

By the Appropriations Committee on Health and Human Services;
and Senator Brodeur

603-03589-25

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A bill to be entitled

An act relating to Medicaid oversight; amending s. 1.01, F.S.; defining the term "Legislative Committee on Medicaid Oversight"; creating s. 11.405, F.S.; establishing the Joint Legislative Committee on Medicaid Oversight for specified purposes; providing for membership, subcommittees, and meetings of the committee; specifying duties of the committee; requiring the Auditor General and the Agency for Health Care Administration to enter into a data sharing agreement by a specified date; requiring the Auditor General to assist the committee; providing that the committee must be given access to certain records, papers, and documents; authorizing the committee to compel testimony and evidence according to specified provisions; providing for additional powers of the committee; providing that certain joint rules of the Legislature apply to the proceedings of the committee; requiring the agency to notify the committee of certain changes and provide a report of specified information to the committee; requiring the agency to submit a copy of certain reports to the committee; providing an effective date.

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

Section 1. Subsection (20) is added to section 1.01, Florida Statutes, to read:

1.01 Definitions.—In construing these statutes and each and

603-03589-25

20251060c1

every word, phrase, or part hereof, where the context will permit:

(20) The term "Legislative Committee on Medicaid Oversight" means a committee or committees designated by joint rule of the Legislature, by the President of the Senate or the Speaker of the House of Representatives, or by agreement between the President of the Senate and the Speaker of the House of Representatives.

Section 2. Section 11.405, Florida Statutes, is created to read:

11.405 Joint Legislative Committee on Medicaid Oversight.—The Joint Legislative Committee on Medicaid Oversight is created to ensure that the state Medicaid program is operating in accordance with the Legislature's intent and to promote transparency and efficiency in government spending.

(1) MEMBERSHIP; SUBCOMMITTEES; MEETINGS.—

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

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

603-03589-25

20251060c1

59 112.061.

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

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

66 (2) COMMITTEE DUTIES.—

67 (a) The committee shall evaluate all aspects of the state
68 Medicaid program related to program financing, quality of care
69 and health outcomes, administrative functions, and operational
70 functions to ensure the program is providing transparency in the
71 provision of health care plans and providers, ensuring access to
72 quality health care services to Medicaid recipients, and
73 providing stability to the state's budget through a health care
74 delivery system designed to contain costs.

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

79 1. Evaluate legislation for its long-term impact on the
80 state Medicaid program.

81 2. Review data submitted to the agency by the Medicaid
82 managed care plans pursuant to statutory and contract
83 requirements, including, but not limited to, timeliness of
84 provider credentialing, timely payment of claims, rate of claim
85 denials, prior authorizations for services, and consumer
86 complaints.

87 3. Review the Medicaid managed care plans' encounter data,

603-03589-25

20251060c1

88 financials, and audits and the data used to calculate the plans'
89 achieved savings rebates and medical loss ratios.

90 4. Review data related to health outcomes of Medicaid
91 recipients, including, but not limited to, Health Effectiveness
92 Data and Information Set measures for each Medicaid managed care
93 plan, each Medicaid managed care plan's performance improvement
94 projects, and outcome data related to all quality goals included
95 in the Medicaid managed care organization contracts to improve
96 quality for recipients.

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

99 6. Develop a plan of action for the future of the state
100 Medicaid program.

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

104 (3) COOPERATION.—

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

109 (b) The Auditor General shall assist the committee in its
110 work by providing credentialed professional staff or consulting
111 services, including, but not limited to, an actuary not
112 associated with the state Medicaid program or any Medicaid
113 managed care organization who currently has a contract with the
114 state.

115 (c) The committee, in the course of its official duties,
116 must be given access to any relevant record, paper, or document

603-03589-25

20251060c1

117 in possession of a state agency, any political subdivision of
118 the state, or any entity engaged in business or under contract
119 with a state agency, and may compel the attendance and testimony
120 of any state official or employee before the committee or secure
121 any evidence as provided in s. 11.143. The committee shall also
122 have any other powers conferred on it by joint rules of the
123 Senate and the House of Representatives, and any joint rules of
124 the Senate and the House of Representatives applicable to joint
125 legislative committees apply to the proceedings of the committee
126 under this section.

127 (4) AGENCY REPORTS.—

128 (a) Before implementing any change to the Medicaid managed
129 care capitation rates, the Agency for Health Care Administration
130 shall notify the committee of the change and appear before the
131 committee to provide a report detailing the managed care
132 capitation rates and administrative costs built into the
133 capitation rates. The report must include the agency's
134 historical and projected Medicaid program expenditure and
135 utilization trend rates by Medicaid program and service category
136 for the rate year, an explanation of how the trend rates were
137 calculated, and the policy decisions that were included in
138 setting the capitation rates.

139 (b) If the Agency for Health Care Administration or any
140 division within the agency is required by law to report to the
141 Legislature or to any legislative committee or subcommittee on
142 matters relating to the state Medicaid program, the agency must
143 also submit a copy of the report to the committee.

144 Section 3. This act shall take effect upon becoming a law.