

By the Committee on Health Policy; and 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 a specialty plan under
941 contract with the agency to serve children with special health
942 care needs ~~the Children's Medical Services Network~~.

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

947 (c) To enroll in a specialty plan under contract with the
948 agency to serve children with special health care needs ~~the~~
949 ~~Children's Medical Services Network~~, a completed application,
950 including a clinical screening.

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

954 409.815 Health benefits coverage; limitations.—

955 (2) BENCHMARK BENEFITS.—In order for health benefits
956 coverage to qualify for premium assistance payments for an
957 eligible child under ss. 409.810-409.821, the health benefits

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958 coverage, except for coverage under Medicaid and Medikids, must
959 include the following minimum benefits, as medically necessary.

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

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

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

969

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

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

979 409.8177 Program evaluation.—

980 (1) The agency, in consultation with the Department of
981 Health, the Department of Children and Families, and the Florida
982 Healthy Kids Corporation, shall contract for an evaluation of
983 the Florida Kidcare program and shall by January 1 of each year
984 submit to the Governor, the President of the Senate, and the
985 Speaker of the House of Representatives a report of the program.
986 In addition to the items specified under s. 2108 of Title XXI of

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987 the Social Security Act, the report shall include an assessment
988 of crowd-out and access to health care, as well as the
989 following:

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

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

1000 409.818 Administration.—In order to implement ss. 409.810-
1001 409.821, the following agencies shall have the following duties:

1002 (4) The Office of Insurance Regulation shall certify that
1003 health benefits coverage plans that seek to provide services
1004 under the Florida Kidcare program, except those offered through
1005 the Florida Healthy Kids Corporation ~~or the Children's Medical~~
1006 ~~Services Network~~, meet, exceed, or are actuarially equivalent to
1007 the benchmark benefit plan and that health insurance plans will
1008 be offered at an approved rate. In determining actuarial
1009 equivalence of benefits coverage, the Office of Insurance
1010 Regulation and health insurance plans must comply with the
1011 requirements of s. 2103 of Title XXI of the Social Security Act.
1012 The department shall adopt rules necessary for certifying health
1013 benefits coverage plans.

1014 Section 27. Effective October 1, 2024, subsection (11) of
1015 section 409.912, Florida Statutes, is amended to read:

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1016 409.912 Cost-effective purchasing of health care.—The
1017 agency shall purchase goods and services for Medicaid recipients
1018 in the most cost-effective manner consistent with the delivery
1019 of quality medical care. To ensure that medical services are
1020 effectively utilized, the agency may, in any case, require a
1021 confirmation or second physician's opinion of the correct
1022 diagnosis for purposes of authorizing future services under the
1023 Medicaid program. This section does not restrict access to
1024 emergency services or poststabilization care services as defined
1025 in 42 C.F.R. s. 438.114. Such confirmation or second opinion
1026 shall be rendered in a manner approved by the agency. The agency
1027 shall maximize the use of prepaid per capita and prepaid
1028 aggregate fixed-sum basis services when appropriate and other
1029 alternative service delivery and reimbursement methodologies,
1030 including competitive bidding pursuant to s. 287.057, designed
1031 to facilitate the cost-effective purchase of a case-managed
1032 continuum of care. The agency shall also require providers to
1033 minimize the exposure of recipients to the need for acute
1034 inpatient, custodial, and other institutional care and the
1035 inappropriate or unnecessary use of high-cost services. The
1036 agency shall contract with a vendor to monitor and evaluate the
1037 clinical practice patterns of providers in order to identify
1038 trends that are outside the normal practice patterns of a
1039 provider's professional peers or the national guidelines of a
1040 provider's professional association. The vendor must be able to
1041 provide information and counseling to a provider whose practice
1042 patterns are outside the norms, in consultation with the agency,
1043 to improve patient care and reduce inappropriate utilization.
1044 The agency may mandate prior authorization, drug therapy

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

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1074 to facilitate purchases in lieu of long-term rentals in order to
1075 protect against fraud and abuse in the Medicaid program as
1076 defined in s. 409.913. The agency may seek federal waivers
1077 necessary to administer these policies.

1078 (11) The agency shall implement a program of all-inclusive
1079 care for children. The program of all-inclusive care for
1080 children shall be established to provide in-home hospice-like
1081 support services to children diagnosed with a life-threatening
1082 illness ~~and enrolled in the Children's Medical Services network~~
1083 to reduce hospitalizations as appropriate. The agency, in
1084 consultation with the Department of Health, may implement the
1085 program of all-inclusive care for children after obtaining
1086 approval from the Centers for Medicare and Medicaid Services.

1087 Section 28. Effective October 1, 2024, subsection (1) of
1088 section 409.9126, Florida Statutes, is amended to read:

1089 409.9126 Children with special health care needs.—

1090 (1) Except as provided in subsection (4), children eligible
1091 for Children's Medical Services who receive Medicaid benefits,
1092 and other Medicaid-eligible children with special health care
1093 needs, are ~~shall be~~ exempt from the provisions of s. 409.9122
1094 ~~and shall be served through the Children's Medical Services~~
1095 ~~network established in chapter 391.~~

1096 Section 29. Effective October 1, 2024, paragraph (a) of
1097 subsection (5) of section 409.9131, Florida Statutes, is amended
1098 to read:

1099 409.9131 Special provisions relating to integrity of the
1100 Medicaid program.—

1101 (5) DETERMINATIONS OF OVERPAYMENT.—In making a
1102 determination of overpayment to a physician, the agency must:

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1103 (a) Use accepted and valid auditing, accounting,
1104 analytical, statistical, or peer-review methods, or combinations
1105 thereof. Appropriate statistical methods may include, but are
1106 not limited to, sampling and extension to the population,
1107 parametric and nonparametric statistics, tests of hypotheses,
1108 other generally accepted statistical methods, review of medical
1109 records, and a consideration of the physician's client case mix.
1110 Before performing a review of the physician's Medicaid records,
1111 however, the agency shall make every effort to consider the
1112 physician's patient case mix, including, but not limited to,
1113 patient age ~~and whether individual patients are clients of the~~
1114 ~~Children's Medical Services Network established in chapter 391.~~
1115 In meeting its burden of proof in any administrative or court
1116 proceeding, the agency may introduce the results of such
1117 statistical methods and its other audit findings as evidence of
1118 overpayment.

1119 Section 30. Effective October 1, 2024, paragraph (e) of
1120 subsection (1) of section 409.920, Florida Statutes, is amended
1121 to read:

1122 409.920 Medicaid provider fraud.—

1123 (1) For the purposes of this section, the term:

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

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1132 authorized under this chapter or the General Appropriations Act,
1133 providing health care services pursuant to a contract with the
1134 Medicaid program.

1135 Section 31. Effective October 1, 2024, subsection (7) of
1136 section 409.962, Florida Statutes, is amended to read:

1137 409.962 Definitions.—As used in this part, except as
1138 otherwise specifically provided, the term:

1139 (7) "Eligible plan" means a health insurer authorized under
1140 chapter 624, an exclusive provider organization authorized under
1141 chapter 627, a health maintenance organization authorized under
1142 chapter 641, or a provider service network authorized under s.
1143 409.912(1) or an accountable care organization authorized under
1144 federal law. For purposes of the managed medical assistance
1145 program, the term also includes ~~the Children's Medical Services~~
1146 ~~Network authorized under chapter 391~~ and entities qualified
1147 under 42 C.F.R. part 422 as Medicare Advantage Preferred
1148 Provider Organizations, Medicare Advantage Provider-sponsored
1149 Organizations, Medicare Advantage Health Maintenance
1150 Organizations, Medicare Advantage Coordinated Care Plans, and
1151 Medicare Advantage Special Needs Plans, and the Program of All-
1152 inclusive Care for the Elderly.

1153 Section 32. Except as otherwise expressly provided in this
1154 act, this act shall take effect July 1, 2023.