

1 A bill to be entitled

2 An act relating to Medicaid coverage for behavioral
3 health interventions; creating s. 409.90205, F.S.;
4 providing definitions; requiring the Agency for Health
5 Care Administration, in conjunction with the
6 Department of Health, to create the Emergency Room
7 Utilization Mitigation Behavioral Health Intervention
8 Pilot Program to provide Medicaid coverage for
9 purchases and deliveries of prescribed healthful foods
10 and certain counseling, therapy, and education to
11 reduce emergency room visits; providing requirements
12 for the pilot program; requiring the agency, in
13 conjunction with the department, to seek federal
14 approval and waivers for the pilot program; requiring
15 federal waiver applications to seek matching funds;
16 providing a source of funding for the pilot program;
17 providing duties of the agency, in conjunction with
18 the department; requiring allocation of a portion of
19 the pilot program implementation budget to a specified
20 organization for the establishment of a specified
21 center; providing the center's name; providing
22 operation requirements for the center; providing
23 reporting requirements; requiring referrals of program
24 patients to certain federal and federally funded
25 programs; requiring the agency to accept certain

26 entities as essential statewide Medicaid providers
 27 under the pilot program; providing payment
 28 requirements; requiring evaluations of the pilot
 29 program; requiring the agency, in conjunction with the
 30 department, to adopt rules; providing requirements for
 31 the rules; providing an effective date.

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

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35 Section 1. Section 409.90205, Florida Statutes, is created
 36 to read:

37 409.90205 Emergency Room Utilization Mitigation Behavioral
 38 Health Intervention Pilot Program; Medicaid coverage for
 39 behavioral health interventions; federal approval and waivers;
 40 Florida Health and Nutrition Center of Excellence.-

41 (1) As used in this section, the term:

42 (a) "Center," unless the context clearly indicates
 43 otherwise, means the Florida Health and Nutrition Center of
 44 Excellence established in this section.

45 (b) "Health care provider" means a physician licensed
 46 under chapter 458 or chapter 459, clinic or hospital staff
 47 member, licensed clinical social worker, registered dietitian,
 48 registered dietitian/nutritionist, or health plan.

49 (c) "Medically tailored groceries" means a medical
 50 nutrition program in a protocol standard selected, reviewed, and

51 approved by a registered dietitian/nutritionist licensed under
52 s. 468.513 to provide fresh and healthful groceries to a
53 Medicaid recipient for positive health outcomes for a specific
54 diet-related disease or chronic condition.

55 1. The fresh and healthful groceries may be:

56 a. Picked up at a health plan facility, at a clinic, or at
57 an event organized by a community-based organization or by an
58 entity under contract with the program; or

59 b. Delivered to the residence of the Medicaid recipient.

60 2. The medical nutrition program may also include
61 healthful recipes and healthfully prepared ingredients, herbs,
62 spices, and sauces.

63 (d) "Medically tailored meals" means a medical meal plan
64 program that includes fully prepared meals that may be:

65 1. Picked up at a health plan facility, at a clinic, or at
66 an event organized by a community-based organization or by an
67 entity under contract with the program; or

68 2. Delivered to the residence of a Medicaid recipient.

69 (e) "Nutrition education" means a validated course and
70 series of nutrition classes in a 6-month intervention program
71 such as the Expanded Food and Nutrition Education Program, a
72 research-based nutrition education program funded by the United
73 States Department of Agriculture which teaches participants to
74 grocery shop and plan and cook nutritious meals through lessons
75 given by in-language, in-culture paraprofessionals and other

76 educators from the Extension Family and Consumer Sciences
77 programs of the University of Florida Institute of Food and
78 Agricultural Sciences (UF/IFAS), with sites in multiple counties
79 across the state. The term includes surveys before and after
80 classes which measure habit changes and evaluate applications of
81 nutrition education among Florida residents, especially among
82 populations that endure a disproportionate share of food
83 insecurity.

84 (f) "Pilot program" means the Emergency Room Utilization
85 Mitigation Behavioral Health Intervention Pilot Program
86 established in this section.

87 (g) "Produce prescription" means a medical incentive
88 program for a Medicaid recipient to receive or purchase fresh
89 and frozen vegetables and fruit at no cost or low cost using a
90 technology-enabled platform, a coupon, a voucher, a debit card,
91 or other means of storing value at a farm store, a farm packing
92 house, a mobile farmers' market, a community-based organization,
93 a market as defined in s. 414.456(1), or other store. The
94 vegetables and fruit may be distributed through such store,
95 house, market, or organization or delivered to the residence of
96 the Medicaid recipient and must be in a protocol standard
97 selected, reviewed, and approved by a registered
98 dietitian/nutritionist licensed under s. 468.513.

99 (h) "Provider service network" has the same meaning as in
100 s. 409.962.

101 (2) By July 1, 2025, the Agency for Health Care
102 Administration, in conjunction with the Department of Health,
103 shall:

104 (a) Create the Emergency Room Utilization Mitigation
105 Behavioral Health Intervention Pilot Program to provide Medicaid
106 coverage for behavioral health interventions through a
107 prescription by a physician licensed under chapter 458 or
108 chapter 459 or through a referral by a health care provider to
109 Medicaid recipients who are high-need patients or patients with
110 high-cost care or with the highest health care utilization and
111 who have a diet-related disease or chronic condition such as
112 diabetes, coronary artery disease, cancer, obesity, renal
113 disease, celiac disease, asthma, dementia, or autoimmune
114 disease.

115 1. The purpose of the pilot program is to:

116 a. Help Medicaid recipients who are enrolled in the pilot
117 program to effectively control and reverse the disease or
118 condition and prevent complications from the disease or
119 condition.

120 b. Reduce the frequency of visits to the emergency room by
121 the Medicaid recipients enrolled in the pilot program.

122 2. The behavioral health interventions under the pilot
123 program must be for 6 months.

124 a. Such interventions must include:

125 (I) Health counseling by a licensed clinical social worker

126 or certified health coach, medical nutritional therapy by a
127 registered dietitian/nutritionist, and nutrition education in a
128 series of classes.

129 (II) A medically precise nutrition protocol, backed by
130 scientific research, of medically tailored groceries, produce
131 prescriptions, or medically tailored meals fully prepared by a
132 community-based organization or entity under contract with a
133 provider service network.

134 (III) An evaluation to report health outcomes of
135 enrollees, including, but not limited to, biomarkers, nutrition
136 security assessments, and healthy eating and behavior change
137 surveys before and after the behavioral health interventions
138 under the pilot program to evaluate the effectiveness of the
139 interventions.

140 b. Such interventions may include:

141 (I) Functional medicine classes, anatomy of disease
142 classes, cooking classes with weekly menus, gym or exercise
143 classes, shopping lists and grocery store tours, one-on-one and
144 group health coaching for lifestyle change, peer supports for
145 lifestyle and habit change, and community events for connected
146 lives.

147 (II) Technology innovations such as digital curriculum;
148 virtual live or recorded presentations; personalized laboratory
149 tests; personalized supplement regimen with vitamins, nutrients,
150 and at-home laboratory tests; monitoring supplies; and

151 telehealth components.

152 (b) Seek:

153 1. The pilot program's approval by the United States
154 Secretary of Health and Human Services under s. 1115 of the
155 Social Security Act, which gives the secretary the authority to
156 approve, for a 5-year period, experimental, pilot, or
157 demonstration projects that are likely to assist in promoting
158 the objectives of the Medicaid program.

159 2. Any federal waivers necessary for the implementation of
160 the pilot program, including any waivers necessary to obtain
161 federal finances to secure Title XIX matching funds for the
162 pilot program. The federal waiver application shall seek
163 Medicaid matching funds for all general revenues, family
164 contributions, and local contributions.

165 (c) Use the money granted under s. 1115 of the Social
166 Security Act to fund the pilot program.

167 (d) Add Medicaid recipients who are high-need patients or
168 patients with high-cost care or with the highest health care
169 utilization and who have a diet-related disease or chronic
170 condition to the list of enrollees in the pilot program.

171 (e)1. Add behavioral health interventions under the pilot
172 program as an additional requirement in its selection of managed
173 care plans through a single statewide procurement of provider
174 service networks via an invitation to negotiate.

175 2. During the invitation to negotiate contracting phase:

176 a. Require as part of the contract that provider service
177 networks share at least 50 percent of the savings generated by
178 fewer visits to emergency rooms, as a result of the behavioral
179 health interventions under the pilot program, with the health
180 care providers who prescribe or refer patients to behavioral
181 health interventions under the pilot program.

182 b. Add to the list of quality indicators required of
183 provider service networks an emergency room visit mitigation
184 indicator measuring emergency room usage year over year by
185 Medicaid recipients who are high-need patients or patients with
186 high-cost care or with the highest health care utilization and
187 who have a diet-related disease or chronic condition. The agency
188 may refer or enroll Medicaid recipients under the pilot program
189 to provider service networks excelling in emergency room visit
190 mitigation indicator.

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192 Provider service networks, Medicaid providers, or managed care
193 plans failing to meet the emergency room visit mitigation
194 indicator may lose enrollees with a diet-related disease or
195 chronic condition or may be removed from the contract with the
196 agency.

197 (3) By July 1, 2025, the agency, in conjunction with the
198 Department of Health, shall provide to the Florida Health and
199 Nutrition Coalition, a nonprofit corporation and coalition of
200 Food is Medicine stakeholders in the state, a portion of the

201 pilot program implementation budget, not to exceed 15 percent of
202 the overall funds expended for the pilot program, to establish
203 an innovation center, formed after the national best practices
204 of the United States Department of Agriculture Gus Schumacher
205 Nutrition Incentive Program and the National Institutes of
206 Health, to collect data and analyze, iterate, and scale best
207 practices in implementation and operations for the pilot
208 program. The center established by the coalition shall be called
209 the Florida Health and Nutrition Center of Excellence.

210 (a) The Florida Health and Nutrition Coalition shall
211 operate the center as an online, Florida-based research and
212 expertise repository by accumulating data in the following
213 areas:

- 214 1. Research.
- 215 2. Provision of services and activities such as referrals,
216 food sourcing, and logistics.
- 217 3. Community outreach and engagement.
- 218 4. Education and training.
- 219 5. Coverage for services such as billing and fulfillment
220 of patients' needs.
- 221 6. Health disparities.

222 (b) The center, in collaboration with UF/IFAS research
223 evaluators, shall:

- 224 1. Inform behavioral health interventions operators during
225 the pilot program implementation.

226 2. Disseminate findings throughout the state and
 227 nationally through the center's stakeholder network.

228 3. Include in-language and in-culture behavioral health
 229 activities for Florida residents.

230 (c) The center shall report its research literature,
 231 validated pilot program models, operational planning frameworks,
 232 nutrition standards, and strategies and tactics for effective
 233 emergency room visit mitigation through behavior health
 234 interventions to the agency and the Legislature.

235 (4) By July 1, 2025, the agency shall:

236 (a) Require UF/IFAS nutrition education providers to
 237 refer the pilot program enrollees to the federal Supplemental
 238 Nutrition Assistance Program, the Temporary Assistance for Needy
 239 Families Program, and the Special Supplemental Nutrition Program
 240 for Women, Infants, and Children to meet the Centers for
 241 Medicare and Medicaid Services financial directive for Medicaid
 242 waiver for the pilot program.

243 (b) During the invitation to negotiate contracting phase:

244 1. Accept the Florida Health and Nutrition Coalition and
 245 UF/IFAS as essential statewide Medicaid providers under the
 246 pilot program if the coalition and UF/IFAS meet the requirements
 247 of this section and any other requirements deemed necessary by
 248 the agency. Payments to the coalition and UF/IFAS must be equal
 249 to a percentage rate of the pilot program budget.

250 2. Add to the statewide resources and essential providers

251 list:

252 a. The Florida Health and Nutrition Coalition as the
 253 Florida Health and Nutrition Center of Excellence. Payments for
 254 services rendered by the coalition shall be made at the
 255 applicable rate negotiated as of the first day of the contract.

256 b. UF/IFAS as a research evaluator and nutrition education
 257 provider for the pilot program. Payments for services rendered
 258 by UF/IFAS shall be made at the applicable rate negotiated as of
 259 the first day of the contract.

260 (5) Evaluations of the pilot program shall be conducted
 261 and reported to the agency and the Legislature by July 1, 2027,
 262 and July 1, 2030. The evaluations may be conducted by UF/IFAS
 263 research evaluators as a component of the pilot program's
 264 implementation budget. The evaluations must assess fidelity of
 265 the pilot program implementation and overall program
 266 effectiveness, as well as health biomarker outcomes, nutrition
 267 intake, healthy equity, healthy habit adoption, and nutrition
 268 insecurity.

269 (6) By July 1, 2025, the agency, in conjunction with the
 270 Department of Health, shall adopt rules to implement and
 271 administer this section, including, but not limited to, rules
 272 relating to:

273 (a) The quality standard and quantity of the behavioral
 274 health interventions delivered under the pilot program to a
 275 Medicaid recipient having a diet-related disease or chronic

276 condition.

277 (b) The funds allowed per Medicaid recipient for
278 behavioral health interventions under the pilot program.

279 (c) Notification to Medicaid providers and Medicaid
280 recipients of the availability of and requirements for
281 behavioral health interventions under the pilot program.

282 (d) The funds and model for evaluations by UF/IFAS
283 research evaluators.

284 (e) The funds and model for the best practice repository
285 and stakeholder network at the center or effective behavioral
286 health interventions for emergency room visit mitigation.

287 (f) Methodology for reimbursing Medicaid providers for
288 products, events, services, classes, or activities provided
289 under the pilot program.

290 Section 2. This act shall take effect July 1, 2024.