

1 A bill to be entitled
2 An act relating to the Children's Medical Services
3 program; amending s. 383.14, F.S.; deleting a
4 requirement that the Department of Health consult with
5 the Department of Education before prescribing certain
6 newborn testing and screening requirements;
7 authorizing the release of certain newborn screening
8 results to licensed genetic counselors; requiring that
9 newborns have a blood specimen collected for newborn
10 screenings before they reach a specified age; deleting
11 a requirement that newborns be subjected to a certain
12 test; conforming provisions to changes made by the
13 act; revising requirements related to a certain
14 assessment for hospitals and birth centers; deleting a
15 requirement that the department submit a certain
16 annual cost certification as part of its annual
17 legislative budget request; requiring certain health
18 care practitioners and health care providers to
19 prepare and send all newborn screening specimen cards
20 to the State Public Health Laboratory; amending s.
21 383.145, F.S.; defining the term "toddler"; revising
22 newborn screening requirements for licensed birth
23 centers; requiring that a certain referral for newborn
24 screening be made before the newborn reaches a
25 specified age; requiring early childhood programs and

26 entities that screen for hearing loss to report the
27 screening results to the department within a specified
28 timeframe; amending s. 391.016, F.S.; revising the
29 purposes and functions of the Children's Medical
30 Services program; amending s. 391.021, F.S.; revising
31 definitions; amending s. 391.025, F.S.; revising the
32 scope of the program; amending s. 391.026, F.S.;
33 revising the powers and duties of the Department of
34 Health to conform to changes made by the act; amending
35 s. 391.028, F.S.; revising activities within the
36 purview of the program; deleting a requirement that
37 every office of the program be under the direction of
38 a licensed physician; amending s. 391.029, F.S.;
39 revising program eligibility requirements; amending s.
40 391.0315, F.S.; conforming provisions to changes made
41 by the act; repealing s. 391.035, F.S., relating to
42 provider qualifications; amending s. 391.045, F.S.;
43 conforming provisions to changes made by the act;
44 amending s. 391.055, F.S.; conforming provisions to
45 changes made by the act; deleting specifications for
46 the components of the program; deleting certain
47 requirements for newborns referred to the program
48 through the newborn screening program; amending s.
49 391.097, F.S.; conforming a provision to changes made
50 by the act; repealing part II of chapter 391, F.S.,

51 relating to Children's Medical Services councils and
52 panels; providing legislative findings and intent;
53 transferring operation of the Children's Medical
54 Services Managed Care Plan from the department to the
55 Agency for Health Care Administration, effective on a
56 specified date; providing construction as to judicial
57 and administrative actions pending as of a specified
58 date and time; requiring the department's Children's
59 Medical Services program to collaborate with and
60 assist the agency in specified activities; requiring
61 the department to conduct certain clinical eligibility
62 screenings; requiring the agency and the department to
63 submit a report to the Legislature by a specified
64 date; providing requirements for the report; amending
65 s. 409.974, F.S.; requiring the agency to
66 competitively procure one or more vendors to provide
67 services for certain children with special health care
68 needs; requiring the department's Children's Medical
69 Services program to assist the agency in developing
70 certain specifications for the vendor contract;
71 requiring the department to conduct clinical
72 eligibility screenings for services for such children
73 and collaborate with the agency in the care of such
74 children; conforming a provision to changes made by
75 the act; amending ss. 409.166, 409.811, 409.813,

76 409.8134, 409.814, 409.815, 409.8177, 409.818,
 77 409.912, 409.9126, 409.9131, 409.920, and 409.962,
 78 F.S.; conforming provisions to changes made by the
 79 act; providing effective dates.

80

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

82

83 Section 1. Section 383.14, Florida Statutes, is amended to
 84 read:

85 383.14 Screening for metabolic disorders, other hereditary
 86 and congenital disorders, and environmental risk factors.—

87 (1) SCREENING REQUIREMENTS.—To help ensure access to the
 88 maternal and child health care system, the Department of Health
 89 shall promote the screening of all newborns born in Florida for
 90 metabolic, hereditary, and congenital disorders known to result
 91 in significant impairment of health or intellect, as screening
 92 programs accepted by current medical practice become available
 93 and practical in the judgment of the department. The department
 94 shall also promote the identification and screening of all
 95 newborns in this state and their families for environmental risk
 96 factors such as low income, poor education, maternal and family
 97 stress, emotional instability, substance abuse, and other high-
 98 risk conditions associated with increased risk of infant
 99 mortality and morbidity to provide early intervention,
 100 remediation, and prevention services, including, but not limited

101 to, parent support and training programs, home visitation, and
102 case management. Identification, perinatal screening, and
103 intervention efforts shall begin prior to and immediately
104 following the birth of the child by the attending health care
105 provider. Such efforts shall be conducted in hospitals,
106 perinatal centers, county health departments, school health
107 programs that provide prenatal care, and birthing centers, and
108 reported to the Office of Vital Statistics.

109 (a) *Prenatal screening.*—The department shall develop a
110 multilevel screening process that includes a risk assessment
111 instrument to identify women at risk for a preterm birth or
112 other high-risk condition. The primary health care provider
113 shall complete the risk assessment instrument and report the
114 results to the Office of Vital Statistics so that the woman may
115 immediately be notified and referred to appropriate health,
116 education, and social services.

117 (b) *Postnatal screening.*—A risk factor analysis using the
118 department's designated risk assessment instrument shall also be
119 conducted as part of the medical screening process upon the
120 birth of a child and submitted to the department's Office of
121 Vital Statistics for recording and other purposes provided for
122 in this chapter. The department's screening process for risk
123 assessment shall include a scoring mechanism and procedures that
124 establish thresholds for notification, further assessment,
125 referral, and eligibility for services by professionals or

126 | paraprofessionals consistent with the level of risk. Procedures
 127 | for developing and using the screening instrument, notification,
 128 | referral, and care coordination services, reporting
 129 | requirements, management information, and maintenance of a
 130 | computer-driven registry in the Office of Vital Statistics which
 131 | ensures privacy safeguards must be consistent with the
 132 | provisions and plans established under chapter 411, Pub. L. No.
 133 | 99-457, and this chapter. Procedures established for reporting
 134 | information and maintaining a confidential registry must include
 135 | a mechanism for a centralized information depository at the
 136 | state and county levels. The department shall coordinate with
 137 | existing risk assessment systems and information registries. The
 138 | department must ensure, to the maximum extent possible, that the
 139 | screening information registry is integrated with the
 140 | department's automated data systems, including the Florida On-
 141 | line Recipient Integrated Data Access (FLORIDA) system. Tests
 142 | and screenings must be performed by the State Public Health
 143 | Laboratory, in coordination with Children's Medical Services, at
 144 | such times and in such manner as is prescribed by the department
 145 | after consultation with the Genetics and Newborn Screening
 146 | Advisory Council ~~and the Department of Education.~~

147 | (c) *Release of screening results.*—Notwithstanding any law
 148 | to the contrary, the State Public Health Laboratory may release,
 149 | directly or through the Children's Medical Services program, the
 150 | results of a newborn's ~~hearing and metabolic tests or~~ screenings

151 to the newborn's health care practitioner, the newborn's parent
 152 or legal guardian, the newborn's personal representative, or a
 153 person designated by the newborn's parent or legal guardian. As
 154 used in this paragraph, the term "health care practitioner"
 155 means a physician or physician assistant licensed under chapter
 156 458; an osteopathic physician or physician assistant licensed
 157 under chapter 459; an advanced practice registered nurse,
 158 registered nurse, or licensed practical nurse licensed under
 159 part I of chapter 464; a midwife licensed under chapter 467; a
 160 speech-language pathologist or audiologist licensed under part I
 161 of chapter 468; ~~or~~ a dietician or nutritionist licensed under
 162 part X of chapter 468; or a genetic counselor licensed under
 163 part III of chapter 483.

164 (2) RULES.—

165 (a) After consultation with the Genetics and Newborn
 166 Screening Advisory Council, the department shall adopt and
 167 enforce rules requiring that every newborn in this state must
 168 ~~shall~~:

169 1. Before becoming 1 week of age, have a blood specimen
 170 collected for newborn screenings ~~be subjected to a test for~~
 171 ~~phenylketonuria;~~

172 2. Be tested for any condition included on the federal
 173 Recommended Uniform Screening Panel which the council advises
 174 the department should be included under the state's screening
 175 program. After the council recommends that a condition be

176 included, the department shall submit a legislative budget
177 request to seek an appropriation to add testing of the condition
178 to the newborn screening program. The department shall expand
179 statewide screening of newborns to include screening for such
180 conditions within 18 months after the council renders such
181 advice, if a test approved by the United States Food and Drug
182 Administration or a test offered by an alternative vendor is
183 available. If such a test is not available within 18 months
184 after the council makes its recommendation, the department shall
185 implement such screening as soon as a test offered by the United
186 States Food and Drug Administration or by an alternative vendor
187 is available; and

188 3. At the appropriate age, be tested for such other
189 metabolic diseases and hereditary or congenital disorders as the
190 department may deem necessary from time to time.

191 (b) After consultation with the Department of Education,
192 the department shall adopt and enforce rules requiring every
193 newborn in this state to be screened for environmental risk
194 factors that place children and their families at risk for
195 increased morbidity, mortality, and other negative outcomes.

196 (c) The department shall adopt such additional rules as
197 are found necessary for the administration of this section and
198 s. 383.145, including rules providing definitions of terms,
199 rules relating to the methods used and time or times for testing
200 as accepted medical practice indicates, rules relating to

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201 charging and collecting fees for the administration of the
202 newborn screening program authorized by this section, rules for
203 processing requests and releasing test and screening results,
204 and rules requiring mandatory reporting of the results of tests
205 and screenings for these conditions to the department.

206 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The
207 department shall administer and provide certain services to
208 implement the provisions of this section and shall:

209 (a) Assure the availability and quality of the necessary
210 laboratory tests and materials.

211 (b) Furnish all physicians, county health departments,
212 perinatal centers, birthing centers, and hospitals forms on
213 which environmental screening and the results of tests for
214 ~~phenylketonuria and such other~~ disorders for which testing may
215 be required from time to time shall be reported to the
216 department.

217 (c) Promote education of the public about the prevention
218 and management of metabolic, hereditary, and congenital
219 disorders and dangers associated with environmental risk
220 factors.

221 (d) Maintain a confidential registry of cases, including
222 information of importance for the purpose of follow-up ~~followup~~
223 services to prevent intellectual disabilities, to correct or
224 ameliorate physical disabilities, and for epidemiologic studies,
225 if indicated. Such registry shall be exempt from the provisions

226 of s. 119.07(1).

227 (e) Supply the necessary dietary treatment products where
 228 practicable for diagnosed cases of ~~phenylketonuria and other~~
 229 metabolic diseases for as long as medically indicated when the
 230 products are not otherwise available. Provide nutrition
 231 education and supplemental foods to those families eligible for
 232 the Special Supplemental Nutrition Program for Women, Infants,
 233 and Children as provided in s. 383.011.

234 (f) Promote the availability of genetic studies, services,
 235 and counseling in order that the parents, siblings, and affected
 236 newborns may benefit from detection and available knowledge of
 237 the condition.

238 (g) Have the authority to charge and collect fees for the
 239 administration of the newborn screening program. ~~authorized in~~
 240 ~~this section, as follows:~~

241 ~~1.~~ A fee not to exceed \$15 will be charged for each live
 242 birth, as recorded by the Office of Vital Statistics, occurring
 243 in a hospital licensed under part I of chapter 395 or a birth
 244 center licensed under s. 383.305 per year. The department shall
 245 calculate the ~~annual~~ assessment for each hospital and birth
 246 center, and this assessment must be paid ~~in equal amounts~~
 247 ~~quarterly.~~ Quarterly, The department shall generate and send
 248 ~~mail~~ to each hospital and birth center a statement of the amount
 249 due.

250 ~~2. As part of the department's legislative budget request~~

251 ~~prepared pursuant to chapter 216, the department shall submit a~~
252 ~~certification by the department's inspector general, or the~~
253 ~~director of auditing within the inspector general's office, of~~
254 ~~the annual costs of the uniform testing and reporting procedures~~
255 ~~of the newborn screening program. In certifying the annual~~
256 ~~costs, the department's inspector general or the director of~~
257 ~~auditing within the inspector general's office shall calculate~~
258 ~~the direct costs of the uniform testing and reporting~~
259 ~~procedures, including applicable administrative costs.~~
260 ~~Administrative costs shall be limited to those department costs~~
261 ~~which are reasonably and directly associated with the~~
262 ~~administration of the uniform testing and reporting procedures~~
263 ~~of the newborn screening program.~~

264 (h) Have the authority to bill third-party payors for
265 newborn screening tests.

266 (i) Create and make available electronically a pamphlet
267 with information on screening for, and the treatment of,
268 preventable infant and childhood eye and vision disorders,
269 including, but not limited to, retinoblastoma and amblyopia.

270
271 All provisions of this subsection must be coordinated with the
272 provisions and plans established under this chapter, chapter
273 411, and Pub. L. No. 99-457.

274 (4) OBJECTIONS OF PARENT OR GUARDIAN.—The provisions of
275 this section shall not apply when the parent or guardian of the

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276 child objects thereto. A written statement of such objection
277 shall be presented to the physician or other person whose duty
278 it is to administer and report tests and screenings under this
279 section.

280 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any
281 physician, advanced practice registered nurse, licensed midwife,
282 or other licensed health care practitioner or other health care
283 provider whose duty it is to administer screenings under this
284 section shall prepare and send all newborn screening specimen
285 cards to the State Public Health Laboratory in accordance with
286 rules adopted under this section.

287 (6) ADVISORY COUNCIL.—There is established a Genetics and
288 Newborn Screening Advisory Council made up of 15 members
289 appointed by the State Surgeon General. The council shall be
290 composed of two consumer members, three practicing
291 pediatricians, at least one of whom must be a pediatric
292 hematologist, a representative from each of four medical schools
293 in this state, the State Surgeon General or his or her designee,
294 one representative from the Department of Health representing
295 Children's Medical Services, one representative from the Florida
296 Hospital Association, one individual with experience in newborn
297 screening programs, one individual representing audiologists,
298 and one representative from the Agency for Persons with
299 Disabilities. All appointments shall be for a term of 4 years.
300 The chairperson of the council shall be elected from the

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301 membership of the council and shall serve for a period of 2
302 years. The council shall meet at least semiannually or upon the
303 call of the chairperson. The council may establish ad hoc or
304 temporary technical advisory groups to assist the council with
305 specific topics which come before the council. Council members
306 shall serve without pay. Pursuant to the provisions of s.
307 112.061, the council members are entitled to be reimbursed for
308 per diem and travel expenses. It is the purpose of the council
309 to advise the department about:

310 (a) Conditions for which testing should be included under
311 the screening program and the genetics program. Within 1 year
312 after a condition is added to the federal Recommended Uniform
313 Screening Panel, the council shall consider whether the
314 condition should be included under the state's screening
315 program.

316 (b) Procedures for collection and transmission of
317 specimens and recording of results.

318 (c) Methods whereby screening programs and genetics
319 services for children now provided or proposed to be offered in
320 the state may be more effectively evaluated, coordinated, and
321 consolidated.

322 Section 2. Section 383.145, Florida Statutes, is amended
323 to read:

324 383.145 Newborn, and infant, and toddler hearing
325 screening.—

326 (1) LEGISLATIVE INTENT.—It is the intent of the
327 Legislature to provide a statewide comprehensive and coordinated
328 interdisciplinary program of early hearing loss screening,
329 identification, and follow-up care for newborns. The goal is to
330 screen all newborns for hearing loss in order to alleviate the
331 adverse effects of hearing loss on speech and language
332 development, academic performance, and cognitive development. It
333 is further the intent of the Legislature that this section only
334 be implemented to the extent that funds are specifically
335 included in the General Appropriations Act for carrying out the
336 purposes of this section.

337 (2) DEFINITIONS.—As used in this section, the term:

338 (a) "Audiologist" means a person licensed under part I of
339 chapter 468 to practice audiology.

340 (b) "Department" means the Department of Health.

341 (c) "Hearing loss" means a hearing loss of 30 dB HL or
342 greater in the frequency region important for speech recognition
343 and comprehension in one or both ears, approximately 500 through
344 4,000 hertz.

345 (d) "Hospital" means a facility as defined in s.
346 395.002(13) and licensed under chapter 395 and part II of
347 chapter 408.

348 (e) "Infant" means an age range from 30 days through 12
349 months.

350 (f) "Licensed health care provider" means a physician or

351 physician assistant licensed under chapter 458; an osteopathic
 352 physician or physician assistant licensed under chapter 459; an
 353 advanced practice registered nurse, a registered nurse, or a
 354 licensed practical nurse licensed under part I of chapter 464; a
 355 midwife licensed under chapter 467; or a speech-language
 356 pathologist or an audiologist licensed under part I of chapter
 357 468.

358 (g) "Management" means the habilitation of the child with
 359 hearing loss.

360 (h) "Newborn" means an age range from birth through 29
 361 days.

362 (i) "Physician" means a person licensed under chapter 458
 363 to practice medicine or chapter 459 to practice osteopathic
 364 medicine.

365 (j) "Screening" means a test or battery of tests
 366 administered to determine the need for an in-depth hearing
 367 diagnostic evaluation.

368 (k) "Toddler" means a child from 12 months to 36 months of
 369 age.

370 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND
 371 TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.—

372 (a) Each hospital or other state-licensed birthing
 373 facility that provides maternity and newborn care services shall
 374 ensure that all newborns are, before discharge, screened for the
 375 detection of hearing loss to prevent the consequences of

376 unidentified disorders. If a newborn fails the screening for the
377 detection of hearing loss, the hospital or other state-licensed
378 birthing facility must administer a test approved by the United
379 States Food and Drug Administration or another diagnostically
380 equivalent test on the newborn to screen for congenital
381 cytomegalovirus before the newborn becomes 21 days of age or
382 before discharge, whichever occurs earlier.

383 (b) Each licensed birth center that provides maternity and
384 newborn care services shall ensure that all newborns are, before
385 discharge, screened for the detection of hearing loss. The
386 licensed birth center must ensure that all newborns who do not
387 pass the hearing screening are referred to an audiologist, a
388 hospital, or another newborn hearing screening provider for a
389 test to screen for congenital cytomegalovirus before the newborn
390 becomes 21 days of age screening for the detection of hearing
391 loss to prevent the consequences of unidentified disorders. The
392 referral for appointment must be made within 7 days after
393 discharge. Written documentation of the referral must be placed
394 in the newborn's medical chart.

395 (c) If the parent or legal guardian of the newborn objects
396 to the screening, the screening must not be completed. In such
397 case, the physician, midwife, or other person attending the
398 newborn shall maintain a record that the screening has not been
399 performed and attach a written objection that must be signed by
400 the parent or guardian.

401 (d) For home births, the health care provider in
402 attendance is responsible for coordination and referral to an
403 audiologist, a hospital, or another newborn hearing screening
404 provider. The health care provider in attendance must make the
405 referral for appointment within 7 days after the birth. In cases
406 in which the home birth is not attended by a health care
407 provider, the newborn's primary health care provider is
408 responsible for coordinating the referral.

409 (e) For home births and births in a licensed birth center,
410 if a newborn is referred to a newborn hearing screening provider
411 and the newborn fails the screening for the detection of hearing
412 loss, the newborn's primary health care provider must refer the
413 newborn for administration of a test approved by the United
414 States Food and Drug Administration or another diagnostically
415 equivalent test on the newborn to screen for congenital
416 cytomegalovirus before the newborn becomes 21 days of age.

417 (f) All newborn and infant hearing screenings must be
418 conducted by an audiologist, a physician, or an appropriately
419 supervised individual who has completed documented training
420 specifically for newborn hearing screening. Every hospital that
421 provides maternity or newborn care services shall obtain the
422 services of an audiologist, a physician, or another newborn
423 hearing screening provider, through employment or contract or
424 written memorandum of understanding, for the purposes of
425 appropriate staff training, screening program supervision,

426 monitoring the scoring and interpretation of test results,
427 rendering of appropriate recommendations, and coordination of
428 appropriate follow-up services. Appropriate documentation of the
429 screening completion, results, interpretation, and
430 recommendations must be placed in the medical record within 24
431 hours after completion of the screening procedure.

432 (g) The screening of a newborn's hearing must be completed
433 before the newborn is discharged from the hospital. However, if
434 the screening is not completed before discharge due to
435 scheduling or temporary staffing limitations, the screening must
436 be completed within 21 days after the birth. Screenings
437 completed after discharge or performed because of initial
438 screening failure must be completed by an audiologist, a
439 physician, a hospital, or another newborn hearing screening
440 provider.

441 (h) Each hospital shall formally designate a lead
442 physician responsible for programmatic oversight for newborn
443 hearing screening. Each birth center shall designate a licensed
444 health care provider to provide such programmatic oversight and
445 to ensure that the appropriate referrals are being completed.

446 (i) When ordered by the treating physician, the hearing
447 screening of a newborn, infant, or toddler ~~newborn's hearing~~
448 must include auditory brainstem responses, or evoked otoacoustic
449 emissions, or appropriate technology as approved by the United
450 States Food and Drug Administration.

451 (j) Early childhood programs or entities screening infants
452 and toddlers for hearing loss must report screening results to
453 the department within 7 days after completing the screening in
454 an effort to identify late-onset hearing loss not identified
455 during the newborn hearing screening process.

456 (k) The results of any test conducted pursuant to this
457 section, including, but not limited to, newborn hearing loss
458 screening, congenital cytomegalovirus testing, and any related
459 diagnostic testing, must be reported to the department within 7
460 days after receipt of such results.

461 ~~(l)-(k)~~ The initial procedure for screening the hearing of
462 the newborn or infant and any medically necessary follow-up
463 reevaluations leading to diagnosis shall be a covered benefit
464 for Medicaid patients covered by a fee-for-service program. For
465 Medicaid patients enrolled in HMOs, providers shall be
466 reimbursed directly by the Medicaid Program Office at the
467 Medicaid rate. This service may not be considered a covered
468 service for the purposes of establishing the payment rate for
469 Medicaid HMOs. All health insurance policies and health
470 maintenance organizations as provided under ss. 627.6416,
471 627.6579, and 641.31(30), except for supplemental policies that
472 only provide coverage for specific diseases, hospital indemnity,
473 or Medicare supplement, or to the supplemental policies, shall
474 compensate providers for the covered benefit at the contracted
475 rate. Nonhospital-based providers are eligible to bill Medicaid

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476 for the professional and technical component of each procedure
477 code.

478 (m)~~(1)~~ A child who is diagnosed as having permanent
479 hearing loss must be referred to the primary care physician for
480 medical management, treatment, and follow-up services.
481 Furthermore, in accordance with Part C of the Individuals with
482 Disabilities Education Act, Pub. L. No. 108-446, Infants and
483 Toddlers with Disabilities, any child from birth to 36 months of
484 age who is diagnosed as having hearing loss that requires
485 ongoing special hearing services must be referred to the
486 Children's Medical Services Early Intervention Program serving
487 the geographical area in which the child resides.

488 Section 3. Subsection (1) of section 391.016, Florida
489 Statutes, is amended to read:

490 391.016 Purposes and functions.—The Children's Medical
491 Services program is established for the following purposes and
492 authorized to perform the following functions:

493 (1) Provide to children and youth with special health care
494 needs a family-centered, comprehensive, and coordinated
495 statewide ~~managed~~ system of care that links community-based
496 health care with multidisciplinary, regional, and tertiary
497 pediatric specialty care. ~~The program shall coordinate and~~
498 ~~maintain a consistent medical home for participating children.~~

499 Section 4. Subsections (1), (2), and (4) of section
500 391.021, Florida Statutes, are amended to read:

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501 391.021 Definitions.—When used in this act, the term:

502 ~~(2)(1)~~ "Children's Medical Services Managed Care Plan
503 ~~network~~" or "plan network" means a statewide managed care
504 service system that includes health care providers, as defined
505 in this section.

506 ~~(1)(2)~~ "Children and youth with special health care needs"
507 means those children younger than 21 years of age who have
508 chronic and serious physical, developmental, behavioral, or
509 emotional conditions and who require health care and related
510 services of a type or amount beyond that which is generally
511 required by children.

512 (4) "Eligible individual" means a child or youth with a
513 special health care need or a female with a high-risk pregnancy,
514 who meets the financial and medical eligibility standards
515 established in s. 391.029.

516 Section 5. Subsection (1) of section 391.025, Florida
517 Statutes, is amended to read:

518 391.025 Applicability and scope.—

519 (1) The Children's Medical Services program consists of
520 the following components:

521 (a) The newborn screening program established in s. 383.14
522 and the newborn, infant, and toddler hearing screening program
523 established in s. 383.145.

524 (b) The regional perinatal intensive care centers program
525 established in ss. 383.15-383.19.

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526 (c) The developmental evaluation and intervention program,
527 including the Early Steps Program established in ss. 391.301-
528 391.308.

529 (d) The Children's Medical Services Managed Care Plan
530 network.

531 (e) The Children's Multidisciplinary Assessment Team.

532 (f) The Medical Foster Care Program.

533 (g) The Title V program for children and youth with
534 special health care needs.

535 (h) The Safety Net Program.

536 (i) The Networks for Access and Quality.

537 (j) Child Protection Teams and sexual abuse treatment
538 programs established under s. 39.303.

539 (k) The State Child Abuse Death Review Committee and local
540 child abuse death review committees established in s. 383.402.

541 Section 6. Section 391.026, Florida Statutes, is amended
542 to read:

543 391.026 Powers and duties of the department.—The
544 department shall have the following powers, duties, and
545 responsibilities:

546 (1) To provide or contract for the provision of health
547 services to eligible individuals.

548 (2) To provide services to abused and neglected children
549 through Child Protection Teams pursuant to s. 39.303.

550 (3) To determine the medical and financial eligibility of

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551 individuals seeking health services from the program.

552 (4) To coordinate a comprehensive delivery system for
553 eligible individuals to take maximum advantage of all available
554 funds.

555 (5) To coordinate with programs relating to children's
556 medical services in cooperation with other public and private
557 agencies.

558 (6) To initiate and coordinate applications to federal
559 agencies and private organizations for funds, services, or
560 commodities relating to children's medical programs.

561 (7) To sponsor or promote grants for projects, programs,
562 education, or research in the field of children and youth with
563 special health care needs, with an emphasis on early diagnosis
564 and treatment.

565 (8) To oversee and operate the Children's Medical Services
566 Managed Care Plan network.

567 (9) To establish reimbursement mechanisms for the
568 Children's Medical Services Managed Care Plan network.

569 (10) To establish Children's Medical Services Managed Care
570 Plan network standards and, if applicable, credentialing
571 requirements for health care providers and health care services.

572 (11) ~~To serve as a provider and principal case manager for~~
573 ~~children with special health care needs under Titles XIX and XXI~~
574 ~~of the Social Security Act.~~

575 ~~(12)~~ To monitor the provision of health services in the

576 program, including the utilization and quality of health
 577 services.

578 ~~(12)-(13)~~ To administer the Children and Youth with Special
 579 Health Care Needs program in accordance with Title V of the
 580 Social Security Act.

581 ~~(13)-(14)~~ To establish and operate a grievance resolution
 582 process for participants and health care providers.

583 ~~(14)-(15)~~ To maintain program integrity in the Children's
 584 Medical Services program.

585 ~~(15)-(16)~~ To receive and manage health care premiums,
 586 capitation payments, and funds from federal, state, local, and
 587 private entities for the program. The department may contract
 588 with a third-party administrator for processing claims,
 589 monitoring medical expenses, and other related services
 590 necessary to the efficient and cost-effective operation of the
 591 Children's Medical Services Managed Care Plan ~~network~~. The
 592 department is authorized to maintain a minimum reserve for the
 593 Children's Medical Services Managed Care Plan ~~network~~ in an
 594 amount that is the greater of:

595 (a) Ten percent of total projected expenditures for Title
 596 XIX-funded and Title XXI-funded children; or

597 (b) Two percent of total annualized payments from the
 598 Agency for Health Care Administration for Title XIX and Title
 599 XXI of the Social Security Act.

600 ~~(16)-(17)~~ To provide or contract for peer review and other

601 quality-improvement activities.

602 ~~(17)~~~~(18)~~ To adopt rules pursuant to ss. 120.536(1) and
603 120.54 to administer the Children's Medical Services Act.

604 ~~(18)~~~~(19)~~ To serve as the lead agency in administering the
605 Early Steps Program pursuant to part C of the federal
606 Individuals with Disabilities Education Act and part III of this
607 chapter.

608 (19) To administer the Medical Foster Care Program,
609 including all of the following:

610 (a) Recruitment, training, assessment, and monitoring for
611 the Medical Foster Care Program.

612 (b) Monitoring access and facilitating admissions of
613 eligible children and youth to the program and designated
614 medical foster care homes.

615 (c) Coordination with the Department of Children and
616 Families and the Agency for Health Care Administration or their
617 designees.

618 Section 7. Section 391.028, Florida Statutes, is amended
619 to read:

620 391.028 Administration.—

621 (1) The Director of Children's Medical Services must be a
622 physician licensed under chapter 458 or chapter 459 who has
623 specialized training and experience in the provision of health
624 care to children and youth and who has recognized skills in
625 leadership and the promotion of children's health programs. The

626 | director shall be the deputy secretary and the Deputy State
 627 | Health Officer for Children's Medical Services and is appointed
 628 | by and reports to the State Surgeon General. The director may
 629 | appoint such other staff as necessary for the operation of the
 630 | program subject to the approval of the State Surgeon General.

631 | (2) The director shall provide for an operational system
 632 | using such department staff and contract providers as necessary.
 633 | The program shall implement all of the following program
 634 | activities under physician supervision on a statewide basis:

635 | (a) ~~Case management services for network participants;~~

636 | ~~(b)~~ Management and oversight of statewide ~~local~~ program
 637 | activities.~~†~~

638 | (b)~~(e)~~ Medical and financial eligibility determination for
 639 | the program in accordance with s. 391.029.~~†~~

640 | (c)~~(d)~~ Determination of a level of care and medical
 641 | complexity for long-term care services.~~†~~

642 | (d)~~(e)~~ Authorizing services in the program and developing
 643 | spending plans.~~†~~

644 | ~~(f)~~ ~~Development of treatment plans; and~~

645 | (e)~~(g)~~ Resolution of complaints and grievances from
 646 | participants and health care providers.

647 | ~~(3) Each Children's Medical Services area office shall be~~
 648 | ~~directed by a physician licensed under chapter 458 or chapter~~
 649 | ~~459 who has specialized training and experience in the provision~~
 650 | ~~of health care to children. The director of a Children's Medical~~

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651 ~~Services area office shall be appointed by the director from the~~
652 ~~active panel of Children's Medical Services physician~~
653 ~~consultants.~~

654 Section 8. Subsections (2) and (3) of section 391.029,
655 Florida Statutes, are amended to read:

656 391.029 Program eligibility.—

657 (2) The following individuals are eligible to receive
658 services through the program:

659 (a) Related to the regional perinatal intensive care
660 centers, a high-risk pregnant female who is enrolled in
661 Medicaid.

662 (b) Children and youth with serious special health care
663 needs from birth to 21 years of age who are enrolled in
664 Medicaid.

665 (c) Children and youth with serious special health care
666 needs from birth to 19 years of age who are enrolled in a
667 program under Title XXI of the Social Security Act.

668 (3) Subject to the availability of funds, the following
669 individuals may receive services through the program:

670 (a) Children and youth with serious special health care
671 needs from birth to 21 years of age who do not qualify for
672 Medicaid or Title XXI of the Social Security Act but who are
673 unable to access, due to lack of providers or lack of financial
674 resources, specialized services that are medically necessary or
675 essential family support services. Families shall participate

676 financially in the cost of care based on a sliding fee scale
 677 established by the department.

678 (b) Children and youth with special health care needs from
 679 birth to 21 years of age, as provided in Title V of the Social
 680 Security Act.

681 (c) An infant who receives an award of compensation under
 682 s. 766.31(1). The Florida Birth-Related Neurological Injury
 683 Compensation Association shall reimburse the Children's Medical
 684 Services Managed Care Plan ~~Network~~ the state's share of funding,
 685 which must thereafter be used to obtain matching federal funds
 686 under Title XXI of the Social Security Act.

687 Section 9. Section 391.0315, Florida Statutes, is amended
 688 to read:

689 391.0315 Benefits.—Benefits provided under the Children's
 690 Medical Services Managed Care Plan ~~program for children with~~
 691 ~~special health care needs~~ shall be equivalent to benefits
 692 provided to children as specified in ss. 409.905 and 409.906.
 693 The department may offer additional benefits through Children's
 694 Medical Services programs for early intervention services,
 695 respite services, genetic testing, genetic and nutritional
 696 counseling, and parent support services, if such services are
 697 determined to be medically necessary.

698 Section 10. Section 391.035, Florida Statutes, is
 699 repealed.

700 Section 11. Section 391.045, Florida Statutes, is amended

701 to read:

702 391.045 Reimbursement.—

703 (1) The department shall reimburse health care providers
 704 for services rendered through ~~the~~ Children's Medical Services
 705 Managed Care Plan network using cost-effective methods,
 706 including, but not limited to, capitation, discounted fee-for-
 707 service, unit costs, and cost reimbursement. Medicaid
 708 reimbursement rates shall be utilized to the maximum extent
 709 possible, where applicable.

710 (2) Reimbursement to the Children's Medical Services
 711 program for services provided to children and youth with special
 712 health care needs who participate in the Florida Kidcare program
 713 and who are not Medicaid recipients shall be on a capitated
 714 basis.

715 Section 12. Section 391.055, Florida Statutes, is amended
 716 to read:

717 391.055 Service delivery systems.—

718 (1) The program shall apply managed care methods to ensure
 719 the efficient operation of the Children's Medical Services
 720 Managed Care Plan network. Such methods include, but are not
 721 limited to, capitation payments, utilization management and
 722 review, prior authorization, and case management.

723 ~~(2) The components of the network are:~~

724 ~~(a) Qualified primary care physicians who shall serve as~~
 725 ~~the gatekeepers and who shall be responsible for the provision~~

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726 ~~or authorization of health services to an eligible individual~~
727 ~~who is enrolled in the Children's Medical Services network.~~

728 ~~(b) Comprehensive Specialty care arrangements that meet~~
729 ~~the requirements of s. 391.035 to provide acute care, specialty~~
730 ~~care, long-term care, and chronic disease management for~~
731 ~~eligible individuals.~~

732 ~~(c) Case management services.~~

733 ~~(3)~~ The Children's Medical Services Managed Care Plan
734 ~~network~~ may contract with school districts participating in the
735 certified school match program pursuant to ss. 409.908(21) and
736 1011.70 for the provision of school-based services, as provided
737 for in s. 409.9071, for Medicaid-eligible children who are
738 enrolled in the Children's Medical Services Managed Care Plan
739 ~~network.~~

740 ~~(4) If a newborn has an abnormal screening result for~~
741 ~~metabolic or other hereditary and congenital disorders which is~~
742 ~~identified through the newborn screening program pursuant to s.~~
743 ~~383.14, the newborn shall be referred to the Children's Medical~~
744 ~~Services program for additional testing, medical management,~~
745 ~~early intervention services, or medical referral.~~

746 Section 13. Section 391.097, Florida Statutes, is amended
747 to read:

748 391.097 Research and evaluation.—

749 (1) The department may initiate, fund, and conduct
750 research and evaluation projects to improve the delivery of

751 children's medical services. The department may cooperate with
752 public and private agencies engaged in work of a similar nature.

753 (2) The Children's Medical Services Managed Care Plan
754 ~~network~~ shall be included in any evaluation conducted in
755 accordance with the provisions of Title XXI of the Social
756 Security Act as enacted by the Legislature.

757 Section 14. Part II of chapter 391, Florida Statutes,
758 consisting of ss. 391.221 and 391.223, Florida Statutes, is
759 repealed, and part III of that chapter is redesignated as part
760 II.

761 Section 15. Legislative findings and intent.-

762 (1) The Legislature finds that:

763 (a) In August 2014, the Department of Health's Children's
764 Medical Services Network, which was a fee-for-service program
765 serving children with special health care needs who were
766 enrolled in Medicaid under Title XIX of the Social Security Act
767 and children with special health care needs who were enrolled in
768 the Children's Health Insurance Program under Title XXI of the
769 Social Security Act, was transitioned to the Children's Medical
770 Services Managed Care Plan.

771 (b) The Agency for Health Care Administration serves as
772 the lead agency for Statewide Medicaid Managed Care for the
773 state of Florida, and the Agency for Health Care Administration
774 contracts with the Department of Health to provide Medicaid
775 services through the Children's Medical Services Managed Care

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776 Plan.

777 (c) The Department of Health subcontracts with a private
778 provider to operate various components of the Children's Medical
779 Services Managed Care Plan, including services for children with
780 special health care needs enrolled in Medicaid and children with
781 special health care needs enrolled in the Children's Health
782 Insurance Program.

783 (d) The administrative requirements of this intermediary
784 relationship can be addressed by transitioning the operations of
785 the Children's Medical Services Managed Care Plan to the Agency
786 for Health Care Administration. This transition shall include
787 children with special health care needs enrolled in Medicaid and
788 children with special health care needs enrolled in the
789 Children's Health Insurance Program.

790 (e) The Department of Health's Children's Medical Services
791 program has a longstanding history of successfully and
792 compassionately caring for children with special health care
793 needs and their families. This knowledge, skill, and ability can
794 be used to collaborate with the Agency for Health Care
795 Administration in the care of children with special health care
796 needs.

797 (2) It is the intent of the Legislature that the Agency
798 for Health Care Administration shall, in consultation with the
799 Department of Health, competitively procure and operate one or
800 more specialty plan contracts for children and youth with

801 special health care needs beginning with the 2024-2025 plan
802 year.

803 Section 16. Transfer of operation of the Children's
804 Medical Services Managed Care Plan.—

805 (1) Effective October 1, 2024, all statutory powers,
806 duties, functions, records, personnel, pending issues, existing
807 contracts, administrative authority, administrative rules, and
808 unexpended balances of appropriations, allocations, and other
809 funds for the operation of the Department of Health's Children's
810 Medical Services Managed Care Plan, except those powers, duties,
811 and personnel retained by the Department of Health in chapter
812 391, Florida Statutes, are transferred to the Agency for Health
813 Care Administration.

814 (2) The transfer of operations of the Children's Medical
815 Services Managed Care Plan does not affect the validity of any
816 judicial or administrative action pending as of 11:59 p.m. on
817 the day before the effective date of the transfer to which the
818 Department of Health's Children's Medical Services Managed Care
819 Plan is at that time a party, and the Agency for Health Care
820 Administration shall be substituted as a party in interest in
821 any such action.

822 (3) The Department of Health's Children's Medical Services
823 program shall use its knowledge, skill, and ability to
824 collaborate with the Agency for Health Care Administration in
825 the care of children with special health care needs. The

826 Department of Health's Children's Medical Services program shall
 827 do all of the following:

828 (a) Assist the agency in developing specifications for use
 829 in the procurement of vendors and the model contract, including
 830 provisions relating to referral, enrollment, disenrollment,
 831 access, quality-of-care, network adequacy, care coordination,
 832 and service integration.

833 (b) Conduct clinical eligibility screening for children
 834 with special health care needs who are eligible for or enrolled
 835 in Medicaid or the Children's Health Insurance Program.

836 (c) Collaborate with the agency in the care of children
 837 with special health care needs.

838 Section 17. By November 1, 2023, the Agency for Health
 839 Care Administration and the Department of Health shall submit to
 840 each substantive and fiscal committee of the Legislature having
 841 jurisdiction a report specifying any legislative and
 842 administrative changes needed to effectively transfer operations
 843 of the Children's Medical Services Managed Care Plan from the
 844 department to the agency.

845 Section 18. Subsection (4) of section 409.974, Florida
 846 Statutes, is amended to read:

847 409.974 Eligible plans.—

848 (4) CHILDREN'S MEDICAL SERVICES ~~NETWORK~~.—The Agency for
 849 Health Care Administration shall competitively procure one or
 850 more vendors to provide services for children with special

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851 health care needs who are enrolled in Medicaid and children with
852 special health care needs who are enrolled in the Children's
853 Health Insurance Program for the 2024-2025 plan year. The
854 Department of Health's Children's Medical Services program shall
855 do all of the following:

856 (a) Assist the agency in developing specifications for use
857 in the procurement of vendors and the model contract, including
858 provisions relating to referral, enrollment, disenrollment,
859 access, quality-of-care, network adequacy, care coordination,
860 and service integration.

861 (b) Conduct clinical eligibility screening for children
862 with special health care needs who are eligible for or are
863 enrolled in Medicaid or the Children's Health Insurance Program.

864 (c) Collaborate with the agency in the care of children
865 with special health care needs ~~Participation by the Children's~~
866 ~~Medical Services Network shall be pursuant to a single,~~
867 ~~statewide contract with the agency that is not subject to the~~
868 ~~procurement requirements or regional plan number limits of this~~
869 ~~section. The Children's Medical Services Network must meet all~~
870 ~~other plan requirements for the managed medical assistance~~
871 ~~program.~~

872 Section 19. Effective October 1, 2024, paragraph (f) of
873 subsection (4) and paragraph (b) of subsection (5) of section
874 409.166, Florida Statutes, is amended to read:

875 409.166 Children within the child welfare system; adoption

876 assistance program.—

877 (4) ADOPTION ASSISTANCE.—

878 (f) The department may provide adoption assistance to the
 879 adoptive parents, subject to specific appropriation, for medical
 880 assistance initiated after the adoption of the child for
 881 medical, surgical, hospital, and related services needed as a
 882 result of a physical or mental condition of the child which
 883 existed before the adoption and is not covered by Medicaid,
 884 ~~Children's Medical Services,~~ or Children's Mental Health
 885 Services. Such assistance may be initiated at any time but must
 886 ~~shall~~ terminate on or before the child's 18th birthday.

887 (5) ELIGIBILITY FOR SERVICES.—

888 (b) A child who is handicapped at the time of adoption is
 889 ~~shall be~~ eligible for services through a specialty plan under
 890 contract with the agency to serve children with special health
 891 care needs ~~the Children's Medical Services network established~~
 892 ~~under part I of chapter 391~~ if the child was eligible for such
 893 services before ~~prior to~~ the adoption.

894 Section 20. Subsection (7) of section 409.811, Florida
 895 Statutes, is amended to read:

896 409.811 Definitions relating to Florida Kidcare Act.—As
 897 used in ss. 409.810-409.821, the term:

898 (7) "Children's Medical Services Managed Care Plan
 899 ~~Network~~" or "plan network" means a statewide managed care
 900 service system as defined in s. 391.021 ~~s. 391.021(1)~~.

901 Section 21. Effective October 1, 2024, subsection (1) of
 902 section 409.813, Florida Statutes, is amended to read:

903 409.813 Health benefits coverage; program components;
 904 entitlement and nonentitlement.—

905 (1) The Florida Kidcare program includes health benefits
 906 coverage provided to children through the following program
 907 components, which shall be marketed as the Florida Kidcare
 908 program:

909 (a) Medicaid;

910 (b) Medikids as created in s. 409.8132;

911 (c) The Florida Healthy Kids Corporation as created in s.
 912 624.91;

913 (d) Employer-sponsored group health insurance plans
 914 approved under ss. 409.810-409.821; and

915 (e) A specialty plan under contract with the agency to
 916 serve children with special health care needs ~~The Children's~~
 917 ~~Medical Services network established in chapter 391.~~

918 Section 22. Effective October 1, 2024, subsection (3) of
 919 section 409.8134, Florida Statutes, is amended to read:

920 409.8134 Program expenditure ceiling; enrollment.—

921 (3) Upon determination by the Social Services Estimating
 922 Conference that there are insufficient funds to finance the
 923 current enrollment in the Florida Kidcare program within current
 924 appropriations, the program shall initiate disenrollment
 925 procedures to remove enrollees, except those children enrolled

926 | in a specialty plan under contract with the agency to serve
 927 | children with special health care needs ~~the Children's Medical~~
 928 | ~~Services Network~~, on a last-in, first-out basis until the
 929 | expenditure and appropriation levels are balanced.

930 | Section 23. Subsection (3) and paragraph (c) of subsection
 931 | (10) of section 409.814, Florida Statutes, is amended to read:

932 | 409.814 Eligibility.—A child who has not reached 19 years
 933 | of age whose family income is equal to or below 200 percent of
 934 | the federal poverty level is eligible for the Florida Kidcare
 935 | program as provided in this section. If an enrolled individual
 936 | is determined to be ineligible for coverage, he or she must be
 937 | immediately disenrolled from the respective Florida Kidcare
 938 | program component.

939 | (3) A Title XXI-funded child who is eligible for the
 940 | Florida Kidcare program who is a child with special health care
 941 | needs, as determined through a medical or behavioral screening
 942 | instrument, is eligible for health benefits coverage from and
 943 | shall be assigned to and may opt out of the Children's Medical
 944 | Services Managed Care Plan ~~Network~~.

945 | (10) In determining the eligibility of a child, an assets
 946 | test is not required. Each applicant shall provide documentation
 947 | during the application process and the redetermination process,
 948 | including, but not limited to, the following:

949 | (c) To enroll in the Children's Medical Services Managed
 950 | Care Plan ~~Network~~, a completed application, including a clinical

951 screening.

952 Section 24. Effective October 1, 2024, paragraph (t) of
 953 subsection (2) of section 409.815, Florida Statutes, is amended
 954 to read:

955 409.815 Health benefits coverage; limitations.—

956 (2) BENCHMARK BENEFITS.—In order for health benefits
 957 coverage to qualify for premium assistance payments for an
 958 eligible child under ss. 409.810-409.821, the health benefits
 959 coverage, except for coverage under Medicaid and Medikids, must
 960 include the following minimum benefits, as medically necessary.

961 (t) *Enhancements to minimum requirements.*—

962 1. This section sets the minimum benefits that must be
 963 included in any health benefits coverage, other than Medicaid or
 964 Medikids coverage, offered under ss. 409.810-409.821. Health
 965 benefits coverage may include additional benefits not included
 966 under this subsection, but may not include benefits excluded
 967 under paragraph (r).

968 2. Health benefits coverage may extend any limitations
 969 beyond the minimum benefits described in this section.

970
 971 Except for a specialty plan under contract with the agency to
 972 serve children with special health care needs ~~the Children's~~
 973 ~~Medical Services Network~~, the agency may not increase the
 974 premium assistance payment for either additional benefits
 975 provided beyond the minimum benefits described in this section

976 or the imposition of less restrictive service limitations.

977 Section 25. Effective October 1, 2024, paragraph (i) of
 978 subsection (1) of section 409.8177, Florida Statutes, is amended
 979 to read:

980 409.8177 Program evaluation.—

981 (1) The agency, in consultation with the Department of
 982 Health, the Department of Children and Families, and the Florida
 983 Healthy Kids Corporation, shall contract for an evaluation of
 984 the Florida Kidcare program and shall by January 1 of each year
 985 submit to the Governor, the President of the Senate, and the
 986 Speaker of the House of Representatives a report of the program.
 987 In addition to the items specified under s. 2108 of Title XXI of
 988 the Social Security Act, the report shall include an assessment
 989 of crowd-out and access to health care, as well as the
 990 following:

991 (i) An assessment of the effectiveness of the Florida
 992 Kidcare program, including Medicaid, the Florida Healthy Kids
 993 program, Medikids, and the specialty plans under contract with
 994 the agency to serve children with special health care needs
 995 ~~Children's Medical Services network~~, and other public and
 996 private programs in the state in increasing the availability of
 997 affordable quality health insurance and health care for
 998 children.

999 Section 26. Effective October 1, 2024, subsection (4) of
 1000 section 409.818, Florida Statutes, is amended to read:

1001 409.818 Administration.—In order to implement ss. 409.810-
 1002 409.821, the following agencies shall have the following duties:

1003 (4) The Office of Insurance Regulation shall certify that
 1004 health benefits coverage plans that seek to provide services
 1005 under the Florida Kidcare program, except those offered through
 1006 the Florida Healthy Kids Corporation or the agency ~~Children's~~
 1007 ~~Medical Services Network~~, meet, exceed, or are actuarially
 1008 equivalent to the benchmark benefit plan and that health
 1009 insurance plans will be offered at an approved rate. In
 1010 determining actuarial equivalence of benefits coverage, the
 1011 Office of Insurance Regulation and health insurance plans must
 1012 comply with the requirements of s. 2103 of Title XXI of the
 1013 Social Security Act. The department shall adopt rules necessary
 1014 for certifying health benefits coverage plans.

1015 Section 27. Effective October 1, 2024, subsection (11) of
 1016 section 409.912, Florida Statutes, is amended to read:

1017 409.912 Cost-effective purchasing of health care.—The
 1018 agency shall purchase goods and services for Medicaid recipients
 1019 in the most cost-effective manner consistent with the delivery
 1020 of quality medical care. To ensure that medical services are
 1021 effectively utilized, the agency may, in any case, require a
 1022 confirmation or second physician's opinion of the correct
 1023 diagnosis for purposes of authorizing future services under the
 1024 Medicaid program. This section does not restrict access to
 1025 emergency services or poststabilization care services as defined

1026 | in 42 C.F.R. s. 438.114. Such confirmation or second opinion
 1027 | shall be rendered in a manner approved by the agency. The agency
 1028 | shall maximize the use of prepaid per capita and prepaid
 1029 | aggregate fixed-sum basis services when appropriate and other
 1030 | alternative service delivery and reimbursement methodologies,
 1031 | including competitive bidding pursuant to s. 287.057, designed
 1032 | to facilitate the cost-effective purchase of a case-managed
 1033 | continuum of care. The agency shall also require providers to
 1034 | minimize the exposure of recipients to the need for acute
 1035 | inpatient, custodial, and other institutional care and the
 1036 | inappropriate or unnecessary use of high-cost services. The
 1037 | agency shall contract with a vendor to monitor and evaluate the
 1038 | clinical practice patterns of providers in order to identify
 1039 | trends that are outside the normal practice patterns of a
 1040 | provider's professional peers or the national guidelines of a
 1041 | provider's professional association. The vendor must be able to
 1042 | provide information and counseling to a provider whose practice
 1043 | patterns are outside the norms, in consultation with the agency,
 1044 | to improve patient care and reduce inappropriate utilization.
 1045 | The agency may mandate prior authorization, drug therapy
 1046 | management, or disease management participation for certain
 1047 | populations of Medicaid beneficiaries, certain drug classes, or
 1048 | particular drugs to prevent fraud, abuse, overuse, and possible
 1049 | dangerous drug interactions. The Pharmaceutical and Therapeutics
 1050 | Committee shall make recommendations to the agency on drugs for

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1051 | which prior authorization is required. The agency shall inform
1052 | the Pharmaceutical and Therapeutics Committee of its decisions
1053 | regarding drugs subject to prior authorization. The agency is
1054 | authorized to limit the entities it contracts with or enrolls as
1055 | Medicaid providers by developing a provider network through
1056 | provider credentialing. The agency may competitively bid single-
1057 | source-provider contracts if procurement of goods or services
1058 | results in demonstrated cost savings to the state without
1059 | limiting access to care. The agency may limit its network based
1060 | on the assessment of beneficiary access to care, provider
1061 | availability, provider quality standards, time and distance
1062 | standards for access to care, the cultural competence of the
1063 | provider network, demographic characteristics of Medicaid
1064 | beneficiaries, practice and provider-to-beneficiary standards,
1065 | appointment wait times, beneficiary use of services, provider
1066 | turnover, provider profiling, provider licensure history,
1067 | previous program integrity investigations and findings, peer
1068 | review, provider Medicaid policy and billing compliance records,
1069 | clinical and medical record audits, and other factors. Providers
1070 | are not entitled to enrollment in the Medicaid provider network.
1071 | The agency shall determine instances in which allowing Medicaid
1072 | beneficiaries to purchase durable medical equipment and other
1073 | goods is less expensive to the Medicaid program than long-term
1074 | rental of the equipment or goods. The agency may establish rules
1075 | to facilitate purchases in lieu of long-term rentals in order to

1076 protect against fraud and abuse in the Medicaid program as
 1077 defined in s. 409.913. The agency may seek federal waivers
 1078 necessary to administer these policies.

1079 (11) The agency shall implement a program of all-inclusive
 1080 care for children. The program of all-inclusive care for
 1081 children shall be established to provide in-home hospice-like
 1082 support services to children diagnosed with a life-threatening
 1083 illness ~~and enrolled in the Children's Medical Services network~~
 1084 to reduce hospitalizations as appropriate. The agency, in
 1085 consultation with the Department of Health, may implement the
 1086 program of all-inclusive care for children after obtaining
 1087 approval from the Centers for Medicare and Medicaid Services.

1088 Section 28. Effective October 1, 2024, subsection (1) of
 1089 section 409.9126, Florida Statutes, is amended to read:

1090 409.9126 Children with special health care needs.—

1091 (1) Except as provided in subsection (4), children
 1092 eligible for Children's Medical Services who receive Medicaid
 1093 benefits, and other Medicaid-eligible children with special
 1094 health care needs, are ~~shall be~~ exempt from ~~the provisions of s.~~
 1095 ~~409.9122 and shall be served through the Children's Medical~~
 1096 ~~Services network established in chapter 391.~~

1097 Section 29. Effective October 1, 2024, paragraph (a) of
 1098 subsection (5) of section 409.9131, Florida Statutes, is amended
 1099 to read:

1100 409.9131 Special provisions relating to integrity of the

1101 Medicaid program.—

1102 (5) DETERMINATIONS OF OVERPAYMENT.—In making a
 1103 determination of overpayment to a physician, the agency must:

1104 (a) Use accepted and valid auditing, accounting,
 1105 analytical, statistical, or peer-review methods, or combinations
 1106 thereof. Appropriate statistical methods may include, but are
 1107 not limited to, sampling and extension to the population,
 1108 parametric and nonparametric statistics, tests of hypotheses,
 1109 other generally accepted statistical methods, review of medical
 1110 records, and a consideration of the physician's client case mix.
 1111 Before performing a review of the physician's Medicaid records,
 1112 however, the agency shall make every effort to consider the
 1113 physician's patient case mix, including, but not limited to,
 1114 patient age ~~and whether individual patients are clients of the~~
 1115 ~~Children's Medical Services Network established in chapter 391.~~
 1116 In meeting its burden of proof in any administrative or court
 1117 proceeding, the agency may introduce the results of such
 1118 statistical methods and its other audit findings as evidence of
 1119 overpayment.

1120 Section 30. Effective October 1, 2024, paragraph (e) of
 1121 subsection (1) of section 409.920, Florida Statutes, is amended
 1122 to read:

1123 409.920 Medicaid provider fraud.—

1124 (1) For the purposes of this section, the term:

1125 (e) "Managed care plans" means a health insurer authorized

1126 | under chapter 624, an exclusive provider organization authorized
 1127 | under chapter 627, a health maintenance organization authorized
 1128 | under chapter 641, ~~the Children's Medical Services Network~~
 1129 | ~~authorized under chapter 391~~, a prepaid health plan authorized
 1130 | under this chapter, a provider service network authorized under
 1131 | this chapter, a minority physician network authorized under this
 1132 | chapter, and an emergency department diversion program
 1133 | authorized under this chapter or the General Appropriations Act,
 1134 | providing health care services pursuant to a contract with the
 1135 | Medicaid program.

1136 | Section 31. Effective October 1, 2024, subsection (7) of
 1137 | section 409.962, Florida Statutes, is amended to read:

1138 | 409.962 Definitions.—As used in this part, except as
 1139 | otherwise specifically provided, the term:

1140 | (7) "Eligible plan" means a health insurer authorized
 1141 | under chapter 624, an exclusive provider organization authorized
 1142 | under chapter 627, a health maintenance organization authorized
 1143 | under chapter 641, or a provider service network authorized
 1144 | under s. 409.912(1) or an accountable care organization
 1145 | authorized under federal law. For purposes of the managed
 1146 | medical assistance program, the term also includes ~~the~~
 1147 | ~~Children's Medical Services Network authorized under chapter 391~~
 1148 | ~~and~~ entities qualified under 42 C.F.R. part 422 as Medicare
 1149 | Advantage Preferred Provider Organizations, Medicare Advantage
 1150 | Provider-sponsored Organizations, Medicare Advantage Health

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1151 Maintenance Organizations, Medicare Advantage Coordinated Care
1152 Plans, and Medicare Advantage Special Needs Plans, and the
1153 Program of All-inclusive Care for the Elderly.

1154 Section 32. Except as otherwise expressly provided in this
1155 act, this act shall take effect July 1, 2023.