

By Senator Bradley

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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

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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

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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

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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.

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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

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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

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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 are  
197 found necessary for the administration of this section and s.  
198 383.145, including rules providing definitions of terms, rules  
199 relating to the methods used and time or times for testing as  
200 accepted medical practice indicates, rules relating to charging  
201 and collecting fees for the administration of the newborn  
202 screening program authorized by this section, rules for  
203 processing requests and releasing test and screening results,

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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 department  
207 shall administer and provide certain services to implement the  
208 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,



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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~~

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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  
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

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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  
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 specimens  
317 and recording of results.

318 (c) Methods whereby screening programs and genetics  
319 services for children now provided or proposed to be offered in

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320 the state may be more effectively evaluated, coordinated, and  
321 consolidated.

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

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

326 (1) LEGISLATIVE INTENT.—It is the intent of the Legislature  
327 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

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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 facility  
373 that provides maternity and newborn care services shall ensure  
374 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

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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 attendance  
402 is responsible for coordination and referral to an audiologist,  
403 a hospital, or another newborn hearing screening provider. The  
404 health care provider in attendance must make the referral for  
405 appointment within 7 days after the birth. In cases in which the  
406 home birth is not attended by a health care provider, the

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407 newborn's primary health care provider is responsible for  
408 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

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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 physician  
442 responsible for programmatic oversight for newborn hearing  
443 screening. Each birth center shall designate a licensed health  
444 care provider to provide such programmatic oversight and to  
445 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) ~~(\*)~~ 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



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

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

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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:

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 the  
520 following components:

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

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523 established in s. 383.145.

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

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 special  
534 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 to  
542 read:

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

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

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

549 (3) To determine the medical and financial eligibility of  
550 individuals seeking health services from the program.

551 (4) To coordinate a comprehensive delivery system for

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552 eligible individuals to take maximum advantage of all available  
553 funds.

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

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

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

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

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

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

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

574 ~~(12)~~ To monitor the provision of health services in the  
575 program, including the utilization and quality of health  
576 services.

577 (12) ~~(13)~~ To administer the Children and Youth with Special  
578 Health Care Needs program in accordance with Title V of the  
579 Social Security Act.

580 (13) ~~(14)~~ To establish and operate a grievance resolution

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581 process for participants and health care providers.

582 (14)~~(15)~~ To maintain program integrity in the Children's  
583 Medical Services program.

584 (15)~~(16)~~ To receive and manage health care premiums,  
585 capitation payments, and funds from federal, state, local, and  
586 private entities for the program. The department may contract  
587 with a third-party administrator for processing claims,  
588 monitoring medical expenses, and other related services  
589 necessary to the efficient and cost-effective operation of the  
590 Children's Medical Services Managed Care Plan network. The  
591 department is authorized to maintain a minimum reserve for the  
592 Children's Medical Services Managed Care Plan network in an  
593 amount that is the greater of:

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

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

599 (16)~~(17)~~ To provide or contract for peer review and other  
600 quality-improvement activities.

601 (17)~~(18)~~ To adopt rules pursuant to ss. 120.536(1) and  
602 120.54 to administer the Children's Medical Services Act.

603 (18)~~(19)~~ To serve as the lead agency in administering the  
604 Early Steps Program pursuant to part C of the federal  
605 Individuals with Disabilities Education Act and part III of this  
606 chapter.

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

609 (a) Recruitment, training, assessment, and monitoring for

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610 the Medical Foster Care Program.

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

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

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

619 391.028 Administration.—

620 (1) The Director of Children's Medical Services must be a  
 621 physician licensed under chapter 458 or chapter 459 who has  
 622 specialized training and experience in the provision of health  
 623 care to children and youth and who has recognized skills in  
 624 leadership and the promotion of children's health programs. The  
 625 director shall be the deputy secretary and the Deputy State  
 626 Health Officer for Children's Medical Services and is appointed  
 627 by and reports to the State Surgeon General. The director may  
 628 appoint such other staff as necessary for the operation of the  
 629 program subject to the approval of the State Surgeon General.

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

634 ~~(a) Case management services for network participants;~~  
 635 ~~(b)~~ Management and oversight of statewide ~~local~~ program  
 636 activities. ~~†~~

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

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

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

643        ~~(f) Development of treatment plans; and~~

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

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

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

655        391.029 Program eligibility.—

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

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

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

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

667        (3) Subject to the availability of funds, the following

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668 individuals may receive services through the program:

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

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

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

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

688 391.0315 Benefits.—Benefits provided under the Children's  
689 Medical Services Managed Care Plan ~~program for children with~~  
690 ~~special health care needs~~ shall be equivalent to benefits  
691 provided to children as specified in ss. 409.905 and 409.906.  
692 The department may offer additional benefits through Children's  
693 Medical Services programs for early intervention services,  
694 respite services, genetic testing, genetic and nutritional  
695 counseling, and parent support services, if such services are  
696 determined to be medically necessary.



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697 Section 10. Section 391.035, Florida Statutes, is repealed.

698 Section 11. Section 391.045, Florida Statutes, is amended  
699 to read:

700 391.045 Reimbursement.—

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

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

713 Section 12. Section 391.055, Florida Statutes, is amended  
714 to read:

715 391.055 Service delivery systems.—

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

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

722 ~~(a) Qualified primary care physicians who shall serve as~~  
723 ~~the gatekeepers and who shall be responsible for the provision~~  
724 ~~or authorization of health services to an eligible individual~~  
725 ~~who is enrolled in the Children's Medical Services network.~~

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

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

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

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

744 Section 13. Section 391.097, Florida Statutes, is amended  
745 to read:

746 391.097 Research and evaluation.—

747 (1) The department may initiate, fund, and conduct research  
748 and evaluation projects to improve the delivery of children's  
749 medical services. The department may cooperate with public and  
750 private agencies engaged in work of a similar nature.

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

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

759           Section 15. Legislative findings and intent.—

760           (1) The Legislature finds that:

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

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

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

780           (d) The administrative requirements of this intermediary  
781 relationship can be addressed by transitioning the operations of  
782 the Children's Medical Services Managed Care Plan to the Agency  
783 for Health Care Administration. This transition shall include

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784 children with special health care needs enrolled in Medicaid and  
785 children with special health care needs enrolled in the  
786 Children's Health Insurance Program.

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

794 (2) It is the intent of the Legislature that the Agency for  
795 Health Care Administration shall, in consultation with the  
796 Department of Health, competitively procure and operate one or  
797 more specialty plan contracts for children and youth with  
798 special health care needs beginning with the 2024-2025 plan  
799 year.

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

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

811 (2) The transfer of operations of the Children's Medical  
812 Services Managed Care Plan does not affect the validity of any

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813 judicial or administrative action pending as of 11:59 p.m. on  
814 the day before the effective date of the transfer to which the  
815 Department of Health's Children's Medical Services Managed Care  
816 Plan is at that time a party, and the Agency for Health Care  
817 Administration shall be substituted as a party in interest in  
818 any such action.

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

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

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

833 (c) Collaborate with the agency in the care of children  
834 with special health care needs.

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

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

844 409.974 Eligible plans.—

845 (4) CHILDREN'S MEDICAL SERVICES NETWORK.—The Agency for  
846 Health Care Administration shall competitively procure one or  
847 more vendors to provide services for children with special  
848 health care needs who are enrolled in Medicaid and children with  
849 special health care needs who are enrolled in the Children's  
850 Health Insurance Program for the 2024-2025 plan year. The  
851 Department of Health's Children's Medical Services program shall  
852 do all of the following:

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

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

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

869 Section 19. Effective October 1, 2024, paragraph (f) of  
870 subsection (4) and paragraph (b) of subsection (5) of section

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871 409.166, Florida Statutes, are amended to read:

872 409.166 Children within the child welfare system; adoption  
873 assistance program.—

874 (4) ADOPTION ASSISTANCE.—

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

884 (5) ELIGIBILITY FOR SERVICES.—

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

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

893 409.811 Definitions relating to Florida Kidcare Act.—As  
894 used in ss. 409.810-409.821, the term:

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

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

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900 409.813 Health benefits coverage; program components;  
901 entitlement and nonentitlement.—

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

906 (a) Medicaid;

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

908 (c) The Florida Healthy Kids Corporation as created in s.  
909 624.91;

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

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

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

917 409.8134 Program expenditure ceiling; enrollment.—

918 (3) Upon determination by the Social Services Estimating  
919 Conference that there are insufficient funds to finance the  
920 current enrollment in the Florida Kidcare program within current  
921 appropriations, the program shall initiate disenrollment  
922 procedures to remove enrollees, except those children enrolled  
923 in a specialty plan under contract with the agency to serve  
924 children with special health care needs ~~the Children's Medical~~  
925 ~~Services Network~~, on a last-in, first-out basis until the  
926 expenditure and appropriation levels are balanced.

927 Section 23. Subsection (3) and paragraph (c) of subsection  
928 (10) of section 409.814, Florida Statutes, are amended to read:



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929 409.814 Eligibility.—A child who has not reached 19 years  
 930 of age whose family income is equal to or below 200 percent of  
 931 the federal poverty level is eligible for the Florida Kidcare  
 932 program as provided in this section. If an enrolled individual  
 933 is determined to be ineligible for coverage, he or she must be  
 934 immediately disenrolled from the respective Florida Kidcare  
 935 program component.

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

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

946 (c) To enroll in the Children's Medical Services Managed  
 947 Care Plan Network, a completed application, including a clinical  
 948 screening.

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

952 409.815 Health benefits coverage; limitations.—

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

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

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

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

967  
968 Except for a specialty plan under contract with the agency to  
969 serve children with special health care needs ~~the Children's~~  
970 ~~Medical Services Network~~, the agency may not increase the  
971 premium assistance payment for either additional benefits  
972 provided beyond the minimum benefits described in this section  
973 or the imposition of less restrictive service limitations.

974 Section 25. Effective October 1, 2024, paragraph (i) of  
975 subsection (1) of section 409.8177, Florida Statutes, is amended  
976 to read:

977 409.8177 Program evaluation.—

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

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987 following:

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

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

998 409.818 Administration.—In order to implement ss. 409.810-  
999 409.821, the following agencies shall have the following duties:

1000 (4) The Office of Insurance Regulation shall certify that  
1001 health benefits coverage plans that seek to provide services  
1002 under the Florida Kidcare program, except those offered through  
1003 the Florida Healthy Kids Corporation ~~or the Children's Medical~~  
1004 ~~Services Network~~, meet, exceed, or are actuarially equivalent to  
1005 the benchmark benefit plan and that health insurance plans will  
1006 be offered at an approved rate. In determining actuarial  
1007 equivalence of benefits coverage, the Office of Insurance  
1008 Regulation and health insurance plans must comply with the  
1009 requirements of s. 2103 of Title XXI of the Social Security Act.  
1010 The department shall adopt rules necessary for certifying health  
1011 benefits coverage plans.

1012 Section 27. Effective October 1, 2024, subsection (11) of  
1013 section 409.912, Florida Statutes, is amended to read:

1014 409.912 Cost-effective purchasing of health care.—The  
1015 agency shall purchase goods and services for Medicaid recipients

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1016 in the most cost-effective manner consistent with the delivery  
1017 of quality medical care. To ensure that medical services are  
1018 effectively utilized, the agency may, in any case, require a  
1019 confirmation or second physician's opinion of the correct  
1020 diagnosis for purposes of authorizing future services under the  
1021 Medicaid program. This section does not restrict access to  
1022 emergency services or poststabilization care services as defined  
1023 in 42 C.F.R. s. 438.114. Such confirmation or second opinion  
1024 shall be rendered in a manner approved by the agency. The agency  
1025 shall maximize the use of prepaid per capita and prepaid  
1026 aggregate fixed-sum basis services when appropriate and other  
1027 alternative service delivery and reimbursement methodologies,  
1028 including competitive bidding pursuant to s. 287.057, designed  
1029 to facilitate the cost-effective purchase of a case-managed  
1030 continuum of care. The agency shall also require providers to  
1031 minimize the exposure of recipients to the need for acute  
1032 inpatient, custodial, and other institutional care and the  
1033 inappropriate or unnecessary use of high-cost services. The  
1034 agency shall contract with a vendor to monitor and evaluate the  
1035 clinical practice patterns of providers in order to identify  
1036 trends that are outside the normal practice patterns of a  
1037 provider's professional peers or the national guidelines of a  
1038 provider's professional association. The vendor must be able to  
1039 provide information and counseling to a provider whose practice  
1040 patterns are outside the norms, in consultation with the agency,  
1041 to improve patient care and reduce inappropriate utilization.  
1042 The agency may mandate prior authorization, drug therapy  
1043 management, or disease management participation for certain  
1044 populations of Medicaid beneficiaries, certain drug classes, or

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1045 particular drugs to prevent fraud, abuse, overuse, and possible  
1046 dangerous drug interactions. The Pharmaceutical and Therapeutics  
1047 Committee shall make recommendations to the agency on drugs for  
1048 which prior authorization is required. The agency shall inform  
1049 the Pharmaceutical and Therapeutics Committee of its decisions  
1050 regarding drugs subject to prior authorization. The agency is  
1051 authorized to limit the entities it contracts with or enrolls as  
1052 Medicaid providers by developing a provider network through  
1053 provider credentialing. The agency may competitively bid single-  
1054 source-provider contracts if procurement of goods or services  
1055 results in demonstrated cost savings to the state without  
1056 limiting access to care. The agency may limit its network based  
1057 on the assessment of beneficiary access to care, provider  
1058 availability, provider quality standards, time and distance  
1059 standards for access to care, the cultural competence of the  
1060 provider network, demographic characteristics of Medicaid  
1061 beneficiaries, practice and provider-to-beneficiary standards,  
1062 appointment wait times, beneficiary use of services, provider  
1063 turnover, provider profiling, provider licensure history,  
1064 previous program integrity investigations and findings, peer  
1065 review, provider Medicaid policy and billing compliance records,  
1066 clinical and medical record audits, and other factors. Providers  
1067 are not entitled to enrollment in the Medicaid provider network.  
1068 The agency shall determine instances in which allowing Medicaid  
1069 beneficiaries to purchase durable medical equipment and other  
1070 goods is less expensive to the Medicaid program than long-term  
1071 rental of the equipment or goods. The agency may establish rules  
1072 to facilitate purchases in lieu of long-term rentals in order to  
1073 protect against fraud and abuse in the Medicaid program as

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1074 defined in s. 409.913. The agency may seek federal waivers  
1075 necessary to administer these policies.

1076 (11) The agency shall implement a program of all-inclusive  
1077 care for children. The program of all-inclusive care for  
1078 children shall be established to provide in-home hospice-like  
1079 support services to children diagnosed with a life-threatening  
1080 illness ~~and enrolled in the Children's Medical Services network~~  
1081 to reduce hospitalizations as appropriate. The agency, in  
1082 consultation with the Department of Health, may implement the  
1083 program of all-inclusive care for children after obtaining  
1084 approval from the Centers for Medicare and Medicaid Services.

1085 Section 28. Effective October 1, 2024, subsection (1) of  
1086 section 409.9126, Florida Statutes, is amended to read:

1087 409.9126 Children with special health care needs.—

1088 (1) Except as provided in subsection (4), children eligible  
1089 for Children's Medical Services who receive Medicaid benefits,  
1090 and other Medicaid-eligible children with special health care  
1091 needs, are ~~shall be~~ exempt from the provisions of s. 409.9122  
1092 and ~~shall be served through the Children's Medical Services~~  
1093 ~~network established in chapter 391.~~

1094 Section 29. Effective October 1, 2024, paragraph (a) of  
1095 subsection (5) of section 409.9131, Florida Statutes, is amended  
1096 to read:

1097 409.9131 Special provisions relating to integrity of the  
1098 Medicaid program.—

1099 (5) DETERMINATIONS OF OVERPAYMENT.—In making a  
1100 determination of overpayment to a physician, the agency must:

1101 (a) Use accepted and valid auditing, accounting,  
1102 analytical, statistical, or peer-review methods, or combinations

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1103 thereof. Appropriate statistical methods may include, but are  
1104 not limited to, sampling and extension to the population,  
1105 parametric and nonparametric statistics, tests of hypotheses,  
1106 other generally accepted statistical methods, review of medical  
1107 records, and a consideration of the physician's client case mix.  
1108 Before performing a review of the physician's Medicaid records,  
1109 however, the agency shall make every effort to consider the  
1110 physician's patient case mix, including, but not limited to,  
1111 patient age and ~~whether individual patients are clients of the~~  
1112 ~~Children's Medical Services Network established in chapter 391.~~  
1113 In meeting its burden of proof in any administrative or court  
1114 proceeding, the agency may introduce the results of such  
1115 statistical methods and its other audit findings as evidence of  
1116 overpayment.

1117 Section 30. Effective October 1, 2024, paragraph (e) of  
1118 subsection (1) of section 409.920, Florida Statutes, is amended  
1119 to read:

1120 409.920 Medicaid provider fraud.—

1121 (1) For the purposes of this section, the term:

1122 (e) "Managed care plans" means a health insurer authorized  
1123 under chapter 624, an exclusive provider organization authorized  
1124 under chapter 627, a health maintenance organization authorized  
1125 under chapter 641, ~~the Children's Medical Services Network~~  
1126 ~~authorized under chapter 391~~, a prepaid health plan authorized  
1127 under this chapter, a provider service network authorized under  
1128 this chapter, a minority physician network authorized under this  
1129 chapter, and an emergency department diversion program  
1130 authorized under this chapter or the General Appropriations Act,  
1131 providing health care services pursuant to a contract with the

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1132 Medicaid program.

1133 Section 31. Effective October 1, 2024, subsection (7) of  
1134 section 409.962, Florida Statutes, is amended to read:

1135 409.962 Definitions.—As used in this part, except as  
1136 otherwise specifically provided, the term:

1137 (7) "Eligible plan" means a health insurer authorized under  
1138 chapter 624, an exclusive provider organization authorized under  
1139 chapter 627, a health maintenance organization authorized under  
1140 chapter 641, or a provider service network authorized under s.  
1141 409.912(1) or an accountable care organization authorized under  
1142 federal law. For purposes of the managed medical assistance  
1143 program, the term also includes ~~the Children's Medical Services~~  
1144 ~~Network authorized under chapter 391~~ and entities qualified  
1145 under 42 C.F.R. part 422 as Medicare Advantage Preferred  
1146 Provider Organizations, Medicare Advantage Provider-sponsored  
1147 Organizations, Medicare Advantage Health Maintenance  
1148 Organizations, Medicare Advantage Coordinated Care Plans, and  
1149 Medicare Advantage Special Needs Plans, and the Program of All-  
1150 inclusive Care for the Elderly.

1151 Section 32. Except as otherwise expressly provided in this  
1152 act, this act shall take effect July 1, 2023.