



446004

LEGISLATIVE ACTION

Senate	.	House
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Floor: 2/AD/MR	.	Floor: C
03/08/2024 11:00 AM	.	03/08/2024 12:13 PM
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Senator Collins moved the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Present subsections (4) through (12) of section 95.11, Florida Statutes, are redesignated as subsections (5) through (13), respectively, a new subsection (4) is added to that section, and paragraph (b) of subsection (2), paragraph (n) of subsection (3), paragraphs (f) and (g) of present subsection (5), and present subsection (10) are amended, to read:

95.11 Limitations other than for the recovery of real



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12 property.—Actions other than for recovery of real property shall  
13 be commenced as follows:

14 (2) WITHIN FIVE YEARS.—

15 (b) A legal or equitable action on a contract, obligation,  
16 or liability founded on a written instrument, except for an  
17 action to enforce a claim against a payment bond, which shall be  
18 governed by the applicable provisions of paragraph (6) (e)  
19 ~~paragraph (5) (e)~~, s. 255.05(10), s. 337.18(1), or s.  
20 713.23(1) (e), and except for an action for a deficiency judgment  
21 governed by paragraph (6) (h) ~~paragraph (5) (h)~~.

22 (3) WITHIN FOUR YEARS.—

23 (n) An action for assault, battery, false arrest, malicious  
24 prosecution, malicious interference, false imprisonment, or any  
25 other intentional tort, except as provided in subsections (5),  
26 (6), and (8) ~~subsections (4), (5), and (7)~~.

27 (4) WITHIN THREE YEARS.—An action to collect medical debt  
28 for services rendered by a facility licensed under chapter 395,  
29 provided that the period of limitations shall run from the date  
30 on which the facility refers the medical debt to a third party  
31 for collection.

32 (6) ~~(5)~~ WITHIN ONE YEAR.—

33 (f) Except for actions described in subsection (9) ~~(8)~~, a  
34 petition for extraordinary writ, other than a petition  
35 challenging a criminal conviction, filed by or on behalf of a  
36 prisoner as defined in s. 57.085.

37 (g) Except for actions described in subsection (9) ~~(8)~~, an  
38 action brought by or on behalf of a prisoner, as defined in s.  
39 57.085, relating to the conditions of the prisoner's  
40 confinement.



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41        ~~(11)(10)~~ FOR INTENTIONAL TORTS RESULTING IN DEATH FROM ACTS  
42 DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding paragraph  
43 (5) (e) paragraph (4) (e), an action for wrongful death seeking  
44 damages authorized under s. 768.21 brought against a natural  
45 person for an intentional tort resulting in death from acts  
46 described in s. 782.04 or s. 782.07 may be commenced at any  
47 time. This subsection shall not be construed to require an  
48 arrest, the filing of formal criminal charges, or a conviction  
49 for a violation of s. 782.04 or s. 782.07 as a condition for  
50 filing a civil action.

51        Section 2. Section 222.26, Florida Statutes, is created to  
52 read:

53        222.26 Additional exemptions from legal process concerning  
54 medical debt.—If a debt is owed for medical services provided by  
55 a facility licensed under chapter 395, the following property is  
56 exempt from attachment, garnishment, or other legal process in  
57 an action on such debt:

58        (1) A debtor's interest, not to exceed \$10,000 in value, in  
59 a single motor vehicle as defined in s. 320.01(1).

60        (2) A debtor's interest in personal property, not to exceed  
61 \$10,000 in value, if the debtor does not claim or receive the  
62 benefits of a homestead exemption under s. 4, Art. X of the  
63 State Constitution.

64        Section 3. Present paragraphs (b), (c), and (d) of  
65 subsection (1) of section 395.301, Florida Statutes, are  
66 redesignated as paragraphs (c), (d), and (e) of that subsection,  
67 respectively, present subsection (6) is redesignated as  
68 subsection (8) of that section, a new paragraph (b) is added to  
69 subsection (1), a new subsection (6) and subsection (7) are



70 added to that section, and present paragraph (b) of subsection  
71 (1) is amended, to read:

72 395.301 Price transparency; itemized patient statement or  
73 bill; patient admission status notification.—

74 (1) A facility licensed under this chapter shall provide  
75 timely and accurate financial information and quality of service  
76 measures to patients and prospective patients of the facility,  
77 or to patients' survivors or legal guardians, as appropriate.  
78 Such information shall be provided in accordance with this  
79 section and rules adopted by the agency pursuant to this chapter  
80 and s. 408.05. Licensed facilities operating exclusively as  
81 state facilities are exempt from this subsection.

82 (b) Each licensed facility shall post on its website a  
83 consumer-friendly list of standard charges for at least 300  
84 shoppable health care services, or an Internet-based price  
85 estimator tool meeting federal standards. If a facility provides  
86 fewer than 300 distinct shoppable health care services, it shall  
87 make available on its website the standard charges for each  
88 service it provides. As used in this paragraph, the term:

89 1. "Shoppable health care service" means a service that can  
90 be scheduled by a healthcare consumer in advance. The term  
91 includes, but is not limited to, the services described in s.  
92 627.6387(2)(e) and any services defined in regulations or  
93 guidance issued by the United States Department of Health and  
94 Human Services.

95 2. "Standard charge" has the same meaning as that term is  
96 defined in regulations or guidance issued by the United States  
97 Department of Health and Human Services for purposes of hospital  
98 price transparency.



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99            ~~(c) (b)~~1. ~~Upon request, and~~ Before providing any  
100 nonemergency medical services, each licensed facility shall  
101 provide in writing or by electronic means a good faith estimate  
102 of reasonably anticipated charges by the facility for the  
103 treatment of a the patient's or prospective patient's specific  
104 condition. The facility must provide the estimate to the patient  
105 or prospective patient within 7 business days after the receipt  
106 of the request and is not required to adjust the estimate for  
107 any potential insurance coverage. The facility must provide the  
108 estimate to the patient's health insurer, as defined in s.  
109 627.446(1), and the patient at least 3 business days before the  
110 date such service is to be provided, but no later than 1  
111 business day after the date such service is scheduled or, in the  
112 case of a service scheduled at least 10 business days in  
113 advance, no later than 3 business days after the date the  
114 service is scheduled. The facility must provide the estimate to  
115 the patient no later than 3 business days after the date the  
116 patient requests an estimate. The estimate may be based on the  
117 descriptive service bundles developed by the agency under s.  
118 408.05(3) (c) unless the patient or prospective patient requests  
119 a more personalized and specific estimate that accounts for the  
120 specific condition and characteristics of the patient or  
121 prospective patient. The facility shall inform the patient or  
122 prospective patient that he or she may contact his or her health  
123 insurer or health maintenance organization for additional  
124 information concerning cost-sharing responsibilities.  
125            2. In the estimate, the facility shall provide to the  
126 patient or prospective patient information on the facility's  
127 financial assistance policy, including the application process,



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128 payment plans, and discounts and the facility's charity care  
129 policy and collection procedures.

130 3. The estimate shall clearly identify any facility fees  
131 and, if applicable, include a statement notifying the patient or  
132 prospective patient that a facility fee is included in the  
133 estimate, the purpose of the fee, and that the patient may pay  
134 less for the procedure or service at another facility or in  
135 another health care setting.

136 4. ~~Upon request,~~ The facility shall notify the patient or  
137 prospective patient of any revision to the estimate.

138 5. In the estimate, the facility must notify the patient or  
139 prospective patient that services may be provided in the health  
140 care facility by the facility as well as by other health care  
141 providers that may separately bill the patient, if applicable.

142 6. ~~The facility shall take action to educate the public~~  
143 ~~that such estimates are available upon request.~~

144 7. Failure to timely provide the estimate pursuant to this  
145 paragraph shall result in a daily fine of \$1,000 until the  
146 estimate is provided to the patient or prospective patient and  
147 the health insurer. The total fine per patient estimate may not  
148 exceed \$10,000.

149  
150 ~~The provision of an estimate does not preclude the actual~~  
151 ~~charges from exceeding the estimate.~~

152 (6) Each facility shall establish an internal process for  
153 reviewing and responding to grievances from patients. Such  
154 process must allow a patient to dispute charges that appear on  
155 the patient's itemized statement or bill. The facility shall  
156 prominently post on its website and indicate in bold print on



157 each itemized statement or bill the instructions for initiating  
158 a grievance and the direct contact information required to  
159 initiate the grievance process. The facility must provide an  
160 initial response to a patient grievance within 7 business days  
161 after the patient formally files a grievance disputing all or a  
162 portion of an itemized statement or bill.

163 (7) Each licensed facility shall disclose to a patient, a  
164 prospective patient, or a patient's legal guardian whether a  
165 cost-sharing obligation for a particular covered health care  
166 service or item exceeds the charge that applies to an individual  
167 who pays cash or the cash equivalent for the same health care  
168 service or item in the absence of health insurance coverage.  
169 Failure to provide a disclosure in compliance with this  
170 subsection may result in a fine not to exceed \$500 per incident.

171 Section 4. Section 395.3011, Florida Statutes, is created  
172 to read:

173 395.3011 Billing and collection activities.-

174 (1) As used in this section, the term "extraordinary  
175 collection action" means any of the following actions taken by a  
176 licensed facility against an individual in relation to obtaining  
177 payment of a bill for care covered under the facility's  
178 financial assistance policy:

179 (a) Selling the individual's debt to another party.

180 (b) Reporting adverse information about the individual to  
181 consumer credit reporting agencies or credit bureaus.

182 (c) Deferring, denying, or requiring a payment before  
183 providing medically necessary care because of the individual's  
184 nonpayment of one or more bills for previously provided care  
185 covered under the facility's financial assistance policy.



186 (d) Actions that require a legal or judicial process,  
187 including, but not limited to:

- 188 1. Placing a lien on the individual's property;  
189 2. Foreclosing on the individual's real property;  
190 3. Attaching or seizing the individual's bank account or  
191 any other personal property;  
192 4. Commencing a civil action against the individual;  
193 5. Causing the individual's arrest; or  
194 6. Garnishing the individual's wages.

195 (2) A facility may not engage in an extraordinary  
196 collection action against an individual to obtain payment for  
197 services:

198 (a) Before the facility has made reasonable efforts to  
199 determine whether the individual is eligible for assistance  
200 under its financial assistance policy for the care provided and,  
201 if eligible, before a decision is made by the facility on the  
202 patient's application for such financial assistance.

203 (b) Before the facility has provided the individual with an  
204 itemized statement or bill.

205 (c) During an ongoing grievance process as described in s.  
206 395.301(6) or an ongoing appeal of a claim adjudication.

207 (d) Before billing any applicable insurer and allowing the  
208 insurer to adjudicate a claim.

209 (e) For 30 days after notifying the patient in writing, by  
210 certified mail, or by other traceable delivery method, that a  
211 collection action will commence absent additional action by the  
212 patient.

213 (f) While the individual:

- 214 1. Negotiates in good faith the final amount of a bill for





215 services rendered; or

216 2. Complies with all terms of a payment plan with the  
217 facility.

218 Section 5. Paragraph (b) of subsection (1) of section  
219 624.27, Florida Statutes, is amended to read:

220 624.27 Direct health care agreements; exemption from code.—

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

222 (b) "Health care provider" means a health care provider  
223 licensed under chapter 458, chapter 459, chapter 460, chapter  
224 461, chapter 464, or chapter 466, chapter 490, or chapter 491,  
225 or a health care group practice, who provides health care  
226 services to patients.

227 Section 6. Section 627.446, Florida Statutes, is created to  
228 read:

229 627.446 Advanced explanation of benefits.—

230 (1) As used in this section, the term "health insurer"  
231 means a health insurer issuing individual or group coverage or a  
232 health maintenance organization issuing coverage through an  
233 individual or a group contract.

234 (2) Each health insurer shall prepare an advanced  
235 explanation of benefits upon receiving a patient estimate from a  
236 facility pursuant to s. 395.301(1). The health insurer must  
237 provide the advanced explanation of benefits to the insured no  
238 later than 1 business day after receiving the patient estimate  
239 from the facility or, in the case of a service scheduled at  
240 least 10 business days in advance, no later than 3 business days  
241 after receiving such estimate. The health insurer must provide  
242 an advanced explanation of benefits to the insured no later than  
243 3 business days after the date on which the health insurer



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244 receives a request from the insured.

245 (3) At a minimum, the advanced explanation of benefits must  
246 include detailed coverage and cost-sharing information pursuant  
247 to the No Surprises Act, Title I of Division BB of the  
248 Consolidated Appropriations Act, 2021, Pub. L. No. 116-260.

249 Section 7. Paragraph (b) of subsection (2) and paragraph  
250 (a) of subsection (4) of section 627.6387, Florida Statutes, are  
251 amended to read:

252 627.6387 Shared savings incentive program.—

253 (2) As used in this section, the term:

254 (b) "Health insurer" means an authorized insurer issuing  
255 major medical or other comprehensive coverage through an  
256 individual policy ~~offering health insurance as defined in s.~~  
257 ~~624.603.~~

258 (4) (a) A shared savings incentive offered by a health  
259 insurer in accordance with this section:

260 1. Is not an administrative expense for rate development or  
261 rate filing purposes and shall be counted as a medical expense  
262 for such purposes.

263 2. Does not constitute an unfair method of competition or  
264 an unfair or deceptive act or practice under s. 626.9541 and is  
265 presumed to be appropriate unless credible data clearly  
266 demonstrates otherwise.

267 Section 8. Paragraph (b) of subsection (2) and paragraph  
268 (a) of subsection (4) of section 627.6648, Florida Statutes, are  
269 amended to read:

270 627.6648 Shared savings incentive program.—

271 (2) As used in this section, the term:

272 (b) "Health insurer" means an authorized insurer issuing



273 major medical or other comprehensive coverage through a group  
274 policy offering health insurance as defined in s. 624.603. The  
275 term does not include the state group health insurance program  
276 provided under s. 110.123.

277 (4) (a) A shared savings incentive offered by a health  
278 insurer in accordance with this section:

279 1. Is not an administrative expense for rate development or  
280 rate filing purposes and shall be counted as a medical expense  
281 for such purposes.

282 2. Does not constitute an unfair method of competition or  
283 an unfair or deceptive act or practice under s. 626.9541 and is  
284 presumed to be appropriate unless credible data clearly  
285 demonstrates otherwise.

286 Section 9. Paragraph (b) of subsection (2) and paragraph  
287 (a) of subsection (4) of section 641.31076, Florida Statutes,  
288 are amended to read:

289 641.31076 Shared savings incentive program.—

290 (2) As used in this section, the term:

291 (b) "Health maintenance organization" means an authorized  
292 health maintenance organization issuing major medical or other  
293 comprehensive coverage through individual or group contract ~~has~~  
294 ~~the same meaning as provided in s. 641.19.~~ The term does not  
295 include the state group health insurance program provided under  
296 s. 110.123.

297 (4) A shared savings incentive offered by a health  
298 maintenance organization in accordance with this section:

299 (a) Is not an administrative expense for rate development  
300 or rate filing purposes and shall be counted as a medical  
301 expense for such purposes.



302           Section 10. Paragraphs (a) and (j) of subsection (1) of  
303 section 475.01, Florida Statutes, are amended to read:  
304           475.01 Definitions.—  
305           (1) As used in this part:  
306           (a) "Broker" means a person who, for another, and for a  
307 compensation or valuable consideration directly or indirectly  
308 paid or promised, expressly or impliedly, or with an intent to  
309 collect or receive a compensation or valuable consideration  
310 therefor, appraises, auctions, sells, exchanges, buys, rents, or  
311 offers, attempts or agrees to appraise, auction, or negotiate  
312 the sale, exchange, purchase, or rental of business enterprises  
313 or business opportunities or any real property or any interest  
314 in or concerning the same, including mineral rights or leases,  
315 or who advertises or holds out to the public by any oral or  
316 printed solicitation or representation that she or he is engaged  
317 in the business of appraising, auctioning, buying, selling,  
318 exchanging, leasing, or renting business enterprises or business  
319 opportunities or real property of others or interests therein,  
320 including mineral rights, or who takes any part in the procuring  
321 of sellers, purchasers, lessors, or lessees of business  
322 enterprises or business opportunities or the real property of  
323 another, or leases, or interest therein, including mineral  
324 rights, or who directs or assists in the procuring of prospects  
325 or in the negotiation or closing of any transaction which does,  
326 or is calculated to, result in a sale, exchange, or leasing  
327 thereof, and who receives, expects, or is promised any  
328 compensation or valuable consideration, directly or indirectly  
329 therefor; and all persons who advertise rental property  
330 information or lists. A broker renders a professional service



331 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~  
332 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears  
333 in the definition of the term "broker," it specifically excludes  
334 those appraisal services which must be performed only by a  
335 state-licensed or state-certified appraiser, and those appraisal  
336 services which may be performed by a registered trainee  
337 appraiser as defined in part II. The term "broker" also includes  
338 any person who is a general partner, officer, or director of a  
339 partnership or corporation which acts as a broker. The term  
340 "broker" also includes any person or entity who undertakes to  
341 list or sell one or more timeshare periods per year in one or  
342 more timeshare plans on behalf of any number of persons, except  
343 as provided in ss. 475.011 and 721.20.

344 (j) "Sales associate" means a person who performs any act  
345 specified in the definition of "broker," but who performs such  
346 act under the direction, control, or management of another  
347 person. A sales associate renders a professional service and is  
348 a professional within the meaning of s. 95.11(5)(b) ~~s.~~  
349 ~~95.11(4)(b)~~.

350 Section 11. Paragraph (h) of subsection (1) of section  
351 475.611, Florida Statutes, is amended to read:

352 475.611 Definitions.—

353 (1) As used in this part, the term:

354 (h) "Appraiser" means any person who is a registered  
355 trainee real estate appraiser, a licensed real estate appraiser,  
356 or a certified real estate appraiser. An appraiser renders a  
357 professional service and is a professional within the meaning of  
358 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

359 Section 12. Subsection (7) of section 517.191, Florida



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360 Statutes, is amended to read:

361 517.191 Injunction to restrain violations; civil penalties;  
362 enforcement by Attorney General.—

363 (7) Notwithstanding s. 95.11(5) (f) ~~s. 95.11(4) (f)~~, an  
364 enforcement action brought under this section based on a  
365 violation of any provision of this chapter or any rule or order  
366 issued under this chapter shall be brought within 6 years after  
367 the facts giving rise to the cause of action were discovered or  
368 should have been discovered with the exercise of due diligence,  
369 but not more than 8 years after the date such violation  
370 occurred.

371 Section 13. Subsection (14) of section 768.28, Florida  
372 Statutes, is amended to read:

373 768.28 Waiver of sovereign immunity in tort actions;  
374 recovery limits; civil liability for damages caused during a  
375 riot; limitation on attorney fees; statute of limitations;  
376 exclusions; indemnification; risk management programs.—

377 (14) Every claim against the state or one of its agencies  
378 or subdivisions for damages for a negligent or wrongful act or  
379 omission pursuant to this section shall be forever barred unless  
380 the civil action is commenced by filing a complaint in the court  
381 of appropriate jurisdiction within 4 years after such claim  
382 accrues; except that an action for contribution must be  
383 commenced within the limitations provided in s. 768.31(4), and  
384 an action for damages arising from medical malpractice or  
385 wrongful death must be commenced within the limitations for such  
386 actions in s. 95.11(5) ~~s. 95.11(4)~~.

387 Section 14. Subsection (4) of section 787.061, Florida  
388 Statutes, is amended to read:



389 787.061 Civil actions by victims of human trafficking.—

390 (4) STATUTE OF LIMITATIONS.—The statute of limitations as  
391 specified in s. 95.11(8) or (10) ~~s. 95.11(7) or (9)~~, as  
392 applicable, governs an action brought under this section.

393 Section 15. The requirements of s. 395.301(1)(b), Florida  
394 Statutes, as created by this act, relating to shoppable health  
395 care services, do not apply to ambulatory surgical centers as  
396 defined in s. 395.002, Florida Statutes, until January 1, 2026.

397 Section 16. The changes made by this act to s. 395.301,  
398 Florida Statutes, relating to good faith estimates, are not  
399 effective until the United States Department of Health and Human  
400 Services, the United States Department of Labor, and the United  
401 States Department of the Treasury issue a final rule pertaining  
402 to good faith estimates required by section 2799B-6 of the  
403 Public Health Services Act. The Agency for Health Care  
404 Administration shall notify the Division of Law Revision upon  
405 the promulgation of the final rule.

406 Section 17. The changes made by this act to s. 627.446,  
407 Florida Statutes, relating to advanced explanation of benefits,  
408 are not effective until the United States Department of Health  
409 and Human Services, the United States Department of Labor, and  
410 the United States Department of the Treasury issue final rules  
411 pertaining to advanced explanation of benefits required by  
412 section 2799A-1(f) of the Public Health Services and good faith  
413 estimates required by section 2799B-6 of the Public Health  
414 Services Act. The Office of Insurance Regulation shall notify  
415 the Division of Law Revision upon the promulgation of the final  
416 rule pertaining to advanced explanation of benefits.

417 Section 18. Present subsections (3) and (4) of section



418 409.016, Florida Statutes, are redesignated as subsections (4)  
419 and (5), respectively, and a new subsection (3) is added to that  
420 section, to read:

421 409.016 Definitions.—As used in this chapter:

422 (3) “Management functions” means:

423 (a) Planning, directing, organizing, coordinating, and  
424 carrying out oversight duties of the lead agency; or

425 (b) Contracting for officer or director level staffing in  
426 performance of the planning, directing, organizing,  
427 coordinating, and carrying out of oversight duties of the lead  
428 agency.

429 Section 19. Subsections (3) and (4) and paragraphs (a) and  
430 (b) of subsection (7) of section 409.987, Florida Statutes, are  
431 amended, and paragraph (g) is added to subsection (7) of that  
432 section, to read:

433 409.987 Lead agency procurement; boards; conflicts of  
434 interest.—

435 (3) Notwithstanding s. 287.057, the department shall use 5-  
436 year contracts with lead agencies. The department may only  
437 extend a contract for a period of 1 to 5 years, in accordance  
438 with s. 287.057, if the lead agency has met performance  
439 expectations within the monitoring evaluation.

440 (4) In order to serve as a lead agency, an entity must:

441 (a) Be organized as a Florida corporation or a governmental  
442 entity.

443 (b) Be governed by a board of directors or a board  
444 committee composed of board members. Board members shall provide  
445 oversight and ensure accountability and transparency for the  
446 system of care. The board of directors shall provide fiduciary





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447 oversight to prevent conflicts of interest, promote  
448 accountability and transparency, and protect state and federal  
449 funding from misuse. The board of directors shall act in  
450 accordance with s. 617.0830. The membership of the board of  
451 directors or board committee must be described in the bylaws or  
452 articles of incorporation of each lead agency, which must  
453 provide that at least 75 percent of the membership of the board  
454 of directors or board committee must be composed ~~consist~~ of  
455 persons residing in this state, and at least 51 percent of the  
456 state residents on the board of directors must reside within the  
457 service area of the lead agency. The lead agency shall ensure  
458 that board members participate in annual training related to  
459 their responsibilities. The department shall set forth minimum  
460 training criteria in the contracts with the lead agencies.  
461 However, for procurements of lead agency contracts initiated on  
462 or after July 1, 2014:

463       1. At least 75 percent of the membership of the board of  
464 directors must be composed ~~consist~~ of persons residing in this  
465 state, and at least 51 percent of the membership of the board of  
466 directors must be composed ~~consist~~ of persons residing within  
467 the service area of the lead agency. If a board committee  
468 governs the lead agency, 100 percent of its membership must be  
469 composed ~~consist~~ of persons residing within the service area of  
470 the lead agency.

471       2. The powers of the board of directors or board committee  
472 include, but are not limited to, approving the lead agency's  
473 budget and setting the lead agency's operational policy and  
474 procedures. A board of directors must additionally have the  
475 power to hire the lead agency's executive director, unless a



476 board committee governs the lead agency, in which case the board  
477 committee must have the power to confirm the selection of the  
478 lead agency's executive director.

479 (c) Demonstrate financial responsibility through an  
480 organized plan for regular fiscal audits; ~~and~~ the posting of a  
481 performance bond; and the posting of a fidelity bond to cover  
482 any costs associated with procurement and the assessed  
483 penalties related to a failure to disclose a conflict of  
484 interest under subsection (7).

485 (7) (a) As used in this subsection, the term:

486 1. "Activity" includes, but is not limited to, a contract  
487 for goods and services, a contract for the purchase of any real  
488 or tangible property, or an agreement to engage with a lead  
489 agency for the benefit of a third party in exchange for an  
490 interest in real or tangible property, a monetary benefit, or an  
491 in-kind contribution.

492 2. "Conflict of interest" means when a board member, a  
493 director, or an officer, or a relative of a board member, a  
494 director, or an officer, of a lead agency does any of the  
495 following:

496 a. Enters into a contract or other transaction for goods or  
497 services with the lead agency.

498 b. Holds a direct or indirect interest in a corporation,  
499 limited liability corporation, partnership, limited liability  
500 partnership, or other business entity that conducts business  
501 with the lead agency or proposes to enter into a contract or  
502 other transaction with the lead agency. For purposes of this  
503 paragraph, the term "indirect interest" has the same meaning as  
504 in s. 112.312.



505 c. Knowingly obtains a direct or indirect personal,  
506 financial, professional, or other benefit as a result of the  
507 relationship of such board member, director, or officer, or  
508 relative of the board member, director, or officer, with the  
509 lead agency. For purposes of this paragraph, the term "benefit"  
510 does not include per diem and travel expenses paid or reimbursed  
511 to board members or officers of the lead agency in connection  
512 with their service on the board.

513 3. "Related party" means any entity of which a director or  
514 an officer of the entity is also directly or indirectly related  
515 to, or has a direct or indirect financial or other material  
516 interest in, the lead agency. The term also includes any  
517 subsidiary firm, parent entity, associate firm, or joint  
518 venture. Lead agencies that hold more than one lead agency  
519 contract with the department may request an exemption from the  
520 department for specific related party requirements.

521 ~~4.3.~~ "Relative" means a relative within the third degree of  
522 consanguinity by blood or marriage.

523 (b)1. For any activity that is presented to the board of a  
524 lead agency for its initial consideration and approval ~~after~~  
525 ~~July 1, 2021~~, or any activity that involves a contract that is  
526 being considered for renewal ~~on or after July 1, 2021, but~~  
527 ~~before January 1, 2022~~, a board member, a director, or an  
528 officer of a lead agency shall disclose to the board any  
529 activity that may reasonably be construed to be a conflict of  
530 interest before such activity is initially considered and  
531 approved or a contract is renewed by the board. A rebuttable  
532 presumption of a conflict of interest exists if the activity was  
533 acted on by the board without prior notice as required under



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534 paragraph (c). The board shall disclose any known actual or  
535 potential conflicts to the department.

536 2. A lead agency may not enter into a contract or be a  
537 party to any transaction with related parties if a conflict of  
538 interest is not properly disclosed. A lead agency may not enter  
539 into a contract with a related party for officer-level or  
540 director-level staffing to perform management functions. The  
541 contract with the department and lead agency must specify the  
542 administrative functions that the lead agency may subcontract  
543 ~~For contracts with a lead agency which are in existence on July~~  
544 ~~1, 2021, and are not subject to renewal before January 1, 2022,~~  
545 ~~a board member or an officer of the lead agency shall disclose~~  
546 ~~to the board any activity that may reasonably be construed to be~~  
547 ~~a conflict of interest under this section by December 31, 2021.~~

548 3. Subject to the requirements of subparagraph 2., a lead  
549 agency may enter into a contract or be a party to any  
550 transaction with related parties as long as the fee, rate, or  
551 price paid by the lead agency for the commodities or services  
552 being procured does not exceed the fair market value for such  
553 commodities or services. The lead agency shall disclose any  
554 known actual or potential conflicts to the department.

555 (g)1. All department contracts with lead agencies must  
556 contain the following contractual penalty provisions:

557 a. Penalties in the amount of \$5,000 per occurrence must be  
558 imposed for each known and potential conflict of interest, as  
559 described in paragraph (b), which is not disclosed to the  
560 department.

561 b. If a contract is executed for which a conflict of  
562 interest was not disclosed to the department before execution of



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563 the contract, the following penalties apply:

564 (I) A penalty in the amount of \$20,000 for a first offense.

565 (II) A penalty in the amount of \$30,000 for a second or  
566 subsequent offense.

567 (III) Removal of the board member who did not disclose a  
568 known conflict of interest.

569 2. The penalties for failure to disclose a conflict of  
570 interest under sub-subparagraphs 1.a. and 1.b. apply to any  
571 contract entered into, regardless of the method of procurement,  
572 including, but not limited to, formal procurement, single-source  
573 contracts, and contracts that do not meet the minimum threshold  
574 for formal procurement.

575 3. A contract procured for which a conflict of interest was  
576 not disclosed to the department before execution of the contract  
577 must be reprocured. The department shall recoup from the lead  
578 agency expenses related to a contract that was executed without  
579 disclosure of a conflict of interest.

580 Section 20. Paragraphs (c), (j), and (k) of subsection (1)  
581 of section 409.988, Florida Statutes, are amended to read:

582 409.988 Community-based care lead agency duties; general  
583 provisions.—

584 (1) DUTIES.—A lead agency:

585 (c) Shall follow the financial guidelines developed by the  
586 department and shall comply with regular, independent auditing  
587 of its financial activities, including any requests for records  
588 associated with such financial audits within the timeframe  
589 established by the department or its contracted vendors provide  
590 for a regular independent auditing of its financial activities.  
591 The results of the financial audit must ~~Such financial~~



592 ~~information shall~~ be provided to the community alliance  
593 established under s. 20.19(5).

594 (j)1. May subcontract for the provision of services,  
595 excluding subcontracts with a related party for officer-level or  
596 director-level staffing to perform management functions,  
597 required by the contract with the lead agency and the  
598 department; however, the subcontracts must specify how the  
599 provider will contribute to the lead agency meeting the  
600 performance standards established pursuant to the child welfare  
601 results-oriented accountability system required by s. 409.997.  
602 Any contract with an unrelated entity for officer-level or  
603 director-level staffing to perform management functions must  
604 adhere to the executive compensation provision in s. 409.992(3).

605 2. ~~The lead agency~~ Shall directly provide no more than 35  
606 percent of all child welfare services provided unless it can  
607 demonstrate a need, within the lead agency's geographic service  
608 area, where there is a lack of qualified providers available to  
609 perform necessary services. The approval period for an exemption  
610 to exceed the 35 percent threshold is limited to 2 years ~~to~~  
611 exceed this threshold. To receive approval, the lead agency must  
612 create and submit to the department through the lead agency's  
613 local community alliance a detailed report of all efforts to  
614 recruit a qualified provider to perform the necessary services  
615 in that geographic service area. The local community alliance in  
616 the geographic service area in which the lead agency is seeking  
617 to exceed the threshold shall review the lead agency's  
618 justification for need and recommend to the department whether  
619 the department should approve or deny the lead agency's request  
620 for an exemption from the services threshold. If there is not a



621 community alliance operating in the geographic service area in  
622 which the lead agency is seeking to exceed the threshold, such  
623 review and recommendation shall be made by representatives of  
624 local stakeholders, including at least one representative from  
625 each of the following:

- 626 ~~a.1.~~ The department.
- 627 ~~b.2.~~ The county government.
- 628 ~~c.3.~~ The school district.
- 629 ~~d.4.~~ The county United Way.
- 630 ~~e.5.~~ The county sheriff's office.
- 631 ~~f.6.~~ The circuit court corresponding to the county.
- 632 ~~g.7.~~ The county children's board, if one exists.

633  
634 The lead agency may request a renewal of the exemption allowing  
635 the lead agency to directly provide child welfare services by  
636 following the process outlined in this subparagraph. The  
637 approval period for an exemption renewal is limited to 2 years.  
638 If, after the expiration of the exemption, the department  
639 determines the lead agency is not making a good faith effort to  
640 recruit a qualified provider, the department may deny the  
641 renewal request and require reprocurement.

642 3. Upon approving any exemption that allows a lead agency  
643 to directly provide more than 40 percent of all child welfare  
644 services provided, the department shall require the lead agency  
645 to undergo an operational audit by the Auditor General to  
646 examine the lead agency's procurement of and financial  
647 arrangements for providing such services. The audit shall, at a  
648 minimum, examine the costs incurred and any payments made by the  
649 lead agency to itself for services directly provided by the lead



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650 agency compared to any procurement solicitations by the lead  
651 agency, and assess the adequacy of the efforts to obtain  
652 services from subcontractors and the resulting cost and cost-  
653 effectiveness of the services provided directly by the lead  
654 agency. The Auditor General shall conduct such audits upon  
655 notification by the department.

656 (k) Shall publish on its website by the 15th day of each  
657 month at a minimum the data specified in subparagraphs 1.-10.  
658 ~~subparagraphs 1.-5.~~, calculated using a standard methodology  
659 determined by the department, for the preceding calendar month  
660 regarding its case management services. The following  
661 information shall be reported by each individual subcontracted  
662 case management provider, by the lead agency, if the lead agency  
663 provides case management services, and in total for all case  
664 management services subcontracted or directly provided by the  
665 lead agency:

- 666 1. The average caseload of case managers, including only  
667 filled positions;
- 668 2. The total number and percentage of case managers who  
669 have 25 or more cases on their caseloads;
- 670 3. The turnover rate for case managers and case management  
671 supervisors for the previous 12 months;
- 672 4. The percentage of required home visits completed; ~~and~~
- 673 5. Performance on outcome measures required pursuant to s.  
674 409.997 for the previous 12 months; ~~-~~
- 675 6. The number of unlicensed placements for the previous  
676 month;
- 677 7. The percentages and trends for foster parent and group  
678 home recruitment and licensure for the previous month;





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679           8. The percentage of families being served through family  
680 support services, in-home services, and out-of-home services for  
681 the previous month;

682           9. The percentage of cases that were converted from  
683 nonjudicial to judicial for the previous month; and

684           10. Children's legal service staffing rates.

685           Section 21. Section 409.991, Florida Statutes, is repealed.

686           Section 22. Section 409.9913, Florida Statutes, is created  
687 to read:

688           409.9913 Funding methodology to allocate funding to lead  
689 agencies.—

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

691           (a) "Core services funding" means all funds allocated to  
692 lead agencies. The term does not include any of the following:

693           1. Funds appropriated for independent living services.

694           2. Funds appropriated for maintenance adoption subsidies.

695           3. Funds allocated by the department for child protective  
696 investigation service training.

697           4. Nonrecurring funds.

698           5. Designated mental health wrap-around service funds.

699           6. Funds for special projects for a designated lead agency.

700           7. Funds appropriated for the Guardianship Assistance  
701 Program established under s. 39.6225.

702           (b) "Operational and fixed costs" means:

703           1. Administrative expenditures, including, but not limited  
704 to, information technology and human resources functions.

705           2. Lease payments.

706           3. Asset depreciation.

707           4. Utilities.



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708           5. Administrative components of case management.  
709           6. Mandated activities such as training, quality  
710 improvement, or contract management.  
711           (2) The department shall develop, in collaboration with  
712 lead agencies and providers of child welfare services, a funding  
713 methodology for allocating core services funding to lead  
714 agencies which, at a minimum:  
715           (a) Is actuarially sound.  
716           (b) Is reimbursement-based.  
717           (c) Is designed to incentivize efficient and effective lead  
718 agency operation, prevention, family preservation, and  
719 permanency.  
720           (d) Considers variable costs, including, but not limited  
721 to:  
722           1. Direct costs for in-home and out-of-home care for  
723 children served by the lead agencies.  
724           2. Direct costs for prevention services.  
725           3. Operational and fixed costs.  
726           (e) Is scaled regionally for cost-of-living factors.  
727           (3) The lead agencies and providers shall submit any  
728 detailed cost and expenditure data that the department requests  
729 for the development of the funding methodology.  
730           (4) The department shall submit a report to the Governor,  
731 the President of the Senate, and the Speaker of the House of  
732 Representatives by December 1, 2024, which, at a minimum:  
733           (a) Describes a proposed funding methodology and formula  
734 that will provide for the annual budget of each lead agency,  
735 including, but not limited to, how the proposed methodology will  
736 meet the criteria specified in subsection (2).



737 (b) Describes the data used to develop the methodology and  
738 the data that will be used to annually calculate the proposed  
739 lead agency budget.

740 (c) Specifies proposed rates and total allocations for each  
741 lead agency. The allocations must ensure that the total of all  
742 amounts allocated to lead agencies under the funding methodology  
743 does not exceed the total amount appropriated to lead agencies  
744 in the 2024-2025 General Appropriations Act.

745 (d) Provides risk mitigation recommendations that ensure  
746 that lead agencies do not experience a reduction in funding that  
747 would be detrimental to operations or result in a reduction in  
748 services to children.

749 (5) By October 31, 2025, and each October 31 thereafter,  
750 the department shall submit a report to the Governor, the  
751 President of the Senate, and the Speaker of the House of  
752 Representatives which includes recommendations for adjustments  
753 to the funding methodology for the next fiscal year, calculated  
754 using the criteria in subsection (2). Such recommendations must,  
755 at a minimum, be based on updated expenditure data, cost-of-  
756 living adjustments, market dynamics, or other catchment area  
757 variations. The total of all amounts proposed for allocation to  
758 lead agencies under the funding methodology for the subsequent  
759 fiscal year may not exceed the total amount appropriated in the  
760 General Appropriations Act for core services funding in the  
761 present fiscal year. The funding methodology must include risk  
762 mitigation strategies that ensure that lead agencies do not  
763 experience a reduction in funding that would be detrimental to  
764 operations or result in a reduction in services to children.

765 (6) (a) The requirements of this section do not replace, and



766 are in addition to, any requirements of chapter 216, including,  
767 but not limited to, submission of final legislative budget  
768 requests by the department under s. 216.023.

769 (b) The data and reports required under subsections (4) and  
770 (5) may also include proposed rates and total allocations for  
771 each lead agency which reflect any additional core services  
772 funding for lead agencies which is requested by the department  
773 under s. 216.023.

774 (7) (a) Beginning with the 2025-2026 fiscal year, the  
775 Legislature shall allocate funding to lead agencies through the  
776 General Appropriations Act with due consideration of the funding  
777 methodology developed under this section.

778 (b) The department may not change the allocation of funds  
779 to a lead agency as provided in the General Appropriations Act  
780 without legislative approval. The department may approve  
781 additional risk pool funding for a lead agency as provided under  
782 s. 409.990.

783 (8) The department shall provide to the Governor, the  
784 President of the Senate, and the Speaker of the House of  
785 Representatives monthly reports from July through October 2024  
786 which provide updates on activities and progress in developing  
787 the funding methodology.

788 Section 23. Subsections (1) and (3) of section 409.992,  
789 Florida Statutes, are amended to read:

790 409.992 Lead agency expenditures.—

791 (1) The procurement of commodities or contractual services  
792 by lead agencies is ~~shall be~~ governed by the financial  
793 guidelines developed by the department and must comply with  
794 applicable state and federal law and follow good business



795 practices. Pursuant to s. 11.45, the Auditor General may provide  
796 technical advice in the development of the financial guidelines.

797 (a)1. Lead agencies shall competitively procure all  
798 contracts, consistent with the federal simplified acquisition  
799 threshold.

800 2. Lead agencies shall competitively procure all contracts  
801 in excess of \$35,000 with related parties.

802 3. Financial penalties or sanctions, as established by the  
803 department and incorporated into the contract, must be imposed  
804 by the department for noncompliance with applicable local,  
805 state, or federal law for the procurement of commodities or  
806 contractual services.

807 (b) The contract between the department and the lead agency  
808 must delineate the rights and obligations of the lead agency  
809 concerning the acquisition, transfer, or other disposition of  
810 real property. At a minimum, the contract must:

811 1. Require the lead agency to follow all federal law on the  
812 acquisition, improvement, transfer, or disposition of real  
813 property acquired by the lead agency using federal dollars.

814 2. Beginning July 1, 2024, require the department to  
815 approve any sale, transfer, or disposition of real property  
816 acquired and held by the lead agency using state funds.

817 (3) Notwithstanding any other provision of law, a  
818 community-based care lead agency administrative employee may not  
819 receive a salary, whether base pay or base pay combined with any  
820 bonus or incentive payments, in excess of 150 percent of the  
821 annual salary paid to the secretary of the Department of  
822 Children and Families from state-appropriated funds, including  
823 state-appropriated federal funds. This limitation applies



824 regardless of the number of contracts a community-based care  
825 lead agency may execute with the department. This subsection  
826 does not prohibit any party from providing cash that is not from  
827 appropriated state funds to a community-based care lead agency  
828 administrative employee.

829 Section 24. Paragraph (d) of subsection (1) of section  
830 409.994, Florida Statutes, is amended to read:

831 409.994 Community-based care lead agencies; receivership.-

832 (1) The Department of Children and Families may petition a  
833 court of competent jurisdiction for the appointment of a  
834 receiver for a community-based care lead agency established  
835 pursuant to s. 409.987 if any of the following conditions exist:

836 (d) The lead agency cannot meet, or is unlikely to meet,  
837 its current financial obligations to its employees, contractors,  
838 or foster parents. Issuance of bad checks or the existence of  
839 delinquent obligations for payment of salaries, utilities, or  
840 invoices for essential services or commodities constitutes ~~shall~~  
841 ~~constitute~~ prima facie evidence that the lead agency lacks the  
842 financial ability to meet its financial obligations.

843 Section 25. Paragraph (d) of subsection (1) of section  
844 409.996, Florida Statutes, is amended to read:

845 409.996 Duties of the Department of Children and Families.-

846 The department shall contract for the delivery, administration,  
847 or management of care for children in the child protection and  
848 child welfare system. In doing so, the department retains  
849 responsibility for the quality of contracted services and  
850 programs and shall ensure that, at a minimum, services are  
851 delivered in accordance with applicable federal and state  
852 statutes and regulations and the performance standards and



853 metrics specified in the strategic plan created under s.  
854 20.19(1).

855 (1) The department shall enter into contracts with lead  
856 agencies for the performance of the duties by the lead agencies  
857 established in s. 409.988. At a minimum, the contracts must do  
858 all of the following:

859 (d) Provide for contractual actions ~~tiered interventions~~  
860 ~~and graduated penalties~~ for failure to comply with contract  
861 terms or in the event of performance deficiencies, as determined  
862 appropriate by the department.

863 1. Such contractual actions must ~~interventions and~~  
864 ~~penalties shall~~ include, but are not limited to:

865 a.1. Enhanced monitoring and reporting.

866 b.2. Corrective action plans.

867 c.3. Requirements to accept technical assistance and  
868 consultation from the department under subsection (6).

869 d.4. Financial penalties, as a matter of contract. The  
870 financial penalties assessed by the department on the lead  
871 agency revert to the state ~~which shall require a lead agency to~~  
872 ~~reallocate funds from administrative costs to direct care for~~  
873 ~~children.~~

874 e.5. Early termination of contracts, as provided in s.  
875 402.7305(3)(f) ~~s. 402.1705(3)(f).~~

876 2. No later than January 1, 2025, the department shall  
877 ensure that each lead agency contract executed includes a list  
878 of financial penalties for failure to comply with contractual  
879 requirements.

880 Section 26. By September 30, 2024, and February 1, 2025,  
881 respectively, the Department of Children and Families shall



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882 submit a report to the Governor, the President of the Senate,  
883 and the Speaker of the House of Representatives on rules and  
884 policies adopted and other actions taken to implement this act.

885 Section 27. There is established the Future of Child  
886 Protection Contracting and Funding Workgroup within the  
887 Department of Children and Families. The department shall  
888 convene the workgroup and is responsible for producing and  
889 submitting a report of the workgroup's findings and  
890 recommendations to the Governor, the President of the Senate,  
891 and the Speaker of the House of Representatives by October 15,  
892 2025.

893 (1) (a) The Secretary of Children and Families, or his or  
894 her designee, shall chair the workgroup and shall invite the  
895 following persons to participate as members of the workgroup:

896 1. The Secretary of Health Care Administration, or his or  
897 her designee.

898 2. The Secretary of Management Services, or his or her  
899 designee.

900 (b) The Secretary of Children and Families, or his or her  
901 designee, shall appoint the following individuals as members of  
902 the workgroup:

903 1. An employee of a community-based care lead agency with  
904 executive-level experience.

905 2. A current contractor for lead agency child protection  
906 services.

907 3. Two representatives of a direct provider of child  
908 protection or child welfare services.

909 4. A member of the Family Law Section of The Florida Bar or  
910 a member of the court exercising jurisdiction over family law





- 911 matters.
- 912 5. A representative of a for-profit managed care entity.
- 913 6. A representative from the Florida Institute for Child
- 914 Welfare.
- 915 7. Any additional members the department deems appropriate.
- 916 (2) The report submitted by the department must, at a
- 917 minimum:
- 918 (a) Examine the current contracting methods for the
- 919 provision of all foster care and related services.
- 920 (b) Consider the unique regional needs of children and
- 921 families at risk of abuse and neglect.
- 922 (c) Identify current barriers to implementing federally
- 923 approved Title IV-E prevention services.
- 924 (d) Recommend changes to existing laws, rules, and policies
- 925 necessary to implement the workgroup's recommendations.
- 926 (3) The workgroup shall terminate immediately after the
- 927 Secretary of Children and Families submits the report to the
- 928 Governor, the President of the Senate, and the Speaker of the
- 929 House of Representatives.

930 Section 28. This act shall take effect July 1, 2024.

931  
932 ===== T I T L E A M E N D M E N T =====

933 And the title is amended as follows:

934 Delete everything before the enacting clause  
935 and insert:

936 A bill to be entitled  
937 An act relating to transparency in health and human  
938 services; amending s. 95.11, F.S.; establishing a 3-  
939 year statute of limitations for an action to collect



940 medical debt for services rendered by a health care  
941 provider or facility; creating s. 222.26, F.S.;  
942 providing additional personal property exemptions from  
943 legal process for medical debts resulting from  
944 services provided in certain licensed facilities;  
945 amending s. 395.301, F.S.; requiring a licensed  
946 facility to post on its website a consumer-friendly  
947 list of standard charges for a minimum number of  
948 shoppable health care services or a price estimator  
949 tool meeting certain requirements; providing  
950 definitions; requiring a licensed facility to provide  
951 an estimate to a patient or prospective patient and  
952 the patient's health insurer within specified  
953 timeframes; requiring a licensed facility to establish  
954 an internal grievance process for patients to dispute  
955 charges; requiring a facility to make available  
956 information necessary for initiating a grievance;  
957 requiring a facility to respond to a patient grievance  
958 within a specified timeframe; requiring a licensed  
959 facility to disclose specified information relating to  
960 cost-sharing obligations to certain persons; providing  
961 a penalty; creating s. 395.3011, F.S.; defining the  
962 term "extraordinary collection action"; prohibiting  
963 certain collection activities by a licensed facility;  
964 amending s. 624.27, F.S.; revising the definition of  
965 the term "health care provider"; creating s. 627.446,  
966 F.S.; defining the term "health insurer"; requiring  
967 each health insurer to provide insureds with an  
968 advanced explanation of benefits within specified



969 timeframes; providing requirements for the advanced  
970 explanation of benefits; amending ss. 627.6387 and  
971 627.6648, F.S.; revising the definition of the term  
972 "health insurer"; providing that a shared savings  
973 incentive offered by a health insurer constitutes a  
974 medical expense for rate development and rate filing  
975 purposes for individual and group health insurance  
976 policies, respectively; amending s. 641.31076, F.S.;  
977 revising the definition of the term "health  
978 maintenance organization"; providing that a shared  
979 savings incentive offered by a health maintenance  
980 organization constitutes a medical expense for rate  
981 development and rate filing purposes for individual or  
982 group health maintenance contracts; amending ss.  
983 475.01, 475.611, 517.191, 768.28, and 787.061, F.S.;  
984 conforming provisions to changes made by the act;  
985 providing applicability; requiring the Agency for  
986 Health Care Administration and the Office of Insurance  
987 Regulation to notify the Division of Law Revision upon  
988 the promulgation of certain federal rules; amending s.  
989 409.016, F.S.; defining the term "management  
990 functions"; amending s. 409.987, F.S.; revising  
991 requirements for contracts the Department of Children  
992 and Families has with community-based care lead  
993 agencies; providing duties for board members of lead  
994 agencies; requiring lead agencies to ensure that board  
995 members participate in certain annual training;  
996 requiring the posting of a fidelity bond; revising the  
997 definition of the term "conflict of interest";



998 defining the term "related party"; requiring the lead  
999 agency's board of directors to disclose to the  
1000 department any known actual or potential conflicts of  
1001 interest; prohibiting a lead agency from entering into  
1002 a contract or being a party to any transaction with  
1003 related parties if a conflict of interest is not  
1004 properly disclosed; prohibiting a lead agency from  
1005 entering into a contract or being a party to any  
1006 transaction with related parties for officer-level or  
1007 director-level staffing to perform management  
1008 functions; requiring that the contract with the  
1009 department and the lead agency specify the  
1010 administrative functions that the lead agency may  
1011 subcontract; authorizing a lead agency to enter into  
1012 certain contracts or be a party to certain  
1013 transactions, provided that a certain requirement for  
1014 fees, rates, and prices paid is met and any conflict  
1015 of interest is properly disclosed; requiring that  
1016 department contracts impose contractual penalties on  
1017 lead agencies for undisclosed conflicts of interest;  
1018 providing applicability; requiring that certain  
1019 contracts be reprocured; authorizing the department to  
1020 recoup lead agency expenses for the execution of  
1021 certain contracts; amending s. 409.988, F.S.; revising  
1022 lead agency duties; specifying requirements for and  
1023 limitations on an exemption for lead agencies from  
1024 certain contract requirements; providing for renewal  
1025 of the exemption; authorizing the department to deny  
1026 an exemption renewal request under certain



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1027 circumstances; requiring such lead agencies to undergo  
1028 an operational audit by the Auditor General;  
1029 specifying requirements for the audit; requiring the  
1030 Auditor General to conduct such audits upon  
1031 notification by the department; repealing s. 409.991,  
1032 F.S., relating to allocation of funds for community-  
1033 based care lead agencies; creating s. 409.9913, F.S.;  
1034 defining the terms "core services funding" and  
1035 "operational and fixed costs"; requiring the  
1036 department, in collaboration with the lead agencies  
1037 and providers of child welfare services, to develop a  
1038 specific funding methodology for the allocation of  
1039 core services which must meet certain criteria;  
1040 requiring the lead agencies and providers of child  
1041 welfare services to submit to the department certain  
1042 financial information; requiring the department to  
1043 submit to the Governor and the Legislature certain  
1044 reports by specified dates; providing construction;  
1045 authorizing the department to include certain rates  
1046 and total allocations in certain reports; requiring  
1047 the Legislature to allocate funding to the lead  
1048 agencies with due consideration of the specified  
1049 funding methodology, beginning with a specified fiscal  
1050 year; prohibiting the department from changing a lead  
1051 agency's allocation of funds provided in the General  
1052 Appropriations Act without legislative approval;  
1053 authorizing the department to approve certain risk  
1054 pool funding for a lead agency; requiring the  
1055 department to submit to the Governor and the



1056 Legislature certain monthly reports for a specified  
1057 period of time; amending s. 409.992, F.S.; revising  
1058 requirements for lead agency practices in the  
1059 procurement of commodities and contractual services;  
1060 requiring the department to impose certain penalties  
1061 for a lead agency's noncompliance with applicable  
1062 procurement law; requiring that the contract between  
1063 the department and the lead agency specify the rights  
1064 and obligations with regard to real property held by  
1065 the lead agency during the term of the contract;  
1066 providing applicability of certain limitations on the  
1067 salaries of community-based care lead agency  
1068 administrative employees; amending s. 409.994, F.S.;  
1069 revising the conditions under which the department may  
1070 petition a court for the appointment of a receiver for  
1071 a community-based care lead agency; amending s.  
1072 409.996, F.S.; revising requirements for contracts  
1073 between the department and lead agencies; revising the  
1074 actions the department may take under certain  
1075 circumstances; making a technical change; providing  
1076 duties of the department; requiring the department, by  
1077 specified dates, to submit certain reports to the  
1078 Governor and the Legislature; establishing the Future  
1079 of Child Protection Contracting and Funding Workgroup  
1080 within the department; requiring the department to  
1081 convene the workgroup and submit a report to the  
1082 Governor and the Legislature by a specified date;  
1083 providing for membership of the workgroup; specifying  
1084 requirements for the report; terminating the workgroup



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upon the submission of the report; providing an  
effective date.