation
7 to the Board of Directors of the H. Lee Moffitt Cancer
8 Center and Research Institute for a specified purpose;
9 authorizing such appropriation to be used to secure
10 certain financing; providing construction; amending s.
11 381.02035, F.S.; authorizing pharmacists and
12 wholesalers employed by or under contract with
13 forensic facilities managed by the Agency for Persons
14 with Disabilities to import prescription drugs under
15 the Canadian Prescription Drug Importation Program for
16 dispensing to clients in such facilities; amending s.
17 381.915, F.S.; renaming the Florida Consortium of
18 National Cancer Institute Centers Program as the
19 "Casey DeSantis Cancer Research Program"; revising a
20 short title; amending s. 394.9082, F.S.; requiring
21 that the Department of Children and Families'
22 contracts with managing entities be made available on
23 the department's website; requiring the department to
24 conduct a specified review of managing entities every
25 2 years; requiring the department to submit the review
26 to the Governor and the Legislature by a specified
27 date; requiring managing entities to provide notice to
28 providers before removing the provider from the
29 provider network; amending s. 409.814, F.S.; providing

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30 for continued Title XXI-funded coverage for certain
31 enrollees beyond 19 years of age under certain
32 circumstances; providing for eligibility; amending s.
33 409.908, F.S.; requiring the agency to base its rate
34 of payments for nursing home care in its Title XIX
35 Long-Term Care Reimbursement Plan in accordance with
36 specified minimum wage requirements; amending ss.
37 20.435, 210.20, and 409.816, F.S.; conforming
38 provisions to changes made by the act; providing an
39 effective date.

40
41 Be It Enacted by the Legislature of the State of Florida:

42
43 Section 1. Subsection (1) of section 17.41, Florida
44 Statutes, is amended to read:

45 17.41 Department of Financial Services Tobacco Settlement
46 Clearing Trust Fund.—

47 (1) The Department of Financial Services Tobacco Settlement
48 Clearing Trust Fund, which shall be referred to as the "Lawton
49 Chiles Trust Fund," is created within that department.

50 Section 2. Section 210.201, Florida Statutes, is amended to
51 read:

52 210.201 H. Lee Moffitt Cancer Center and Research Institute
53 facilities; establishment; funding.—

54 (1) The Board of Directors of the H. Lee Moffitt Cancer
55 Center and Research Institute shall construct, furnish, and
56 equip, and shall covenant to complete, the cancer research and
57 clinical and related facilities of the H. Lee Moffitt Cancer
58 Center and Research Institute funded with proceeds from the

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59 Cigarette Tax Collection Trust Fund pursuant to s. 210.20.
60 Moneys transferred to the Board of Directors of the H. Lee
61 Moffitt Cancer Center and Research Institute pursuant to s.
62 210.20 may be used to secure financing to pay costs related to
63 constructing, furnishing, equipping, operating, and maintaining
64 cancer research and clinical and related facilities; furnishing,
65 equipping, operating, and maintaining other leased or owned
66 properties; and paying costs incurred in connection with
67 purchasing, financing, operating, and maintaining such
68 equipment, facilities, and properties as provided in s. 210.20.
69 Such financing may include the issuance of tax-exempt bonds or
70 other forms of indebtedness by a local authority, municipality,
71 or county pursuant to parts II and III of chapter 159. Such
72 bonds shall not constitute state bonds for purposes of s. 11,
73 Art. VII of the State Constitution, but shall constitute bonds
74 of a "local agency," as defined in s. 159.27(4). The cigarette
75 tax dollars pledged to facilities pursuant to s. 210.20 may be
76 replaced annually by the Legislature from tobacco litigation
77 settlement proceeds.

78 (2) Beginning in the 2022-2023 fiscal year, and annually
79 through the 2052-2053 fiscal year, the sum of \$20 million is
80 appropriated and shall be transferred to the Board of Directors
81 of the H. Lee Moffitt Cancer Center and Research Institute for
82 construction and development of Moffitt's Pasco County life
83 sciences park. Moneys transferred to the Board of Directors of
84 the H. Lee Moffitt Cancer Center and Research Institute pursuant
85 to this subsection may be used to secure financing to pay costs
86 related to the construction and development of Moffitt's Pasco
87 County life sciences park. Such financing may include the

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88 issuance of tax-exempt bonds or other forms of indebtedness by a
89 local authority, municipality, or county pursuant to parts II
90 and III of chapter 159. Such bonds shall not constitute state
91 bonds for purposes of s. 11, Art. VII of the State Constitution,
92 but shall constitute bonds of a local agency as defined in s.
93 159.27(4).

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

96 381.02035 Canadian Prescription Drug Importation Program.—

97 (7) ELIGIBLE IMPORTERS.—The following entities may import
98 prescription drugs from an eligible Canadian supplier under the
99 program:

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

104 Section 4. Section 381.915, Florida Statutes, is amended to
105 read:

106 381.915 Casey DeSantis Cancer Research Florida Consortium
107 of National Cancer Institute Centers Program.—

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

110 (2) The Casey DeSantis Cancer Research Florida Consortium
111 of National Cancer Institute Centers Program is established to
112 enhance the quality and competitiveness of cancer care in this
113 state, further a statewide biomedical research strategy directly
114 responsive to the health needs of Florida's citizens, and
115 capitalize on the potential educational opportunities available
116 to its students. The department shall make payments to Florida-

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117 based cancer centers recognized by the National Cancer Institute
118 (NCI) at the National Institutes of Health as NCI-designated
119 cancer centers or NCI-designated comprehensive cancer centers,
120 and cancer centers working toward achieving NCI designation. The
121 department shall distribute funds to participating cancer
122 centers on a quarterly basis during each fiscal year for which
123 an appropriation is made.

124 (3) On or before September 15 of each year, the department
125 shall calculate an allocation fraction to be used for
126 distributing funds to participating cancer centers. On or before
127 the final business day of each quarter of the state fiscal year,
128 the department shall distribute to each participating cancer
129 center one-fourth of that cancer center's annual allocation
130 calculated under subsection (6). The allocation fraction for
131 each participating cancer center is based on the cancer center's
132 tier-designated weight under subsection (4) multiplied by each
133 of the following allocation factors: number of reportable cases,
134 peer-review costs, and biomedical education and training. As
135 used in this section, the term:

136 (a) "Biomedical education and training" means instruction
137 that is offered to a student who is enrolled in a biomedical
138 research program at an affiliated university as a medical
139 student or a student in a master's or doctoral degree program,
140 or who is a resident physician trainee or postdoctoral trainee
141 in such program. An affiliated university biomedical research
142 program must be accredited or approved by a nationally
143 recognized agency and offered through an institution accredited
144 by the Commission on Colleges of the Southern Association of
145 Colleges and Schools. Full-time equivalency for trainees shall

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146 be prorated for training received in oncologic sciences and
147 oncologic medicine.

148 (b) "Cancer center" means a freestanding center, a center
149 situated within an academic institution, or a formal research-
150 based consortium under centralized leadership that has achieved
151 NCI designation or is prepared to achieve NCI designation by
152 July 1, 2019.

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

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

160 (e) "Reportable cases" means cases of cancer in which a
161 cancer center is involved in the diagnosis, evaluation of the
162 diagnosis, evaluation of the extent of cancer spread at the time
163 of diagnosis, or administration of all or any part of the first
164 course of therapy for the most recent annual reporting period
165 available. Cases relating to patients enrolled in institutional
166 or investigator-initiated interventional clinical trials shall
167 be weighted at 1.2 relative to other cases weighted at 1.0.
168 Determination of institutional or investigator-initiated
169 interventional clinical trials must be consistent with reporting
170 guidelines provided by the NCI.

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

174 (a) Tier 1: Florida-based NCI-designated comprehensive

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175 cancer centers, which shall be weighted at 1.5.

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

178 (c) Tier 3: Florida-based cancer centers seeking
179 designation as either a NCI-designated cancer center or NCI-
180 designated comprehensive cancer center, which shall be weighted
181 at 1.0.

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

185 a. Conducting cancer-related basic scientific research and
186 cancer-related population scientific research;

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

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

193 d. Offering degree-granting programs or affiliating with
194 universities through degree-granting programs accredited or
195 approved by a nationally recognized agency and offered through
196 the center or through the center in conjunction with another
197 institution accredited by the Commission on Colleges of the
198 Southern Association of Colleges and Schools;

199 e. Providing training to clinical trainees, medical
200 trainees accredited by the Accreditation Council for Graduate
201 Medical Education or the American Osteopathic Association, and
202 postdoctoral fellows recently awarded a doctorate degree; and

203 f. Having more than \$5 million in annual direct costs

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204 associated with their total NCI peer-reviewed grant funding.

205 2. The General Appropriations Act or accompanying
206 legislation may limit the number of cancer centers which shall
207 receive Tier 3 designations or provide additional criteria for
208 such designation.

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

211 4. A cancer center that qualifies as a designated Tier 3
212 center under the criteria provided in subparagraph 1. by July 1,
213 2014, is authorized to pursue NCI designation as a cancer center
214 or a comprehensive cancer center until June 30, 2024.

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

217
218
$$\text{CAF} = [0.4 \times (\text{CRC} \div \text{TCRC})] + [0.3 \times (\text{CPC} \div \text{TCPC})] + [0.3 \times (\text{CBE} \div \text{TCBE})]$$

219
220 Where:

221 CAF=A cancer center's allocation fraction.

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

223 TCRC=The total tier-weighted reportable cases for all
224 cancer centers.

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

226 TCPC=The total tier-weighted peer-review costs for all
227 cancer centers.

228 CBE=A cancer center's tier-weighted biomedical education
229 and training.

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

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233 (6) A cancer center's annual allocation shall be calculated
234 by multiplying the funds appropriated for the Casey DeSantis
235 Cancer Research Florida Consortium of National Cancer Institute
236 ~~Centers~~ Program in the General Appropriations Act by that cancer
237 center's allocation fraction. If the calculation results in an
238 annual allocation that is less than \$16 million, that cancer
239 center's annual allocation shall be increased to a sum equaling
240 \$16 million, with the additional funds being provided
241 proportionally from the annual allocations calculated for the
242 other participating cancer centers.

243 (7) Beginning July 1, 2017, and every 3 years thereafter,
244 the department, in conjunction with participating cancer
245 centers, shall submit a report to the Cancer Control and
246 Research Advisory Council on specific metrics relating to cancer
247 mortality and external funding for cancer-related research in
248 the state. If a cancer center does not endorse this report or
249 produce an equivalent independent report, the cancer center
250 shall be suspended from the program for 1 year. The report must
251 include:

252 (a) An analysis of trending age-adjusted cancer mortality
253 rates in the state, which must include, at a minimum, overall
254 age-adjusted mortality rates for cancer statewide and age-
255 adjusted mortality rates by age group, geographic region, and
256 type of cancer, which must include, at a minimum:

- 257 1. Lung cancer.
- 258 2. Pancreatic cancer.
- 259 3. Sarcoma.
- 260 4. Melanoma.
- 261 5. Leukemia and myelodysplastic syndromes.

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262 6. Brain cancer.

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

266 (c) A list and narrative description of collaborative
267 grants and interinstitutional collaboration among participating
268 cancer centers, a comparison of collaborative grants in
269 proportion to the grant totals for each cancer center, a
270 catalogue of retreats and progress seed grants using state
271 funds, and targets for collaboration in the future and reports
272 on progress regarding such targets where appropriate.

273 (8) This section is subject to annual appropriation by the
274 Legislature.

275 (9) The department may adopt rules to administer this
276 section.

277 Section 5. Paragraph (i) of subsection (5) of section
278 394.9082, Florida Statutes, is amended, and paragraphs (k) and
279 (l) are added to subsection (4) of that section, to read:

280 394.9082 Behavioral health managing entities.—

281 (4) CONTRACT WITH MANAGING ENTITIES.—

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

285 (l) Every 2 years, the department shall conduct a
286 comprehensive, multiyear review of the revenues, expenditures,
287 and financial positions of managing entities covering the most
288 recent 2 consecutive fiscal years. The review must include a
289 comprehensive system-of-care analysis. The department shall
290 submit the review to the Governor, the President of the Senate,

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291 and the Speaker of the House of Representatives by November 1 of
292 every other year, beginning in 2023.

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

294 (i) Develop a comprehensive provider network of qualified
295 providers to deliver behavioral health services. The managing
296 entity is not required to competitively procure network
297 providers but shall publicize opportunities to join the provider
298 network and evaluate providers in the network to determine if
299 they may remain in the network. A managing entity must provide
300 notice to a provider before the provider is removed from the
301 network. The managing entity shall publish these processes on
302 its website. The managing entity shall ensure continuity of care
303 for clients if a provider ceases to provide a service or leaves
304 the network.

305 Section 6. Present subsections (4) through (11) of section
306 409.814, Florida Statutes, are redesignated as subsections (5)
307 through (12), respectively, a new subsection (4) is added to
308 that section, and present subsections (5), (6), and (10) are
309 amended, to read:

310 409.814 Eligibility.—A child who has not reached 19 years
311 of age whose family income is equal to or below 200 percent of
312 the federal poverty level is eligible for the Florida Kidcare
313 program as provided in this section. If an enrolled individual
314 is determined to be ineligible for coverage, he or she must be
315 immediately disenrolled from the respective Florida Kidcare
316 program component.

317 (4) A Title XXI-funded child who reaches 19 years of age is
318 eligible for continued Title XXI-funded coverage for the
319 duration of a pregnancy and the postpartum period consisting of

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320 the 12-month period beginning on the last day of a pregnancy, if
321 such pregnancy or postpartum period begins prior to the child
322 reaching 19 years of age, and if the child is ineligible for
323 Medicaid.

324 (6)~~(5)~~ A child who is otherwise eligible for the Florida
325 Kidcare program and who has a preexisting condition that
326 prevents coverage under another insurance plan as described in
327 paragraph (5) (a)~~(4) (a)~~ which would have disqualified the child
328 for the Florida Kidcare program if the child were able to enroll
329 in the plan is eligible for Florida Kidcare coverage when
330 enrollment is possible.

331 (7)~~(6)~~ A child whose family income is above 200 percent of
332 the federal poverty level or a child who is excluded under the
333 provisions of subsection (5)~~(4)~~ may participate in the Florida
334 Kidcare program as provided in s. 409.8132 or, if the child is
335 ineligible for Medikids by reason of age, in the Florida Healthy
336 Kids program, subject to the following:

337 (a) The family is not eligible for premium assistance
338 payments and must pay the full cost of the premium, including
339 any administrative costs.

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

343 (11)~~(10)~~ Subject to paragraph (5) (a)~~(4) (a)~~, the Florida
344 Kidcare program shall withhold benefits from an enrollee if the
345 program obtains evidence that the enrollee is no longer
346 eligible, submitted incorrect or fraudulent information in order
347 to establish eligibility, or failed to provide verification of
348 eligibility. The applicant or enrollee shall be notified that

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349 because of such evidence program benefits will be withheld
350 unless the applicant or enrollee contacts a designated
351 representative of the program by a specified date, which must be
352 within 10 working days after the date of notice, to discuss and
353 resolve the matter. The program shall make every effort to
354 resolve the matter within a timeframe that will not cause
355 benefits to be withheld from an eligible enrollee.

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

358 409.908 Reimbursement of Medicaid providers.—Subject to
359 specific appropriations, the agency shall reimburse Medicaid
360 providers, in accordance with state and federal law, according
361 to methodologies set forth in the rules of the agency and in
362 policy manuals and handbooks incorporated by reference therein.
363 These methodologies may include fee schedules, reimbursement
364 methods based on cost reporting, negotiated fees, competitive
365 bidding pursuant to s. 287.057, and other mechanisms the agency
366 considers efficient and effective for purchasing services or
367 goods on behalf of recipients. If a provider is reimbursed based
368 on cost reporting and submits a cost report late and that cost
369 report would have been used to set a lower reimbursement rate
370 for a rate semester, then the provider's rate for that semester
371 shall be retroactively calculated using the new cost report, and
372 full payment at the recalculated rate shall be effected
373 retroactively. Medicare-granted extensions for filing cost
374 reports, if applicable, shall also apply to Medicaid cost
375 reports. Payment for Medicaid compensable services made on
376 behalf of Medicaid-eligible persons is subject to the
377 availability of moneys and any limitations or directions

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378 provided for in the General Appropriations Act or chapter 216.
379 Further, nothing in this section shall be construed to prevent
380 or limit the agency from adjusting fees, reimbursement rates,
381 lengths of stay, number of visits, or number of services, or
382 making any other adjustments necessary to comply with the
383 availability of moneys and any limitations or directions
384 provided for in the General Appropriations Act, provided the
385 adjustment is consistent with legislative intent.

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

390 2. Unless otherwise limited or directed in the General
391 Appropriations Act, reimbursement to hospitals licensed under
392 part I of chapter 395 for the provision of swing-bed nursing
393 home services must be made on the basis of the average statewide
394 nursing home payment, and reimbursement to a hospital licensed
395 under part I of chapter 395 for the provision of skilled nursing
396 services must be made on the basis of the average nursing home
397 payment for those services in the county in which the hospital
398 is located. When a hospital is located in a county that does not
399 have any community nursing homes, reimbursement shall be
400 determined by averaging the nursing home payments in counties
401 that surround the county in which the hospital is located.
402 Reimbursement to hospitals, including Medicaid payment of
403 Medicare copayments, for skilled nursing services shall be
404 limited to 30 days, unless a prior authorization has been
405 obtained from the agency. Medicaid reimbursement may be extended
406 by the agency beyond 30 days, and approval must be based upon

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407 verification by the patient's physician that the patient
408 requires short-term rehabilitative and recuperative services
409 only, in which case an extension of no more than 15 days may be
410 approved. Reimbursement to a hospital licensed under part I of
411 chapter 395 for the temporary provision of skilled nursing
412 services to nursing home residents who have been displaced as
413 the result of a natural disaster or other emergency may not
414 exceed the average county nursing home payment for those
415 services in the county in which the hospital is located and is
416 limited to the period of time which the agency considers
417 necessary for continued placement of the nursing home residents
418 in the hospital.

419 (b) Subject to any limitations or directions in the General
420 Appropriations Act, the agency shall establish and implement a
421 state Title XIX Long-Term Care Reimbursement Plan for nursing
422 home care in order to provide care and services in conformance
423 with the applicable state and federal laws, rules, regulations,
424 and quality and safety standards and to ensure that individuals
425 eligible for medical assistance have reasonable geographic
426 access to such care.

427 1. The agency shall amend the long-term care reimbursement
428 plan and cost reporting system to create direct care and
429 indirect care subcomponents of the patient care component of the
430 per diem rate. These two subcomponents together shall equal the
431 patient care component of the per diem rate. Separate prices
432 shall be calculated for each patient care subcomponent,
433 initially based on the September 2016 rate setting cost reports
434 and subsequently based on the most recently audited cost report
435 used during a rebasing year. The direct care subcomponent of the

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436 per diem rate for any providers still being reimbursed on a cost
 437 basis shall be limited by the cost-based class ceiling, and the
 438 indirect care subcomponent may be limited by the lower of the
 439 cost-based class ceiling, the target rate class ceiling, or the
 440 individual provider target. The ceilings and targets apply only
 441 to providers being reimbursed on a cost-based system. Effective
 442 October 1, 2018, a prospective payment methodology shall be
 443 implemented for rate setting purposes with the following
 444 parameters:

445 a. Peer Groups, including:

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

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

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

452 (I) Direct Care Costs.....100 percent.

453 (II) Indirect Care Costs.....92 percent.

454 (III) Operating Costs.....86 percent.

455 c. Floors:

456 (I) Direct Care Component.....95 percent.

457 (II) Indirect Care Component.....92.5 percent.

458 (III) Operating Component.....None.

459 d. Pass-through Payments.....Real Estate and
 460Personal Property
 461Taxes and Property Insurance.

462 e. Quality Incentive Program Payment

463 Pool.....6 percent of September

4642016 non-property related

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465payments of included facilities.

466 f. Quality Score Threshold to Quality for Quality Incentive
467 Payment.....20th percentile of included facilities.

468 g. Fair Rental Value System Payment Parameters:

469 (I) Building Value per Square Foot based on 2018 RS Means.

470 (II) Land Valuation.....10 percent of Gross Building value.

471 (III) Facility Square Footage.....Actual Square Footage.

472 (IV) Moveable Equipment Allowance.....\$8,000 per bed.

473 (V) Obsolescence Factor.....1.5 percent.

474 (VI) Fair Rental Rate of Return.....8 percent.

475 (VII) Minimum Occupancy.....90 percent.

476 (VIII) Maximum Facility Age.....40 years.

477 (IX) Minimum Square Footage per Bed.....350.

478 (X) Maximum Square Footage for Bed.....500.

479 (XI) Minimum Cost of a renovation/replacements.\$500 per bed.

480 h. Ventilator Supplemental payment of \$200 per Medicaid day
481 of 40,000 ventilator Medicaid days per fiscal year.

482 2. The direct care subcomponent shall include salaries and
483 benefits of direct care staff providing nursing services
484 including registered nurses, licensed practical nurses, and
485 certified nursing assistants who deliver care directly to
486 residents in the nursing home facility, allowable therapy costs,
487 and dietary costs. This excludes nursing administration, staff
488 development, the staffing coordinator, and the administrative
489 portion of the minimum data set and care plan coordinators. The
490 direct care subcomponent also includes medically necessary
491 dental care, vision care, hearing care, and podiatric care.

492 3. All other patient care costs shall be included in the
493 indirect care cost subcomponent of the patient care per diem

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494 rate, including complex medical equipment, medical supplies, and
495 other allowable ancillary costs. Costs may not be allocated
496 directly or indirectly to the direct care subcomponent from a
497 home office or management company.

498 4. On July 1 of each year, the agency shall report to the
499 Legislature direct and indirect care costs, including average
500 direct and indirect care costs per resident per facility and
501 direct care and indirect care salaries and benefits per category
502 of staff member per facility.

503 5. Every fourth year, the agency shall rebase nursing home
504 prospective payment rates to reflect changes in cost based on
505 the most recently audited cost report for each participating
506 provider.

507 6. A direct care supplemental payment may be made to
508 providers whose direct care hours per patient day are above the
509 80th percentile and who provide Medicaid services to a larger
510 percentage of Medicaid patients than the state average.

511 7. For the period beginning on October 1, 2018, and ending
512 on September 30, 2021, the agency shall reimburse providers the
513 greater of their September 2016 cost-based rate or their
514 prospective payment rate. Effective October 1, 2021, the agency
515 shall reimburse providers the greater of 95 percent of their
516 cost-based rate or their rebased prospective payment rate, using
517 the most recently audited cost report for each facility. This
518 subparagraph shall expire September 30, 2023.

519 8. Pediatric, Florida Department of Veterans Affairs, and
520 government-owned facilities are exempt from the pricing model
521 established in this subsection and shall remain on a cost-based
522 prospective payment system. Effective October 1, 2018, the

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523 agency shall set rates for all facilities remaining on a cost-
524 based prospective payment system using each facility's most
525 recently audited cost report, eliminating retroactive
526 settlements.

527

528 It is the intent of the Legislature that the reimbursement plan
529 achieve the goal of providing access to health care for nursing
530 home residents who require large amounts of care while
531 encouraging diversion services as an alternative to nursing home
532 care for residents who can be served within the community. The
533 agency shall base the establishment of any maximum rate of
534 payment, whether overall or component, on the available moneys
535 as provided for in the General Appropriations Act. The agency
536 may base the maximum rate of payment on the results of
537 scientifically valid analysis and conclusions derived from
538 objective statistical data pertinent to the particular maximum
539 rate of payment. The agency shall base the rates of payments in
540 accordance with the minimum wage requirements as provided in the
541 General Appropriations Act.

542 Section 8. Paragraph (a) of subsection (7) of section
543 20.435, Florida Statutes, is amended to read:

544 20.435 Department of Health; trust funds.—The following
545 trust funds shall be administered by the Department of Health:

546 (7) Biomedical Research Trust Fund.

547 (a) Funds to be credited to the trust fund shall consist of
548 funds appropriated by the Legislature. Funds shall be used for
549 the purposes of the James and Esther King Biomedical Research
550 Program, the Casey DeSantis Cancer Research ~~Florida Consortium~~
551 ~~of National Cancer Institute Centers~~ Program, and the William G.

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552 "Bill" Bankhead, Jr., and David Coley Cancer Research Program as
553 specified in ss. 215.5602, 288.955, 381.915, and 381.922. The
554 trust fund is exempt from the service charges imposed by s.
555 215.20.

556 Section 9. Paragraph (c) of subsection (2) of section
557 210.20, Florida Statutes, is amended to read:

558 210.20 Employees and assistants; distribution of funds.—

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

563 (c) Beginning July 1, 2017, and continuing through June 30,
564 2033, the division shall from month to month certify to the
565 Chief Financial Officer the amount derived from the cigarette
566 tax imposed by s. 210.02, less the service charges provided for
567 in s. 215.20 and less 0.9 percent of the amount derived from the
568 cigarette tax imposed by s. 210.02, which shall be deposited
569 into the Alcoholic Beverage and Tobacco Trust Fund, specifying
570 an amount equal to 1 percent of the net collections, not to
571 exceed \$3 million annually, and that amount shall be deposited
572 into the Biomedical Research Trust Fund in the Department of
573 Health. These funds are appropriated annually from the
574 Biomedical Research Trust Fund for the advancement of cures for
575 cancers afflicting pediatric populations through basic or
576 applied research, including, but not limited to, clinical trials
577 and nontoxic drug discovery. These funds are not included in the
578 calculation for the distribution of funds pursuant to s.
579 381.915; however, these funds shall be distributed to cancer
580 centers participating in the Casey DeSantis Cancer Research

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581 ~~Florida Consortium of National Cancer Institute Centers~~ Program
582 in the same proportion as is allocated to each cancer center in
583 accordance with s. 381.915 and are in addition to any funds
584 distributed pursuant to that section.

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

587 409.816 Limitations on premiums and cost sharing.—The
588 following limitations on premiums and cost sharing are
589 established for the program.

590 (3) Enrollees in families with a family income above 150
591 percent of the federal poverty level who are not receiving
592 coverage under the Medicaid program or who are not eligible
593 under s. 409.814(7) ~~s. 409.814(6)~~ may be required to pay
594 enrollment fees, premiums, copayments, deductibles, coinsurance,
595 or similar charges on a sliding scale related to income, except
596 that the total annual aggregate cost sharing with respect to all
597 children in a family may not exceed 5 percent of the family's
598 income. However, copayments, deductibles, coinsurance, or
599 similar charges may not be imposed for preventive services,
600 including well-baby and well-child care, age-appropriate
601 immunizations, and routine hearing and vision screenings.

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