

By Senator Brodeur

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1 A bill to be entitled
2 An act relating to Medicaid oversight; creating s.
3 11.405, F.S.; establishing the Joint Legislative
4 Committee on Medicaid Oversight within the Office of
5 the Auditor General for specified purposes; providing
6 for membership, subcommittees, and meetings of the
7 committee; specifying duties of the committee;
8 requiring the Auditor General and the Agency for
9 Health Care Administration to enter into a data
10 sharing agreement by a specified date; requiring the
11 Auditor General to assist the committee; providing
12 that the committee must be given access to certain
13 records, papers, and documents; authorizing the
14 committee to compel testimony and evidence according
15 to specified provisions; providing for additional
16 powers of the committee; providing that certain joint
17 rules of the Legislature apply to the proceedings of
18 the committee; requiring the agency to notify the
19 committee of certain changes and provide a report of
20 specified information to the committee; requiring the
21 agency to submit a copy of certain reports to the
22 committee; providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

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26 Section 1. Section 11.405, Florida Statutes, is created to
27 read:

28 11.405 Joint Legislative Committee on Medicaid Oversight.-
29 The Joint Legislative Committee on Medicaid Oversight is created

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30 within the Office of the Auditor General established under s.
31 11.42 to ensure that the state Medicaid program is operating in
32 accordance with the Legislature's intent and to promote
33 transparency and efficiency in government spending.

34 (1) MEMBERSHIP; SUBCOMMITTEES; MEETINGS.—

35 (a) The committee shall be composed of three members of the
36 Senate appointed by the President of the Senate and three
37 members of the House of Representatives appointed by the Speaker
38 of the House of Representatives, with each member serving a 2-
39 year term. The chair and vice chair shall be appointed for 1-
40 year terms, with the appointments alternating between the
41 President of the Senate and the Speaker of the House of
42 Representatives. The chair and vice chair may not be members of
43 the same house of the Legislature. If both the chair and vice
44 chair are absent at any meeting, the members present must elect
45 a temporary chair by a majority vote.

46 (b) Members shall serve without compensation but may be
47 reimbursed for per diem and travel expenses pursuant to s.
48 112.061.

49 (c) The chair may establish subcommittees as needed to
50 fulfill the committee's duties.

51 (d) The committee shall convene at least twice a year, and
52 as often as necessary to conduct its business as required under
53 this section. Meetings may be held through teleconference or
54 other electronic means.

55 (2) COMMITTEE DUTIES.—

56 (a) The committee shall evaluate all aspects of the state
57 Medicaid program related to program financing, quality of care
58 and health outcomes, administrative functions, and operational

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59 functions to ensure the program is providing transparency in the
60 provision of health care plans and providers, ensuring access to
61 quality health care services to Medicaid recipients, and
62 providing stability to the state's budget through a health care
63 delivery system designed to contain costs.

64 (b) The committee shall identify and recommend policies
65 that limit Medicaid spending growth while improving health care
66 outcomes for Medicaid recipients. In developing its
67 recommendations, the committee shall do all of the following:

68 1. Evaluate legislation for its long-term impact on the
69 state Medicaid program.

70 2. Review data submitted to the agency by the Medicaid
71 managed care plans pursuant to statutory and contract
72 requirements, including, but not limited to, timeliness of
73 provider credentialing, timely payment of claims, rate of claim
74 denials, prior authorizations for services, and consumer
75 complaints.

76 3. Review the Medicaid managed care plans' encounter data,
77 financials, and audits and the data used to calculate the plans'
78 achieved savings rebates and medical loss ratios.

79 4. Review data related to health outcomes of Medicaid
80 recipients, including, but not limited to, Health Effectiveness
81 Data and Information Set measures for each Medicaid managed care
82 plan, each Medicaid managed care plan's performance improvement
83 projects, and outcome data related to all quality goals included
84 in the Medicaid managed care organization contracts to improve
85 quality for recipients.

86 5. Identify any areas for improvement in statute and rule
87 relating to the state Medicaid program.

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88 6. Develop a plan of action for the future of the state
89 Medicaid program.

90 (c) The committee may submit periodic reports, including
91 recommendations, to the Legislature on issues related to the
92 state Medicaid program and any affiliated programs.

93 (3) COOPERATION.—

94 (a) The Auditor General and the Agency for Health Care
95 Administration shall enter into and maintain a data sharing
96 agreement by July 1, 2025, to ensure the committee has full
97 access to all data needed to fulfill its responsibilities.

98 (b) The Auditor General shall assist the committee in its
99 work by providing credentialed professional staff or consulting
100 services, including, but not limited to, an actuary not
101 associated with the state Medicaid program or any Medicaid
102 managed care organization who currently has a contract with the
103 state.

104 (c) The committee, in the course of its official duties,
105 must be given access to any relevant record, paper, or document
106 in possession of a state agency, any political subdivision of
107 the state, or any entity engaged in business or under contract
108 with a state agency, and may compel the attendance and testimony
109 of any state official or employee before the committee or secure
110 any evidence as provided in s. 11.143. The committee shall also
111 have any other powers conferred on it by joint rules of the
112 Senate and the House of Representatives, and any joint rules of
113 the Senate and the House of Representatives applicable to joint
114 legislative committees apply to the proceedings of the committee
115 under this section.

116 (4) AGENCY REPORTS.—

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117 (a) Before implementing any change to the Medicaid managed
118 care capitation rates, the Agency for Health Care Administration
119 shall notify the committee of the change and appear before the
120 committee to provide a report detailing the managed care
121 capitation rates and administrative costs built into the
122 capitation rates. The report must include the agency's
123 historical and projected Medicaid program expenditure and
124 utilization trend rates by Medicaid program and service category
125 for the rate year, an explanation of how the trend rates were
126 calculated, and the policy decisions that were included in
127 setting the capitation rates.

128 (b) If the Agency for Health Care Administration or any
129 division within the agency is required by law to report to the
130 Legislature or to any legislative committee or subcommittee on
131 matters relating to the state Medicaid program, the agency must
132 also submit a copy of the report to the committee.

133 Section 2. This act shall take effect upon becoming a law.