

1 A bill to be entitled
 2 An act relating to organ donations; creating s.
 3 110.1205, F.S.; providing definitions; authorizing
 4 certain persons to receive administrative leave for
 5 purposes of organ donation; providing requirements for
 6 the authorization of such administrative leave;
 7 providing construction; amending s. 409.908, F.S.;
 8 revising reimbursement rates for specified organ
 9 transplantation procedures; providing an effective
 10 date.

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

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 14 Section 1. Section 110.1205, Florida Statutes, is created
 15 to read:

16 110.1205 Administrative leave for organ donors.—

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

18 (a) "Hospital" has the same meaning as in s. 765.511.

19 (b) "Physician" means a medical practitioner licensed
 20 under chapter 458 or chapter 459.

21 (c) "Organ" means a human organ that is capable of being
 22 transferred from the body of a person to the body of another
 23 person.

24 (d) "State agency" means any agency, department, board,
 25 bureau, or commission of the executive, legislative, or judicial

26 | branch of state government.

27 | (2) Upon request, a full-time employee of a state agency
 28 | may receive administrative leave, not to exceed 30 calendar
 29 | days, for purposes of organ donation. The agency head of the
 30 | employee shall grant such administrative leave if the employee
 31 | provides written verification from the physician who is to
 32 | perform the organ transplantation procedure or from the
 33 | administrator of the hospital in which the organ transplantation
 34 | procedure is to take place that such employee is making an organ
 35 | donation.

36 | (3) This section applies only if the organ transplantation
 37 | procedure occurs.

38 | Section 2. Paragraph (a) of subsection (1) of section
 39 | 409.908, Florida Statutes, is amended to read:

40 | 409.908 Reimbursement of Medicaid providers.—Subject to
 41 | specific appropriations, the agency shall reimburse Medicaid
 42 | providers, in accordance with state and federal law, according
 43 | to methodologies set forth in the rules of the agency and in
 44 | policy manuals and handbooks incorporated by reference therein.
 45 | These methodologies may include fee schedules, reimbursement
 46 | methods based on cost reporting, negotiated fees, competitive
 47 | bidding pursuant to s. 287.057, and other mechanisms the agency
 48 | considers efficient and effective for purchasing services or
 49 | goods on behalf of recipients. If a provider is reimbursed based
 50 | on cost reporting and submits a cost report late and that cost

51 report would have been used to set a lower reimbursement rate
52 for a rate semester, then the provider's rate for that semester
53 shall be retroactively calculated using the new cost report, and
54 full payment at the recalculated rate shall be effected
55 retroactively. Medicare-granted extensions for filing cost
56 reports, if applicable, shall also apply to Medicaid cost
57 reports. Payment for Medicaid compensable services made on
58 behalf of Medicaid-eligible persons is subject to the
59 availability of moneys and any limitations or directions
60 provided for in the General Appropriations Act or chapter 216.
61 Further, nothing in this section shall be construed to prevent
62 or limit the agency from adjusting fees, reimbursement rates,
63 lengths of stay, number of visits, or number of services, or
64 making any other adjustments necessary to comply with the
65 availability of moneys and any limitations or directions
66 provided for in the General Appropriations Act, provided the
67 adjustment is consistent with legislative intent.

68 (1) Reimbursement to hospitals licensed under part I of
69 chapter 395 must be made prospectively or on the basis of
70 negotiation.

71 (a) Reimbursement for inpatient care is limited as
72 provided in s. 409.905(5), except as otherwise provided in this
73 subsection.

74 1. If authorized by the General Appropriations Act, the
75 agency may modify reimbursement for specific types of services

76 or diagnoses, recipient ages, and hospital provider types.

77 2. The agency may establish an alternative methodology to
78 the DRG-based prospective payment system to set reimbursement
79 rates for:

80 a. State-owned psychiatric hospitals.

81 b. Newborn hearing screening services.

82 c. Transplant services for which the agency has
83 established a global fee for the hospital and physician services
84 for liver, heart, lung, and multi-visceral organ transplantation
85 procedures. Such rates shall be increased annually by the
86 consumer price index.

87 d. Recipients who have tuberculosis that is resistant to
88 therapy who are in need of long-term, hospital-based treatment
89 pursuant to s. 392.62.

90 3. The agency shall modify reimbursement according to
91 other methodologies recognized in the General Appropriations
92 Act.

93
94 The agency may receive funds from state entities, including, but
95 not limited to, the Department of Health, local governments, and
96 other local political subdivisions, for the purpose of making
97 special exception payments, including federal matching funds,
98 through the Medicaid inpatient reimbursement methodologies.

99 Funds received for this purpose shall be separately accounted
100 for and may not be commingled with other state or local funds in

101 any manner. The agency may certify all local governmental funds
102 used as state match under Title XIX of the Social Security Act,
103 to the extent and in the manner authorized under the General
104 Appropriations Act and pursuant to an agreement between the
105 agency and the local governmental entity. In order for the
106 agency to certify such local governmental funds, a local
107 governmental entity must submit a final, executed letter of
108 agreement to the agency, which must be received by October 1 of
109 each fiscal year and provide the total amount of local
110 governmental funds authorized by the entity for that fiscal year
111 under this paragraph, paragraph (b), or the General
112 Appropriations Act. The local governmental entity shall use a
113 certification form prescribed by the agency. At a minimum, the
114 certification form must identify the amount being certified and
115 describe the relationship between the certifying local
116 governmental entity and the local health care provider. The
117 agency shall prepare an annual statement of impact which
118 documents the specific activities undertaken during the previous
119 fiscal year pursuant to this paragraph, to be submitted to the
120 Legislature annually by January 1.

121 Section 3. This act shall take effect July 1, 2023.