

1                                   A bill to be entitled  
2           An act relating to the health care; providing a short  
3           title; repealing ss. 286.31, 286.311, and 381.00321,  
4           F.S., relating to the prohibited use of state funds  
5           for travel to another state for purpose of abortion  
6           services, the prohibited use of state funds for sex-  
7           reassignment prescriptions or procedures, and the  
8           right of medical conscience of health care providers  
9           and health care payors, respectively; creating s.  
10          381.027, F.S.; providing a short title; defining  
11          terms; requiring a covered entity to adopt a policy  
12          relating to providing notice of its refused services  
13          by a specified date; providing requirements for such  
14          notice; requiring a covered entity to submit a  
15          complete list of refused services to the Department of  
16          Health by a specified date; requiring a covered entity  
17          to notify the department within a specified period  
18          after a change is made to such list; requiring a  
19          covered entity to submit the list, along with its  
20          application, if applying for certain state grants or  
21          contracts; providing a civil penalty; requiring the  
22          department to adopt rules; requiring the department to  
23          publish and maintain on its website a current list of  
24          covered entities and their refused services; requiring  
25          the department to develop and administer a certain

26 public education and awareness program; providing  
27 construction; providing for severability; amending s.  
28 381.96, F.S.; revising the definition of the term  
29 "eligible client" and defining the term "pregnancy  
30 support services," rather than "pregnancy and  
31 parenting support services"; revising department  
32 duties and contract requirements to conform to changes  
33 made by the act; repealing ss. 4, 6, and 7 of chapter  
34 2023-21, Laws of Florida, relating to termination of  
35 pregnancies, powers of the Agency for Health Care  
36 Administration, and the use of telehealth to provide  
37 services, respectively; amending s. 390.011, F.S.;  
38 deleting the definition of the term "fatal fetal  
39 abnormality"; amending s. 390.0111, F.S.; revising the  
40 timeframe in which a physician may perform a  
41 termination of pregnancy; revising exceptions;  
42 repealing s. 395.3027, F.S., relating to patient  
43 immigration status data collection in hospitals;  
44 amending s. 409.905, F.S.; defining the terms "gender  
45 identity" and "transgender individual"; requiring the  
46 agency to provide Medicaid reimbursement for medically  
47 necessary treatment for or related to gender dysphoria  
48 or comparable or equivalent diagnoses; prohibiting the  
49 agency from discriminating in its reimbursement on the  
50 basis of a recipient's gender identity or that the

51 recipient is a transgender individual; amending s.  
 52 456.001, F.S.; deleting the definition of the terms  
 53 "sex" and "sex-reassignment prescriptions or  
 54 procedures"; repealing ss. 456.52 and 766.318, F.S.,  
 55 relating to sex-reassignment prescriptions and  
 56 procedures and civil liability for provision of sex-  
 57 reassignment prescriptions or procedures to minors,  
 58 respectively; amending ss. 61.517, 61.534, 409.908,  
 59 409.913, 456.074, and 636.0145, F.S.; conforming  
 60 provisions and cross-references to changes made by the  
 61 act; providing an effective date.

62

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

64

65 Section 1. This act may be cited as the "Health Care  
 66 Freedom Act."

67 Section 2. Section 286.31, Florida Statutes, is repealed.

68 Section 3. Section 286.311, Florida Statutes, is repealed.

69 Section 4. Section 381.00321, Florida Statutes, is  
 70 repealed.

71 Section 5. Section 381.027, Florida Statutes, is created  
 72 to read:

73 381.027 Requirements for covered entities; notice of  
 74 refused services; department duties.-

75 (1) SHORT TITLE.-This section may be cited as the "Health

76 Care Transparency and Accessibility Act."

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

78 (a) "Covered entity" means any health care facility that  
 79 uses, plans to use, or relies upon a denial of care provision to  
 80 refuse to provide a health care service, or referral for a  
 81 health care service, for any reason. The term does not include a  
 82 health care practitioner.

83 (b) "Denial of care provision" means any federal or state  
 84 law that purports or is asserted to allow a health care facility  
 85 to opt out of providing a health care service, or referral for a  
 86 health care service, including, but not limited to, ss.  
 87 381.0051(5), 390.0111(8), 483.918, and 765.1105; 42 U.S.C. ss.  
 88 18023(b)(4) and 18113; 42 U.S.C. s. 300a-7; 42 U.S.C. s. 238n;  
 89 42 U.S.C. s. 2000bb et seq.; s. 507(d) of the Departments of  
 90 Labor, Health and Human Services, and Education, and Related  
 91 Agencies Appropriations Act of 2019, Division B of Pub. L. No.  
 92 115-245; and 45 C.F.R. part 88.

93 (c) "Department" means the Department of Health.

94 (d) "Health care facility" has the same meaning as in s.  
 95 381.026(2).

96 (e) "Health care practitioner" has the same meaning as in  
 97 s. 456.001.

98 (f) "Health care services" has the same meaning as in s.  
 99 624.27(1).

100 (g) "Referral" has the same meaning as in s. 456.053(3).

101 (h) "Refused service" means a health care service that a  
 102 covered entity chooses not to provide, or not to provide a  
 103 referral for, based on one or more denials of care provisions.  
 104 The term includes health care services that the covered entity  
 105 selectively provides to some, but not all, patients based on  
 106 their identity, objections to a health care service, or other  
 107 nonmedical reasons.

108 (3) REQUIREMENTS FOR COVERED ENTITIES; PENALTY.—

109 (a) By October 1, 2024, each covered entity shall adopt a  
 110 policy for providing patients with a complete list of its  
 111 refused services. A covered entity shall:

112 1. Provide written notice to the patient or the patient's  
 113 representative which includes the complete list of its refused  
 114 services before any health care service is initiated.

115 a. In the case of an emergency, the covered entity must  
 116 promptly provide written notice after the patient is capable of  
 117 receiving such notice or when the patient's representative is  
 118 available.

119 b. The patient or patient's representative shall  
 120 acknowledge receipt of the written notice of refused services.

121 2. Retain all acknowledgements of receipt of the written  
 122 notice of refused services for a period of at least 3 years.

123 3. Provide a complete list of its refused services to any  
 124 person upon request.

125 (b) By October 1, 2024, a covered entity shall submit to

126 the department a complete list of its refused services. If any  
127 change is made to the list, the covered entity must notify the  
128 department within 30 days after making the change.

129 (c) If applying for any state grant or contract related to  
130 providing a health care service, a covered entity must submit,  
131 along with its application, a complete list of its refused  
132 services.

133 (d) A covered entity that fails to comply with this  
134 subsection is subject to a fine not exceeding \$5,000 for each  
135 day the covered entity is not in compliance.

136 (4) DEPARTMENT DUTIES.—

137 (a) The department shall adopt rules to implement this  
138 section, which must include a process for receiving and  
139 investigating complaints regarding covered entities that fail to  
140 comply with this section.

141 (b) By January 1, 2025, the department shall publish and  
142 maintain on its website a current list of covered entities and  
143 the refused services for each covered entity.

144 (c) The department shall develop and administer a public  
145 education and awareness program regarding the denial of health  
146 care services, including how the denial of health care services  
147 can negatively impact health care access and quality, how the  
148 denial of health care services may be avoided, and how the  
149 denial of health care services affects vulnerable people and  
150 communities.

151 (5) CONSTRUCTION.—

152 (a) This section does not authorize denials of health care  
 153 services or discrimination in the provision of health care  
 154 services.

155 (b) This section does not limit any cause of action under  
 156 state or federal law, or limit any remedy in law or equity,  
 157 against a health care facility or health care practitioner.

158 (c) Compliance with this section does not reduce or limit  
 159 any potential liability for covered entities associated with the  
 160 refused services or any violations of state or federal law.

161 (d) Section 761.03 does not provide a claim relating to,  
 162 or a defense to a claim under, this section, or provide a basis  
 163 for challenging the application or enforcement of this section  
 164 or the use of funds associated with the application or  
 165 enforcement of this section.

166 (6) SEVERABILITY.—If any provision of this section or its  
 167 application to any person or circumstance is held invalid, the  
 168 invalidity does not affect other provisions or applications of  
 169 this section which can be given effect without the invalid  
 170 provision or application, and to this end the provisions of this  
 171 section are severable.

172 Section 6. Section 381.96, Florida Statutes, is amended to  
 173 read:

174 381.96 Pregnancy support and wellness services.—

175 (1) DEFINITIONS.—As used in this section, the term:

- 176 (a) "Department" means the Department of Health.
- 177 (b) "Eligible client" means ~~any of the following:~~
- 178 ~~1. a pregnant woman or a woman who suspects she is~~
- 179 ~~pregnant, and the family of such woman, who voluntarily seeks~~
- 180 ~~pregnancy support services and any woman who voluntarily seeks~~
- 181 ~~wellness services.~~
- 182 ~~2. A woman who has given birth in the previous 12 months~~
- 183 ~~and her family.~~
- 184 ~~3. A parent or parents or a legal guardian or legal~~
- 185 ~~guardians, and the families of such parents and legal guardians,~~
- 186 ~~for up to 12 months after the birth of a child or the adoption~~
- 187 ~~of a child younger than 3 years of age.~~
- 188 (c) "Florida Pregnancy Care Network, Inc.," or "network"
- 189 means the not-for-profit statewide alliance of pregnancy support
- 190 organizations that provide pregnancy support and wellness
- 191 services through a comprehensive system of care to women and
- 192 their families.
- 193 (d) "Pregnancy ~~and parenting~~ support services" means
- 194 services that promote and encourage childbirth, including, but
- 195 not limited to:
- 196 1. Direct client services, such as pregnancy testing,
- 197 counseling, referral, training, and education for pregnant women
- 198 and their families. A woman and her family continue to be
- 199 eligible to receive direct client services for up to 12 months
- 200 after the birth of the child.



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201           2. ~~Nonmedical material assistance that improves the~~  
202 ~~pregnancy or parenting situation of families, including, but not~~  
203 ~~limited to, clothing, car seats, cribs, formula, and diapers.~~

204           3. ~~Counseling or mentoring, education materials, and~~  
205 ~~classes regarding pregnancy, parenting, adoption, life skills,~~  
206 ~~and employment readiness.~~

207           4. Network awareness activities, including a promotional  
208 campaign to educate the public about the pregnancy support  
209 services offered by the network and a website that provides  
210 information on the location of providers in the user's area and  
211 other available community resources.

212           3.5. Communication activities, including the operation and  
213 maintenance of a hotline or call center with a single statewide  
214 toll-free number that is available 24 hours a day for an  
215 eligible client to obtain the location and contact information  
216 for a pregnancy center located in the client's area.

217           (e) "Wellness services" means services or activities  
218 intended to maintain and improve health or prevent illness and  
219 injury, including, but not limited to, high blood pressure  
220 screening, anemia testing, thyroid screening, cholesterol  
221 screening, diabetes screening, and assistance with smoking  
222 cessation.

223           (2) DEPARTMENT DUTIES.—The department shall contract with  
224 the network for the management and delivery of pregnancy ~~and~~  
225 ~~parenting~~ support services and wellness services to eligible

226 clients.

227 (3) CONTRACT REQUIREMENTS.—The department contract shall  
 228 specify the contract deliverables, including financial reports  
 229 and other reports due to the department, timeframes for  
 230 achieving contractual obligations, and any other requirements  
 231 the department determines are necessary, such as staffing and  
 232 location requirements. The contract shall require the network  
 233 to:

234 (a) Establish, implement, and monitor a comprehensive  
 235 system of care through subcontractors to meet the pregnancy ~~and~~  
 236 ~~parenting~~ support and wellness needs of eligible clients.

237 (b) Establish and manage subcontracts with a sufficient  
 238 number of providers to ensure the availability of pregnancy ~~and~~  
 239 ~~parenting~~ support services and wellness services for eligible  
 240 clients, and maintain and manage the delivery of such services  
 241 throughout the contract period.

242 (c) Spend at least 90 ~~85~~ percent of the contract funds on  
 243 pregnancy ~~and parenting~~ support services, ~~excluding services~~  
 244 ~~specified in subparagraph (1)(d)4.~~ and wellness services.

245 (d) Offer wellness services through vouchers or other  
 246 appropriate arrangements that allow the purchase of services  
 247 from qualified health care providers.

248 (e) Require a background screening under s. 943.0542 for  
 249 all paid staff and volunteers of a subcontractor if such staff  
 250 or volunteers provide direct client services to an eligible

251 client who is a minor or an elderly person or who has a  
252 disability.

253 (f) Annually monitor its subcontractors and specify the  
254 sanctions that shall be imposed for noncompliance with the terms  
255 of a subcontract.

256 (g) Subcontract only with providers that exclusively  
257 promote and support childbirth.

258 (h) Ensure that informational materials provided to an  
259 eligible client by a provider are current and accurate and cite  
260 the reference source of any medical statement included in such  
261 materials.

262 (i) Ensure that the department is provided with all  
263 information necessary for the report required under subsection  
264 (5).

265 (4) SERVICES.—Services provided pursuant to this section  
266 must be provided in a noncoercive manner and may not include any  
267 religious content.

268 (5) REPORT.—By July 1, 2024, and each year thereafter, the  
269 department shall report to the Governor, the President of the  
270 Senate, and the Speaker of the House of Representatives on the  
271 amount and types of services provided by the network; the  
272 expenditures for such services; and the number of, and  
273 demographic information for, women, ~~parents,~~ and families served  
274 by the network.

275 Section 7. Sections 4, 6, and 7 of chapter 2023-21, Laws

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276 of Florida, are repealed.

277 Section 8. Subsection (6) of section 390.011, Florida  
278 Statutes, is amended to read:

279 390.011 Definitions.—As used in this chapter, the term:

280 ~~(6) "Fatal fetal abnormality" means a terminal condition~~  
281 ~~that, in reasonable medical judgment, regardless of the~~  
282 ~~provision of life-saving medical treatment, is incompatible with~~  
283 ~~life outside the womb and will result in death upon birth or~~  
284 ~~imminently thereafter.~~

285 Section 9. Subsection (1) of section 390.0111, Florida  
286 Statutes, is amended to read:

287 390.0111 Termination of pregnancies.—

288 (1) TERMINATION IN THIRD TRIMESTER AFTER GESTATIONAL AGE  
289 ~~OF 15 WEEKS; WHEN ALLOWED.~~—A physician may not perform a  
290 termination of pregnancy on any human being in the third  
291 trimester of pregnancy ~~if the physician determines the~~  
292 ~~gestational age of the fetus is more than 15 weeks~~ unless one of  
293 the following conditions is met:

294 (a) Two physicians certify in writing that, in reasonable  
295 medical judgment, the termination of the pregnancy is necessary  
296 to save the pregnant woman's life or avert a serious risk of  
297 substantial and irreversible physical impairment of a major  
298 bodily function of the pregnant woman other than a psychological  
299 condition.

300 (b) The physician certifies in writing that, in reasonable

301 medical judgment, there is a medical necessity for legitimate  
302 emergency medical procedures for termination of the pregnancy to  
303 save the pregnant woman's life or avert a serious risk of  
304 imminent substantial and irreversible physical impairment of a  
305 major bodily function of the pregnant woman other than a  
306 psychological condition, and another physician is not available  
307 for consultation.

308 ~~(c) The fetus has not achieved viability under s.~~  
309 ~~390.01112 and two physicians certify in writing that, in~~  
310 ~~reasonable medical judgment, the fetus has a fatal fetal~~  
311 ~~abnormality.~~

312 Section 10. Section 395.3027, Florida Statutes, is  
313 repealed.

314 Section 11. Present subsections (4) through (12) of  
315 section 409.905, Florida Statutes, are redesignated as  
316 subsections (5) through (13), respectively, and a new subsection  
317 (4) is added to that section, to read:

318 409.905 Mandatory Medicaid services.—The agency may make  
319 payments for the following services, which are required of the  
320 state by Title XIX of the Social Security Act, furnished by  
321 Medicaid providers to recipients who are determined to be  
322 eligible on the dates on which the services were provided. Any  
323 service under this section shall be provided only when medically  
324 necessary and in accordance with state and federal law.  
325 Mandatory services rendered by providers in mobile units to

326 Medicaid recipients may be restricted by the agency. Nothing in  
 327 this section shall be construed to prevent or limit the agency  
 328 from adjusting fees, reimbursement rates, lengths of stay,  
 329 number of visits, number of services, or any other adjustments  
 330 necessary to comply with the availability of moneys and any  
 331 limitations or directions provided for in the General  
 332 Appropriations Act or chapter 216.

333 (4) GENDER-AFFIRMING CARE.—

334 (a) Definitions.—As used in this section, the term:

335 1. "Gender identity" means an individual's internal sense  
 336 of that individual's gender, regardless of the sex assigned to  
 337 that individual at birth.

338 2. "Transgender individual" means an individual who  
 339 identifies as a gender different from the sex assigned to that  
 340 individual at birth.

341 (b) Reimbursement.—The agency shall provide reimbursement  
 342 for medically necessary treatment for or related to gender  
 343 dysphoria as defined by the Diagnostic and Statistical Manual of  
 344 Mental Disorders, Fifth Edition, published by the American  
 345 Psychiatric Association or a comparable or equivalent diagnosis.

346 (c) Discrimination prohibited.—The agency may not  
 347 discriminate in its reimbursement of medically necessary  
 348 treatment on the basis of the recipient's gender identity or on  
 349 the basis that the recipient is a transgender individual.

350 Section 12. Subsections (8) and (9) of section 456.001,

351 Florida Statutes, are amended to read:

352 456.001 Definitions.—As used in this chapter, the term:

353 ~~(8) "Sex" means the classification of a person as either~~  
354 ~~male or female based on the organization of the human body of~~  
355 ~~such person for a specific reproductive role, as indicated by~~  
356 ~~the person's sex chromosomes, naturally occurring sex hormones,~~  
357 ~~and internal and external genitalia present at birth.~~

358 ~~(9) (a) "Sex-reassignment prescriptions or procedures"~~  
359 ~~means:~~

360 ~~1. The prescription or administration of puberty blockers~~  
361 ~~for the purpose of attempting to stop or delay normal puberty in~~  
362 ~~order to affirm a person's perception of his or her sex if that~~  
363 ~~perception is inconsistent with the person's sex as defined in~~  
364 ~~subsection (8).~~

365 ~~2. The prescription or administration of hormones or~~  
366 ~~hormone antagonists to affirm a person's perception of his or~~  
367 ~~her sex if that perception is inconsistent with the person's sex~~  
368 ~~as defined in subsection (8).~~

369 ~~3. Any medical procedure, including a surgical procedure,~~  
370 ~~to affirm a person's perception of his or her sex if that~~  
371 ~~perception is inconsistent with the person's sex as defined in~~  
372 ~~subsection (8).~~

373 ~~(b) The term does not include:~~

374 ~~1. Treatment provided by a physician who, in his or her~~  
375 ~~good faith clinical judgment, performs procedures upon or~~

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376 ~~provides therapies to a minor born with a medically verifiable~~  
377 ~~genetic disorder of sexual development, including any of the~~  
378 ~~following:~~

379       ~~a. External biological sex characteristics that are~~  
380 ~~unresolvably ambiguous.~~

381       ~~b. A disorder of sexual development in which the physician~~  
382 ~~has determined through genetic or biochemical testing that the~~  
383 ~~patient does not have a normal sex chromosome structure, sex~~  
384 ~~steroid hormone production, or sex steroid hormone action for a~~  
385 ~~male or female, as applicable.~~

386       ~~2. Prescriptions or procedures to treat an infection, an~~  
387 ~~injury, a disease, or a disorder that has been caused or~~  
388 ~~exacerbated by the performance of any sex-reassignment~~  
389 ~~prescription or procedure, regardless of whether such~~  
390 ~~prescription or procedure was performed in accordance with state~~  
391 ~~or federal law.~~

392       ~~3. Prescriptions or procedures provided to a patient for~~  
393 ~~the treatment of a physical disorder, physical injury, or~~  
394 ~~physical illness that would, as certified by a physician~~  
395 ~~licensed under chapter 458 or chapter 459, place the individual~~  
396 ~~in imminent danger of death or impairment of a major bodily~~  
397 ~~function without the prescription or procedure.~~

398       Section 13. Section 456.52, Florida Statutes, is repealed.

399       Section 14. Section 766.318, Florida Statutes, is  
400 repealed.



401 Section 15. Subsection (1) of section 61.517, Florida  
 402 Statutes, is amended to read:

403 61.517 Temporary emergency jurisdiction.—

404 (1) A court of this state has temporary emergency  
 405 jurisdiction if the child is present in this state and:

406 (a) The child has been abandoned; or

407 (b) It is necessary in an emergency to protect the child  
 408 because the child, or a sibling or parent of the child, is  
 409 subjected to or threatened with mistreatment or abuse; ~~or~~

410 ~~(c) It is necessary in an emergency to protect the child~~  
 411 ~~because the child has been subjected to or is threatened with~~  
 412 ~~being subjected to sex-reassignment prescriptions or procedures,~~  
 413 ~~as defined in s. 456.001.~~

414 Section 16. Subsection (1) of section 61.534, Florida  
 415 Statutes, is amended to read:

416 61.534 Warrant to take physical custody of child.—

417 (1) Upon the filing of a petition seeking enforcement of a  
 418 child custody determination, the petitioner may file a verified  
 419 application for the issuance of a warrant to take physical  
 420 custody of the child if the child is likely to imminently suffer  
 421 serious physical harm or removal from this state. ~~Serious~~  
 422 ~~physical harm includes, but is not limited to, being subjected~~  
 423 ~~to sex-reassignment prescriptions or procedures as defined in s.~~  
 424 ~~456.001.~~

425 Section 17. Paragraph (a) of subsection (1) of section

426 | 409.908, Florida Statutes, is amended to read:

427 |       409.908 Reimbursement of Medicaid providers.—Subject to  
428 | specific appropriations, the agency shall reimburse Medicaid  
429 | providers, in accordance with state and federal law, according  
430 | to methodologies set forth in the rules of the agency and in  
431 | policy manuals and handbooks incorporated by reference therein.  
432 | These methodologies may include fee schedules, reimbursement  
433 | methods based on cost reporting, negotiated fees, competitive  
434 | bidding pursuant to s. 287.057, and other mechanisms the agency  
435 | considers efficient and effective for purchasing services or  
436 | goods on behalf of recipients. If a provider is reimbursed based  
437 | on cost reporting and submits a cost report late and that cost  
438 | report would have been used to set a lower reimbursement rate  
439 | for a rate semester, then the provider's rate for that semester  
440 | shall be retroactively calculated using the new cost report, and  
441 | full payment at the recalculated rate shall be effected  
442 | retroactively. Medicare-granted extensions for filing cost  
443 | reports, if applicable, shall also apply to Medicaid cost  
444 | reports. Payment for Medicaid compensable services made on  
445 | behalf of Medicaid-eligible persons is subject to the  
446 | availability of moneys and any limitations or directions  
447 | provided for in the General Appropriations Act or chapter 216.  
448 | Further, nothing in this section shall be construed to prevent  
449 | or limit the agency from adjusting fees, reimbursement rates,  
450 | lengths of stay, number of visits, or number of services, or

451 making any other adjustments necessary to comply with the  
452 availability of moneys and any limitations or directions  
453 provided for in the General Appropriations Act, provided the  
454 adjustment is consistent with legislative intent.

455 (1) Reimbursement to hospitals licensed under part I of  
456 chapter 395 must be made prospectively or on the basis of  
457 negotiation.

458 (a) Reimbursement for inpatient care is limited as  
459 provided in s. 409.905(6) ~~s. 409.905(5)~~, except as otherwise  
460 provided in this subsection.

461 1. If authorized by the General Appropriations Act, the  
462 agency may modify reimbursement for specific types of services  
463 or diagnoses, recipient ages, and hospital provider types.

464 2. The agency may establish an alternative methodology to  
465 the DRG-based prospective payment system to set reimbursement  
466 rates for:

467 a. State-owned psychiatric hospitals.

468 b. Newborn hearing screening services.

469 c. Transplant services for which the agency has  
470 established a global fee.

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

474 3. The agency shall modify reimbursement according to  
475 other methodologies recognized in the General Appropriations

476 Act.  
 477  
 478 The agency may receive funds from state entities, including, but  
 479 not limited to, the Department of Health, local governments, and  
 480 other local political subdivisions, for the purpose of making  
 481 special exception payments, including federal matching funds,  
 482 through the Medicaid inpatient reimbursement methodologies.  
 483 Funds received for this purpose shall be separately accounted  
 484 for and may not be commingled with other state or local funds in  
 485 any manner. The agency may certify all local governmental funds  
 486 used as state match under Title XIX of the Social Security Act,  
 487 to the extent and in the manner authorized under the General  
 488 Appropriations Act and pursuant to an agreement between the  
 489 agency and the local governmental entity. In order for the  
 490 agency to certify such local governmental funds, a local  
 491 governmental entity must submit a final, executed letter of  
 492 agreement to the agency, which must be received by October 1 of  
 493 each fiscal year and provide the total amount of local  
 494 governmental funds authorized by the entity for that fiscal year  
 495 under this paragraph, paragraph (b), or the General  
 496 Appropriations Act. The local governmental entity shall use a  
 497 certification form prescribed by the agency. At a minimum, the  
 498 certification form must identify the amount being certified and  
 499 describe the relationship between the certifying local  
 500 governmental entity and the local health care provider. The

501 agency shall prepare an annual statement of impact which  
502 documents the specific activities undertaken during the previous  
503 fiscal year pursuant to this paragraph, to be submitted to the  
504 Legislature annually by January 1.

505 Section 18. Subsection (36) of section 409.913, Florida  
506 Statutes, is amended to read:

507 409.913 Oversight of the integrity of the Medicaid  
508 program.—The agency shall operate a program to oversee the  
509 activities of Florida Medicaid recipients, and providers and  
510 their representatives, to ensure that fraudulent and abusive  
511 behavior and neglect of recipients occur to the minimum extent  
512 possible, and to recover overpayments and impose sanctions as  
513 appropriate. Each January 15, the agency and the Medicaid Fraud  
514 Control Unit of the Department of Legal Affairs shall submit a  
515 report to the Legislature documenting the effectiveness of the  
516 state's efforts to control Medicaid fraud and abuse and to  
517 recover Medicaid overpayments during the previous fiscal year.  
518 The report must describe the number of cases opened and  
519 investigated each year; the sources of the cases opened; the  
520 disposition of the cases closed each year; the amount of  
521 overpayments alleged in preliminary and final audit letters; the  
522 number and amount of fines or penalties imposed; any reductions  
523 in overpayment amounts negotiated in settlement agreements or by  
524 other means; the amount of final agency determinations of  
525 overpayments; the amount deducted from federal claiming as a

526 result of overpayments; the amount of overpayments recovered  
527 each year; the amount of cost of investigation recovered each  
528 year; the average length of time to collect from the time the  
529 case was opened until the overpayment is paid in full; the  
530 amount determined as uncollectible and the portion of the  
531 uncollectible amount subsequently reclaimed from the Federal  
532 Government; the number of providers, by type, that are  
533 terminated from participation in the Medicaid program as a  
534 result of fraud and abuse; and all costs associated with  
535 discovering and prosecuting cases of Medicaid overpayments and  
536 making recoveries in such cases. The report must also document  
537 actions taken to prevent overpayments and the number of  
538 providers prevented from enrolling in or reenrolling in the  
539 Medicaid program as a result of documented Medicaid fraud and  
540 abuse and must include policy recommendations necessary to  
541 prevent or recover overpayments and changes necessary to prevent  
542 and detect Medicaid fraud. All policy recommendations in the  
543 report must include a detailed fiscal analysis, including, but  
544 not limited to, implementation costs, estimated savings to the  
545 Medicaid program, and the return on investment. The agency must  
546 submit the policy recommendations and fiscal analyses in the  
547 report to the appropriate estimating conference, pursuant to s.  
548 216.137, by February 15 of each year. The agency and the  
549 Medicaid Fraud Control Unit of the Department of Legal Affairs  
550 each must include detailed unit-specific performance standards,

551 benchmarks, and metrics in the report, including projected cost  
 552 savings to the state Medicaid program during the following  
 553 fiscal year.

554 (36) The agency may provide to a sample of Medicaid  
 555 recipients or their representatives through the distribution of  
 556 explanations of benefits information about services reimbursed  
 557 by the Medicaid program for goods and services to such  
 558 recipients, including information on how to report inappropriate  
 559 or incorrect billing to the agency or other law enforcement  
 560 entities for review or investigation, information on how to  
 561 report criminal Medicaid fraud to the Medicaid Fraud Control  
 562 Unit's toll-free hotline number, and information about the  
 563 rewards available under s. 409.9203. The explanation of benefits  
 564 may not be mailed for Medicaid independent laboratory services  
 565 as described in s. 409.905(8) ~~s. 409.905(7)~~ or for Medicaid  
 566 certified match services as described in ss. 409.9071 and  
 567 1011.70.

568 Section 19. Paragraph (c) of subsection (5) of section  
 569 456.074, Florida Statutes, is amended to read:

570 456.074 Certain health care practitioners; immediate  
 571 suspension of license.—

572 (5) The department shall issue an emergency order  
 573 suspending the license of any health care practitioner who is  
 574 arrested for committing or attempting, soliciting, or conspiring  
 575 to commit any act that would constitute a violation of any of

576 | the following criminal offenses in this state or similar  
 577 | offenses in another jurisdiction:

578 |       ~~(c) Section 456.52(5)(b), relating to prescribing,~~  
 579 | ~~administering, or performing sex-reassignment prescriptions or~~  
 580 | ~~procedures for a patient younger than 18 years of age.~~

581 |       Section 20. Section 636.0145, Florida Statutes, is amended  
 582 | to read:

583 |       636.0145 Certain entities contracting with Medicaid.—An  
 584 | entity that is providing comprehensive inpatient and outpatient  
 585 | mental health care services to certain Medicaid recipients in  
 586 | Hillsborough, Highlands, Hardee, Manatee, and Polk Counties  
 587 | through a capitated, prepaid arrangement pursuant to the federal  
 588 | waiver provided for in s. 409.905(6) ~~s. 409.905(5)~~ must become  
 589 | licensed under this chapter by December 31, 1998. Any entity  
 590 | licensed under this chapter which provides services solely to  
 591 | Medicaid recipients under a contract with Medicaid is exempt  
 592 | from ss. 636.017, 636.018, 636.022, 636.028, 636.034, and  
 593 | 636.066(1).

594 |       Section 21. This act shall take effect July 1, 2024.