

FOR CONSIDERATION By the Committee on Appropriations

576-02654A-25

20252514pb

1 A bill to be entitled
2 An act relating to health and human services; amending
3 s. 381.4019, F.S.; authorizing certain dental and
4 dental hygiene students to apply for the Dental
5 Student Loan Repayment Program before obtaining active
6 employment; amending s. 381.915, F.S.; revising the
7 definitions of the terms "cancer center" and "Florida-
8 based"; defining the term "Cancer Connect
9 Collaborative" or "collaborative"; making clarifying
10 changes; deleting an obsolete date; revising the
11 composition of the collaborative; deleting obsolete
12 provisions; requiring the collaborative to review all
13 submitted Cancer Innovation Fund grant applications
14 using certain parameters; requiring the collaborative
15 to give priority to certain applications; requiring
16 licensed or certified health care providers,
17 facilities, or entities to meet certain criteria to be
18 eligible for specified grant funding; specifying such
19 criteria; requiring the Department of Health to
20 appoint peer review panels for a specified purpose;
21 requiring that priority scores be forwarded to the
22 collaborative and be considered in determining which
23 proposals the collaborative recommends for certain
24 grant funding; requiring the collaborative and peer
25 review panels to establish and follow certain
26 guidelines and adhere to a certain policy; prohibiting
27 a member of the collaborative or a panel from
28 participating in certain discussions or decisions
29 under certain circumstances; requiring, beginning on a

576-02654A-25

20252514pb

30 specified date and annually thereafter, the
31 collaborative to prepare and submit a specified report
32 to the Governor and the Legislature; requiring that
33 the report include certain information; revising the
34 requirements for a specified report by the department;
35 requiring, beginning on a specified date, that certain
36 allocation agreements include certain information;
37 providing legislative findings; creating the Cancer
38 Connect Collaborative Research Incubator within the
39 department, and overseen by the collaborative, to
40 provide funding for a specified purpose over a
41 specified timeframe; specifying the incubator's
42 targeted area of cancer research for the first
43 specified timeframe; providing that grants issued
44 through the incubator are contingent upon the
45 appropriation of funds and must be awarded through a
46 specified process; requiring that priority be given to
47 certain applicants; authorizing the prioritization of
48 certain grant proposals; providing that applications
49 for incubator funding may be submitted by specified
50 hospitals; requiring that all qualified applicants
51 have equal access and opportunity to compete for
52 research funding; requiring that incubator grants be
53 recommended by the collaborative and awarded by the
54 department in a certain manner; requiring the
55 department to appoint peer review panels for a
56 specified purpose; requiring that priority scores be
57 forwarded to the collaborative and be considered in
58 determining which proposals the collaborative

576-02654A-25

20252514pb

59 recommends for funding; requiring the collaborative
60 and peer review panels to establish and follow certain
61 guidelines and adhere to a certain policy; prohibiting
62 a member of the collaborative or a panel from
63 participating in certain discussions or decisions;
64 requiring recipients of incubator grant funds to enter
65 into an allocation agreement with the department;
66 specifying requirements for such allocation
67 agreements; requiring, beginning on a specified date
68 and annually until a specified date, the collaborative
69 to prepare and submit a specified report to the
70 Governor and the Legislature; requiring the
71 collaborative to make a certain recommendation under
72 certain circumstances; requiring that a specified
73 report include certain information; amending s.
74 381.922, F.S.; establishing the Bascom Palmer Eye
75 Institute VisionGen Initiative within the William G.
76 "Bill" Bankhead, Jr., and David Coley Cancer Research
77 Program; providing the purpose of the initiative;
78 providing that funding for the initiative is subject
79 to annual appropriation; amending s. 381.986, F.S.;
80 requiring the Department of Health to revoke the
81 medical marijuana use registry registration of
82 qualified patients and caregivers who enter certain
83 pleas or are found guilty of certain offenses;
84 amending s. 394.495, F.S.; authorizing the Department
85 of Children and Families to contract with a specified
86 nonprofit organization to provide certain grief
87 support services to help certain children and youth;

576-02654A-25

20252514pb

88 authorizing the provision of certain training and
89 outreach under the contract; reviving, reenacting, and
90 amending s. 400.0225, F.S., relating to consumer
91 satisfaction surveys; requiring the Agency for Health
92 Care Administration to develop user-friendly consumer
93 satisfaction surveys for nursing home facilities;
94 specifying requirements for the surveys; authorizing
95 family members, guardians, and other resident
96 designees to assist the resident in completing the
97 survey; prohibiting employees and volunteers of the
98 facility or of a corporation or business entity with
99 an ownership interest in the facility from attempting
100 to influence a resident's responses to the survey;
101 requiring the agency to specify certain protocols for
102 administration of the survey; requiring the agency to
103 publish on its website aggregated survey data in a
104 manner that allows for comparison between nursing home
105 facilities; amending s. 400.141, F.S.; requiring
106 medical directors of nursing home facilities to
107 obtain, or to be in the process of obtaining, certain
108 qualifications by a specified date; requiring the
109 agency to include such medical director's name on each
110 nursing home facility's online provider profile;
111 requiring nursing home facilities to conduct biennial
112 patient safety culture surveys; specifying
113 requirements for administration of such surveys;
114 requiring nursing home facilities to submit the
115 results of such surveys biennially to the agency in a
116 format specified by agency rule; authorizing nursing

576-02654A-25

20252514pb

117 home facilities to develop an internal action plan
118 between surveys to identify measures for improvement
119 of the survey and submit such plan to the agency;
120 amending s. 400.191, F.S.; requiring the agency to
121 include the results from specified consumer
122 satisfaction surveys as part of the Nursing Home Guide
123 on its website; amending s. 408.051, F.S.; requiring
124 nursing home facilities that maintain certain
125 electronic health records to make available certain
126 data to the agency's Florida Health Information
127 Exchange program for a specified purpose; authorizing
128 the agency to adopt rules; amending s. 408.061, F.S.;
129 exempting nursing homes operated by state agencies
130 from certain financial reporting requirements;
131 requiring the agency to impose administrative fines
132 against nursing homes and home offices of nursing
133 homes for failing to comply with certain reporting
134 requirements; defining the term "violation"; providing
135 construction; requiring the agency to adopt rules;
136 providing requirements for such rules; amending s.
137 408.08, F.S.; prohibiting nursing homes subject to
138 certain administrative fines from being fined under a
139 specified provision for the same violation; amending
140 s. 409.908, F.S.; requiring the agency to revise its
141 methodology for calculating Quality Incentive Program
142 payments; providing requirements for such revision;
143 requiring the agency to submit an annual report to the
144 Governor and the Legislature on payments made under
145 the Quality Incentive Program; specifying requirements

576-02654A-25

20252514pb

146 for the report; amending s. 409.91256, F.S.; revising
147 the purpose of the Training, Education, and Clinicals
148 in Health Funding Program; revising the definition of
149 the term "qualified facility"; specifying an allowed
150 reimbursement rate to qualified facilities under the
151 program for nursing students; requiring the agency to
152 contract with a third-party vendor to conduct a
153 comprehensive study of nursing home quality incentive
154 programs in other states; providing minimum
155 requirements for the report; requiring the agency to
156 submit a final report on the study to the Governor and
157 the Legislature by a specified date; providing an
158 effective date.

159
160 Be It Enacted by the Legislature of the State of Florida:

161
162 Section 1. Present subsections (5) through (10) of section
163 381.4019, Florida Statutes, are redesignated as subsections (6)
164 through (11), respectively, and a new subsection (5) is added to
165 that section, to read:

166 381.4019 Dental Student Loan Repayment Program.—The Dental
167 Student Loan Repayment Program is established to support the
168 state Medicaid program and promote access to dental care by
169 supporting qualified dentists and dental hygienists who treat
170 medically underserved populations in dental health professional
171 shortage areas or medically underserved areas.

172 (5) A dental student or dental hygiene student who
173 demonstrates an offer of employment in a public health program
174 or private practice as specified in paragraph (2) (a) may apply

576-02654A-25

20252514pb

175 for the loan program before obtaining active employment but may
176 not be awarded funds from the loan program until he or she meets
177 the requirements of subsection (2).

178 Section 2. Present paragraphs (c), (d), and (e) of
179 subsection (3) and present subsections (12) and (13) of section
180 381.915, Florida Statutes, are redesignated as paragraphs (d),
181 (e), and (f) of subsection (3) and subsections (13) and (14),
182 respectively, a new paragraph (c) is added to subsection (3),
183 paragraph (d) is added to subsection (10), a new subsection (12)
184 is added to that section, and paragraph (b) and present
185 paragraph (c) of subsection (3), paragraphs (a), (b), (e), (f),
186 and (h) of subsection (8), and subsections (9) and (11) of that
187 section are amended, to read:

188 381.915 Casey DeSantis Cancer Research Program.—

189 (3) On or before September 15 of each year, the department
190 shall calculate an allocation fraction to be used for
191 distributing funds to participating cancer centers. On or before
192 the final business day of each quarter of the state fiscal year,
193 the department shall distribute to each participating cancer
194 center one-fourth of that cancer center's annual allocation
195 calculated under subsection (6). The allocation fraction for
196 each participating cancer center is based on the cancer center's
197 tier-designated weight under subsection (4) multiplied by each
198 of the following allocation factors based on activities in this
199 state: number of reportable cases, peer-review costs, and
200 biomedical education and training. As used in this section, the
201 term:

202 (b) "Cancer center" means a comprehensive center with at
203 least one geographic site in the state, a freestanding center

576-02654A-25

20252514pb

204 located in the state, a center situated within an academic
205 institution, or a Florida-based formal research-based consortium
206 under centralized leadership that has achieved NCI designation
207 ~~or is prepared to achieve NCI designation by June 30, 2024.~~

208 (c) "Cancer Connect Collaborative" or "collaborative" means
209 the council created under subsection (8).

210 (d) ~~(e)~~ "Florida-based" means that a cancer center's actual
211 or sought designated status is or would be recognized by the NCI
212 as primarily located in Florida and not in another state, ~~or~~
213 that a health care provider or facility is physically located in
214 Florida and provides services in Florida.

215 (8) The Cancer Connect Collaborative, a council as defined
216 in s. 20.03, is created within the department to advise the
217 department and the Legislature on developing a holistic approach
218 to the state's efforts to fund cancer research, cancer
219 facilities, and treatments for cancer patients. The
220 collaborative may make recommendations on proposed legislation,
221 proposed rules, best practices, data collection and reporting,
222 issuance of grant funds, and other proposals for state policy
223 relating to cancer research or treatment.

224 (a) The Surgeon General shall serve as an ex officio,
225 nonvoting member of the collaborative and shall serve as the
226 chair.

227 (b) The collaborative shall be composed of the following
228 voting members, ~~to be appointed by September 1, 2024:~~

229 1. Two members appointed by the Governor, three members ~~one~~
230 ~~member~~ appointed by the President of the Senate, and three
231 members ~~one member~~ appointed by the Speaker of the House of
232 Representatives, based on the criteria of this subparagraph. The

576-02654A-25

20252514pb

233 appointing officers shall make their appointments prioritizing
234 members who have the following experience or expertise:

235 a. The practice of a health care profession specializing in
236 oncology clinical care or research;

237 b. The development of preventive and therapeutic treatments
238 to control cancer;

239 c. The development of innovative research into the causes
240 of cancer, the development of effective treatments for persons
241 with cancer, or cures for cancer; or

242 d. Management-level experience with a cancer center
243 licensed under chapter 395.

244 2. One member who is a resident of this state who can
245 represent the interests of cancer patients in this state,
246 appointed by the Governor.

247 (e) Members of the collaborative whose terms have expired
248 may continue to serve until replaced or reappointed, but for no
249 more than 6 months after the expiration of their terms.

250 (f) Members of the collaborative shall serve without
251 compensation but are entitled to reimbursement for per diem and
252 travel expenses pursuant to s. 112.061.

253 ~~(h) The collaborative shall develop a long-range~~
254 ~~comprehensive plan for the Casey DeSantis Cancer Research~~
255 ~~Program. In the development of the plan, the collaborative must~~
256 ~~solicit input from cancer centers, research institutions,~~
257 ~~biomedical education institutions, hospitals, and medical~~
258 ~~providers. The collaborative shall submit the plan to the~~
259 ~~Governor, the President of the Senate, and the Speaker of the~~
260 ~~House of Representatives no later than December 1, 2024. The~~
261 ~~plan must include, but need not be limited to, all of the~~

576-02654A-25

20252514pb

262 ~~following components:~~

263 ~~1. Expansion of grant fund opportunities to include a~~
264 ~~broader pool of Florida-based cancer centers, research~~
265 ~~institutions, biomedical education institutions, hospitals, and~~
266 ~~medical providers to receive funding through the Cancer~~
267 ~~Innovation Fund.~~

268 ~~2. An evaluation to determine metrics that focus on patient~~
269 ~~outcomes, quality of care, and efficacy of treatment.~~

270 ~~3. A compilation of best practices relating to cancer~~
271 ~~research or treatment.~~

272 (9) (a) The collaborative shall advise the department on the
273 awarding of grants issued through the Cancer Innovation Fund.
274 During any fiscal year for which funds are appropriated to the
275 fund, the collaborative shall review all submitted grant
276 applications using the parameters provided in paragraph (c) and
277 make recommendations to the department for awarding grants to
278 support innovative cancer research and treatment models,
279 including emerging research and treatment trends and promising
280 treatments that may serve as catalysts for further research and
281 treatments. The department shall make the final grant allocation
282 awards. The collaborative shall give priority to applications
283 seeking to expand the reach of cancer screening efforts and
284 innovative cancer treatment models into underserved areas of
285 this state.

286 (b) To be eligible for grant funding under this subsection,
287 a licensed or certified health care provider, facility, or
288 entity must meet at least one of the following criteria:

289 1. Operates as a licensed hospital that has a minimum of 30
290 percent of its current cancer patients residing in rural or

576-02654A-25

20252514pb

291 underserved areas.

292 2. Operates as a licensed health care clinic or facility
293 that employs or contracts with at least one physician licensed
294 under chapter 458 or chapter 459 who is board certified in
295 oncology and that administers chemotherapy treatments for
296 cancer.

297 3. Operates as a licensed facility that employs or
298 contracts with at least one physician licensed under chapter 458
299 or chapter 459 who is board certified in oncology and that
300 administers radiation therapy treatments for cancer.

301 4. Operates as a licensed health care clinic or facility
302 that provides cancer screening services at no cost or a minimal
303 cost to patients.

304 5. Operates as a rural hospital as defined in s.
305 395.602(2)(b).

306 6. Operates as a critical access hospital as defined in s.
307 408.07(14).

308 7. Operates as a specialty hospital as defined in s.
309 395.002(28)(a) which provides cancer treatment for patients from
310 birth to 18 years of age.

311 8. Engages in biomedical research intended to develop
312 therapies, medical pharmaceuticals, treatment protocols, or
313 medical procedures intended to cure cancer or improve the
314 quality of life of cancer patients.

315 9. Educates or trains students, postdoctoral fellows, or
316 licensed or certified health care practitioners in the
317 screening, diagnosis, or treatment of cancer.

318 (c) To ensure that all proposals for grant funding issued
319 through the Cancer Innovation Fund are appropriate and are

576-02654A-25

20252514pb

320 evaluated fairly on the basis of scientific merit, the
321 department shall appoint peer review panels of independent,
322 scientifically qualified individuals to review the scientific
323 merit of each proposal and establish its priority score. The
324 priority scores must be forwarded to the collaborative and must
325 be considered in determining which proposals the collaborative
326 recommends for grant funding through the Cancer Innovation Fund.

327 (d) The collaborative and the peer review panels shall
328 establish and follow rigorous guidelines for ethical conduct and
329 adhere to a strict policy with regard to conflicts of interest
330 regarding the assessment of Cancer Innovation Fund grant
331 applications. A member of the collaborative or a panel may not
332 participate in any discussion or decision of the collaborative
333 or a panel with respect to a research proposal by any firm,
334 entity, or agency with which the member is associated as a
335 member of the governing body or as an employee or with which the
336 member has entered into a contractual arrangement.

337 (e) Beginning December 1, 2025, and annually thereafter,
338 the collaborative shall prepare and submit a report to the
339 Governor, the President of the Senate, and the Speaker of the
340 House of Representatives which identifies and evaluates the
341 performance and the impact of grants issued through the Cancer
342 Innovation Fund on cancer treatment, research, screening,
343 diagnosis, prevention, practitioner training, workforce
344 education, and cancer patient survivorship. The report must
345 include all of the following:

- 346 1. Amounts of grant funds awarded to each recipient.
347 2. Descriptions of each recipient's research or project
348 which include, but need not be limited to, the following:

576-02654A-25

20252514pb

349 a. Goals or projected outcomes.

350 b. Population to be served.

351 c. Research methods or project implementation plan.

352 3. An assessment of grant recipients which evaluates their
353 progress toward achieving objectives specified in each
354 recipient's grant application.

355 4. Recommendations for best practices that may be
356 implemented by health care providers in this state who diagnose,
357 treat, and screen for cancer, based on the outcomes of projects
358 funded through the Cancer Innovation Fund.

359 (10) Beginning July 1, 2025, and each year thereafter, the
360 department, in conjunction with participating cancer centers,
361 shall submit a report to the Cancer Control and Research
362 Advisory Council and the collaborative on specific metrics
363 relating to cancer mortality and external funding for cancer-
364 related research in this state. If a cancer center does not
365 endorse this report or produce an equivalent independent report,
366 the cancer center is ineligible to receive program funding for 1
367 year. The department must submit this annual report, and any
368 equivalent independent reports, to the Governor, the President
369 of the Senate, and the Speaker of the House of Representatives
370 no later than September 15 of each year the report or reports
371 are submitted by the department. The report must include:

372 (d) A description of the numbers and types of cancer cases
373 treated annually at each participating cancer center, including
374 reportable and nonreportable cases.

375 (11) Beginning July 1, 2025 ~~2024~~, each allocation agreement
376 issued by the department relating to cancer center payments
377 under paragraph (2) (a) ~~subsection (2)~~ must include all of the

576-02654A-25

20252514pb

378 following:

379 (a) A line-item budget narrative documenting the annual
380 allocation of funds to a cancer center.

381 (b) A cap on the annual award of 15 percent for
382 administrative expenses.

383 (c) A requirement for the cancer center to submit quarterly
384 reports of all expenditures made by the cancer center with funds
385 received through the Casey DeSantis Cancer Research Program.

386 (d) A provision to allow the department and other state
387 auditing bodies to audit all financial records, supporting
388 documents, statistical records, and any other documents
389 pertinent to the allocation agreement.

390 (e) A provision requiring the annual reporting of outcome
391 data and protocols used in achieving those outcomes.

392 (12) (a) The Legislature finds that targeted areas of cancer
393 research require increased resources and that Florida should
394 become a leader in promoting research opportunities for these
395 targeted areas. Floridians should not have to leave the state to
396 receive the most advanced cancer care and treatment. To meet
397 this need, the Cancer Connect Collaborative Research Incubator,
398 or "incubator" as used in this subsection, is created within the
399 department, to be overseen by the collaborative, to provide
400 funding for a targeted area of cancer research over a 5-year
401 period. For the 5-year period beginning July 1, 2025, the
402 incubator's targeted area of cancer research is pediatric
403 cancer.

404 (b) Contingent upon the appropriation of funds by the
405 Legislature, grants issued through the incubator must be awarded
406 through a peer-reviewed, competitive process. Priority must be

576-02654A-25

20252514pb

407 given to applicants that focus on enhancing both research and
408 treatment by increasing participation in clinical trials related
409 to the targeted area of cancer research, including all of the
410 following:

411 1. Identifying strategies to increase enrollment in cancer
412 clinical trials.

413 2. Supporting public and private professional education
414 programs to raise awareness and knowledge about cancer clinical
415 trials.

416 3. Providing tools for cancer patients and community-based
417 oncologists to help identify available cancer clinical trials in
418 this state.

419 4. Creating opportunities for the state's academic cancer
420 centers to collaborate with community-based oncologists in
421 cancer clinical trial networks.

422 (c) Priority may be given to grant proposals that foster
423 collaborations among institutions, researchers, and community
424 practitioners to support the advancement of cures through basic
425 or applied research, including clinical trials involving cancer
426 patients and related networks.

427 (d) Applications for incubator funding may be submitted by
428 any Florida-based specialty hospital as defined in s.
429 395.002(28)(a) which provides cancer treatment for patients from
430 birth to 18 years of age. All qualified applicants must have
431 equal access and opportunity to compete for research funding.
432 Incubator grants must be recommended by the collaborative and
433 awarded by the department on the basis of scientific merit, as
434 determined by a competitively open and peer-reviewed process to
435 ensure objectivity, consistency, and high quality.

576-02654A-25

20252514pb

436 (e) To ensure that all proposals for research funding are
437 appropriate and are evaluated fairly on the basis of scientific
438 merit, the department shall appoint peer review panels of
439 independent, scientifically qualified individuals to review the
440 scientific merit of each proposal and establish its priority
441 score. The priority scores must be forwarded to the
442 collaborative and must be considered in determining which
443 proposals the collaborative recommends for funding.

444 (f) The collaborative and the peer review panels shall
445 establish and follow rigorous guidelines for ethical conduct and
446 adhere to a strict policy with regard to conflicts of interest
447 regarding the assessment of incubator grant applications. A
448 member of the collaborative or a panel may not participate in
449 any discussion or decision of the collaborative or a panel
450 regarding a research proposal from any firm, entity, or agency
451 with which the member is associated as a governing body member,
452 as an employee, or through a contractual arrangement.

453 (g) Each recipient of incubator grant funds must enter into
454 an allocation agreement with the department. Each such
455 allocation agreement must include all of the following:

456 1. A line-item budget narrative documenting the annual
457 allocation of funds to a recipient.

458 2. A cap on the annual award of 15 percent for
459 administrative expenses.

460 3. A requirement for the recipient to submit quarterly
461 reports of all expenditures made by the recipient with funds
462 received through the incubator.

463 4. A provision to allow the department and other state
464 auditing bodies to audit all financial records, supporting

576-02654A-25

20252514pb

465 documents, statistical records, and any other documents
466 pertinent to the allocation agreement.

467 5. A provision requiring the annual reporting of outcome
468 data and protocols used in achieving those outcomes.

469 (h) Beginning December 1, 2026, and annually through
470 December 1, 2030, the collaborative shall prepare and submit a
471 report to the Governor, the President of the Senate, and the
472 Speaker of the House of Representatives which evaluates research
473 conducted through the incubator and provides details on outcomes
474 and findings available through the end of the fiscal year
475 immediately preceding each report. If the collaborative
476 recommends that the incubator be extended beyond its 5-year
477 lifespan, the collaborative shall make such recommendation in
478 the report due December 1, 2029, and shall include a
479 recommendation for the next targeted area of cancer research.
480 The report due on December 1, 2030, must include all of the
481 following:

482 1. Details of all results of the research conducted with
483 incubator funding which has been completed or the status of
484 research in progress.

485 2. An evaluation of all research conducted with incubator
486 funding during the 5 fiscal years preceding the report.

487 Section 3. Paragraph (d) is added to subsection (2) of
488 section 381.922, Florida Statutes, to read:

489 381.922 William G. "Bill" Bankhead, Jr., and David Coley
490 Cancer Research Program.—

491 (2) The program shall provide grants for cancer research to
492 further the search for cures for cancer.

493 (d) There is established within the program the Bascom

576-02654A-25

20252514pb

494 Palmer Eye Institute VisionGen Initiative. The purpose of the
495 initiative is to advance genetic and epigenetic research on
496 inherited eye diseases and ocular oncology by awarding grants
497 through the peer-reviewed, competitive process established under
498 subsection (3). Funding for the initiative is subject to the
499 annual appropriation of funds by the Legislature.

500 Section 4. Paragraphs (d) and (e) of subsection (5) of
501 section 381.986, Florida Statutes, are amended to read:

502 381.986 Medical use of marijuana.—

503 (5) MEDICAL MARIJUANA USE REGISTRY.—

504 (d) The department shall immediately suspend the
505 registration of a qualified patient charged with a violation of
506 chapter 893 until final disposition of the any alleged offense.
507 Based upon such final disposition ~~Thereafter~~, the department may
508 extend the suspension, revoke the registration, or reinstate the
509 registration. However, the department must revoke the
510 registration of the qualified patient upon such final
511 disposition if the qualified patient entered a plea of guilty or
512 nolo contendere or was found guilty of the offense.

513 (e) The department shall immediately suspend the
514 registration of a any caregiver charged with a violation of
515 chapter 893 until final disposition of the any alleged offense.
516 The department must revoke the registration of the caregiver
517 upon such final disposition if the caregiver entered a plea of
518 guilty or nolo contendere or was found guilty of the offense.
519 Additionally, the department must ~~shall~~ revoke a caregiver
520 registration if the caregiver does not meet the requirements of
521 subparagraph (6) (b) 6.

522 Section 5. Subsection (8) is added to section 394.495,

576-02654A-25

20252514pb

523 Florida Statutes, to read:

524 394.495 Child and adolescent mental health system of care;
525 programs and services.-

526 (8) As authorized by and consistent with funding
527 appropriated in the General Appropriations Act, the department
528 may contract with Valerie's House, Inc., a nonprofit
529 organization exempt from taxation pursuant to s. 501(c)(3) of
530 the Internal Revenue Code, to provide grief support services to
531 help children and youth ages 4 to 19 who have experienced the
532 death of a parent or sibling. The services provided must be at
533 no cost to the bereaved child or his or her caregiver and may
534 include, but are not limited to, grief support groups,
535 mentoring, individual grief counseling, financial crisis
536 support, and in-school support services. Valerie's House, Inc.,
537 may also provide grief awareness training and outreach to local
538 schools and medical facilities under the contract.

539 Section 6. Notwithstanding the repeal of section 400.0225,
540 Florida Statutes, in section 14 of chapter 2001-377, Laws of
541 Florida, that section is revived, reenacted, and amended to
542 read:

543 400.0225 Consumer satisfaction surveys.-

544 (1) The agency shall develop user-friendly consumer
545 satisfaction surveys to capture resident and family member
546 satisfaction with care provided by nursing home facilities. The
547 consumer satisfaction surveys must be based on a core set of
548 consumer satisfaction questions to allow for consistent
549 measurement and must be administered annually to a random sample
550 of long-stay and short-stay residents of each facility and their
551 family members. The survey tool must be based on an agency-

576-02654A-25

20252514pb

552 validated survey instrument whose measures have received an
553 endorsement by the National Quality Forum.

554 (2) Family members, guardians, or other resident designees
555 may assist a resident in completing the consumer satisfaction
556 survey.

557 (3) Employees and volunteers of the nursing home facility
558 or of a corporation or business entity with an ownership
559 interest in the nursing home facility are prohibited from
560 attempting to influence a resident's responses to the consumer
561 satisfaction survey.

562 (4) The agency shall specify the protocols for conducting
563 the consumer satisfaction surveys, ensuring survey validity,
564 reporting survey results, and protecting the identity of
565 individual respondents. The agency shall make aggregated survey
566 data available to consumers on the agency's website pursuant to
567 s. 400.191(2)(a)15. in a manner that allows for comparison
568 between nursing home facilities, or its contractor, in
569 consultation with the nursing home industry and consumer
570 representatives, shall develop an easy-to-use consumer
571 satisfaction survey, shall ensure that every nursing facility
572 licensed pursuant to this part participates in assessing
573 consumer satisfaction, and shall establish procedures to ensure
574 that, at least annually, a representative sample of residents of
575 each facility is selected to participate in the survey. The
576 sample shall be of sufficient size to allow comparisons between
577 and among facilities. Family members, guardians, or other
578 resident designees may assist the resident in completing the
579 survey. Employees and volunteers of the nursing facility or of a
580 corporation or business entity with an ownership interest in the

576-02654A-25

20252514pb

581 ~~facility are prohibited from assisting a resident with or~~
582 ~~attempting to influence a resident's responses to the consumer~~
583 ~~satisfaction survey. The agency, or its contractor, shall survey~~
584 ~~family members, guardians, or other resident designees. The~~
585 ~~agency, or its contractor, shall specify the protocol for~~
586 ~~conducting and reporting the consumer satisfaction surveys.~~
587 ~~Reports of consumer satisfaction surveys shall protect the~~
588 ~~identity of individual respondents. The agency shall contract~~
589 ~~for consumer satisfaction surveys and report the results of~~
590 ~~those surveys in the consumer information materials prepared and~~
591 ~~distributed by the agency.~~

592 (5) The agency may adopt rules ~~as necessary~~ to implement
593 ~~administer~~ this section.

594 Section 7. Paragraph (b) of subsection (1) of section
595 400.141, Florida Statutes, is amended, and paragraph (x) is
596 added to that subsection, to read:

597 400.141 Administration and management of nursing home
598 facilities.—

599 (1) Every licensed facility shall comply with all
600 applicable standards and rules of the agency and shall:

601 (b) Appoint a medical director licensed pursuant to chapter
602 458 or chapter 459. By January 1, 2026, the medical director of
603 each nursing home facility must obtain designation as a
604 certified medical director by the American Medical Directors
605 Association, hold a similar credential bestowed by an
606 organization recognized by the agency, or be in the process of
607 seeking such designation or credentialing, according to
608 parameters adopted by agency rule. The agency shall include the
609 name of each nursing home facility's medical director on the

576-02654A-25

20252514pb

610 facility's provider profile published by the agency on its
611 website. The agency may establish by rule more specific criteria
612 for the appointment of a medical director.

613 (x) Conduct, at least biennially, a patient safety culture
614 survey using the applicable Survey on Patient Safety Culture
615 developed by the federal Agency for Healthcare Research and
616 Quality. Each facility shall conduct the survey anonymously to
617 encourage completion of the survey by staff working in or
618 employed by the facility. A facility may contract with a third
619 party to administer the survey. Each facility shall biennially
620 submit the survey data to the agency in a format specified by
621 agency rule, which must include the survey participation rate.
622 Each facility may develop an internal action plan between
623 conducting surveys to identify measures to improve the survey
624 and submit such plan to the agency.

625 Section 8. Paragraph (a) of subsection (2) of section
626 400.191, Florida Statutes, is amended to read:

627 400.191 Availability, distribution, and posting of reports
628 and records.—

629 (2) The agency shall publish the Nursing Home Guide
630 quarterly in electronic form to assist consumers and their
631 families in comparing and evaluating nursing home facilities.

632 (a) The agency shall provide an Internet site which must
633 ~~shall~~ include at least the following information either directly
634 or indirectly through a link to another established site or
635 sites of the agency's choosing:

636 1. A section entitled "Have you considered programs that
637 provide alternatives to nursing home care?" which must ~~shall~~ be
638 the first section of the Nursing Home Guide and must ~~which shall~~

576-02654A-25

20252514pb

639 prominently display information about available alternatives to
640 nursing homes and how to obtain additional information regarding
641 these alternatives. The Nursing Home Guide must ~~shall~~ explain
642 that this state offers alternative programs that allow ~~permit~~
643 qualified elderly persons to stay in their homes instead of
644 being placed in nursing homes and must ~~shall~~ encourage
645 interested persons to call the Comprehensive Assessment Review
646 and Evaluation for Long-Term Care Services (CARES) Program to
647 inquire as to whether ~~if~~ they qualify. The Nursing Home Guide
648 must ~~shall~~ list available home and community-based programs and
649 must ~~which shall~~ clearly state the services that are provided,
650 including ~~and indicate~~ whether nursing home services are covered
651 under those programs when necessary ~~included if needed~~.

652 2. A list by name and address of all nursing home
653 facilities in this state, including any prior name by which a
654 facility was known during the previous 24-month period.

655 3. Whether such nursing home facilities are proprietary or
656 nonproprietary.

657 4. The current owner of the facility's license and the year
658 that that entity became the owner of the license.

659 5. The name of the owner or owners of each facility and
660 whether the facility is affiliated with a company or other
661 organization owning or managing more than one nursing facility
662 in this state.

663 6. The total number of beds in each facility and the most
664 recently available occupancy levels.

665 7. The number of private and semiprivate rooms in each
666 facility.

667 8. The religious affiliation, if any, of each facility.

576-02654A-25

20252514pb

668 9. The languages spoken by the administrator and staff of
669 each facility.

670 10. Whether or not each facility accepts Medicare or
671 Medicaid recipients or insurance, health maintenance
672 organization, United States Department of Veterans Affairs,
673 CHAMPUS program, or workers' compensation coverage.

674 11. Recreational and other programs available at each
675 facility.

676 12. Special care units or programs offered at each
677 facility.

678 13. Whether the facility is a part of a retirement
679 community that offers other services pursuant to part III of
680 this chapter or part I or part III of chapter 429.

681 14. Survey and deficiency information, including all
682 federal and state recertification, licensure, revisit, and
683 complaint survey information, for each facility. For
684 noncertified nursing homes, state survey and deficiency
685 information, including licensure, revisit, and complaint survey
686 information, shall be provided.

687 15. The results of consumer satisfaction surveys conducted
688 pursuant to s. 400.0225.

689 Section 9. Present subsections (6) and (7) of section
690 408.051, Florida Statutes, are redesignated as subsections (7)
691 and (8), respectively, and a new subsection (6) is added to that
692 section, to read:

693 408.051 Florida Electronic Health Records Exchange Act.—

694 (6) NURSING HOME DATA.—A nursing home facility as defined
695 in s. 400.021 which maintains certified electronic health record
696 technology shall make available all admission, transfer, and

576-02654A-25

20252514pb

697 discharge data to the agency's Florida Health Information
698 Exchange program for the purpose of supporting public health
699 data registries and patient care coordination. The agency may
700 adopt rules to implement this subsection.

701 Section 10. Present subsections (7) through (15) of section
702 408.061, Florida Statutes, are redesignated as subsections (8)
703 through (16), respectively, a new subsection (7) is added to
704 that section, and subsections (5) and (6) of that section are
705 amended, to read:

706 408.061 Data collection; uniform systems of financial
707 reporting; information relating to physician charges;
708 confidential information; immunity.—

709 (5) Within 120 days after the end of its fiscal year, each
710 nursing home as defined in s. 408.07, excluding nursing homes
711 operated by state agencies, shall file with the agency, on forms
712 adopted by the agency and based on the uniform system of
713 financial reporting, its actual financial experience for that
714 fiscal year, including expenditures, revenues, and statistical
715 measures. Such data may be based on internal financial reports
716 that are certified to be complete and accurate by the chief
717 financial officer of the nursing home. However, a nursing home's
718 actual financial experience shall be its audited actual
719 experience. This audited actual experience must include the
720 fiscal year-end balance sheet, income statement, statement of
721 cash flow, and statement of retained earnings and must be
722 submitted to the agency in addition to the information filed in
723 the uniform system of financial reporting. The financial
724 statements must tie to the information submitted in the uniform
725 system of financial reporting, and a crosswalk must be submitted

576-02654A-25

20252514pb

726 along with the financial statements.

727 (6) Within 120 days after the end of its fiscal year, the
728 home office of each nursing home as defined in s. 408.07,
729 excluding nursing homes operated by state agencies, shall file
730 with the agency, on forms adopted by the agency and based on the
731 uniform system of financial reporting, its actual financial
732 experience for that fiscal year, including expenditures,
733 revenues, and statistical measures. Such data may be based on
734 internal financial reports that are certified to be complete and
735 accurate by the chief financial officer of the nursing home.
736 However, the home office's actual financial experience shall be
737 its audited actual experience. This audited actual experience
738 must include the fiscal year-end balance sheet, income
739 statement, statement of cash flow, and statement of retained
740 earnings and must be submitted to the agency in addition to the
741 information filed in the uniform system of financial reporting.
742 The financial statements must tie to the information submitted
743 in the uniform system of financial reporting, and a crosswalk
744 must be submitted along with the audited financial statements.

745 (7) (a) Beginning January 1, 2026, the agency shall impose
746 an administrative fine of \$10,000 per violation against a
747 nursing home or home office that fails to comply with subsection
748 (5) or subsection (6), as applicable. For purposes of this
749 paragraph, the term "violation" means failing to file the
750 financial report required by subsection (5) or subsection (6),
751 as applicable, on or before the report's due date. Failing to
752 file the report during any subsequent 10-day period occurring
753 after the due date constitutes a separate violation until the
754 report has been submitted.

576-02654A-25

20252514pb

755 (b) The agency shall adopt rules to implement this
756 subsection. The rules must include provisions for a nursing home
757 or home office to present factors in mitigation of the
758 imposition of the fine's full dollar amount. The agency may
759 determine not to impose the fine's full dollar amount upon a
760 showing that the full fine is inappropriate under the
761 circumstances.

762 Section 11. Subsection (2) of section 408.08, Florida
763 Statutes, is amended to read:

764 408.08 Inspections and audits; violations; penalties;
765 fines; enforcement.—

766 (2) Any health care facility that refuses to file a report,
767 fails to timely file a report, files a false report, or files an
768 incomplete report and upon notification fails to timely file a
769 complete report required under s. 408.061; that violates this
770 section, s. 408.061, or s. 408.20, or rule adopted thereunder;
771 or that fails to provide documents or records requested by the
772 agency under this chapter shall be punished by a fine not
773 exceeding \$1,000 per day for each day in violation, to be
774 imposed and collected by the agency. Pursuant to rules adopted
775 by the agency, the agency may, upon a showing of good cause,
776 grant a one-time extension of any deadline for a health care
777 facility to timely file a report as required by this section, s.
778 408.061, or s. 408.20. A facility fined under s. 408.061(7) may
779 not be additionally fined under this subsection for the same
780 violation.

781 Section 12. Paragraph (b) of subsection (2) of section
782 409.908, Florida Statutes, is amended to read:

783 409.908 Reimbursement of Medicaid providers.—Subject to

576-02654A-25

20252514pb

784 specific appropriations, the agency shall reimburse Medicaid
785 providers, in accordance with state and federal law, according
786 to methodologies set forth in the rules of the agency and in
787 policy manuals and handbooks incorporated by reference therein.
788 These methodologies may include fee schedules, reimbursement
789 methods based on cost reporting, negotiated fees, competitive
790 bidding pursuant to s. 287.057, and other mechanisms the agency
791 considers efficient and effective for purchasing services or
792 goods on behalf of recipients. If a provider is reimbursed based
793 on cost reporting and submits a cost report late and that cost
794 report would have been used to set a lower reimbursement rate
795 for a rate semester, then the provider's rate for that semester
796 shall be retroactively calculated using the new cost report, and
797 full payment at the recalculated rate shall be effected
798 retroactively. Medicare-granted extensions for filing cost
799 reports, if applicable, shall also apply to Medicaid cost
800 reports. Payment for Medicaid compensable services made on
801 behalf of Medicaid-eligible persons is subject to the
802 availability of moneys and any limitations or directions
803 provided for in the General Appropriations Act or chapter 216.
804 Further, nothing in this section shall be construed to prevent
805 or limit the agency from adjusting fees, reimbursement rates,
806 lengths of stay, number of visits, or number of services, or
807 making any other adjustments necessary to comply with the
808 availability of moneys and any limitations or directions
809 provided for in the General Appropriations Act, provided the
810 adjustment is consistent with legislative intent.

811 (2)

812 (b) Subject to any limitations or directions in the General

576-02654A-25

20252514pb

813 Appropriations Act, the agency shall establish and implement a
814 state Title XIX Long-Term Care Reimbursement Plan for nursing
815 home care in order to provide care and services in conformance
816 with the applicable state and federal laws, rules, regulations,
817 and quality and safety standards and to ensure that individuals
818 eligible for medical assistance have reasonable geographic
819 access to such care.

820 1. The agency shall amend the long-term care reimbursement
821 plan and cost reporting system to create direct care and
822 indirect care subcomponents of the patient care component of the
823 per diem rate. These two subcomponents together shall equal the
824 patient care component of the per diem rate. Separate prices
825 shall be calculated for each patient care subcomponent,
826 initially based on the September 2016 rate setting cost reports
827 and subsequently based on the most recently audited cost report
828 used during a rebasing year. The direct care subcomponent of the
829 per diem rate for any providers still being reimbursed on a cost
830 basis shall be limited by the cost-based class ceiling, and the
831 indirect care subcomponent may be limited by the lower of the
832 cost-based class ceiling, the target rate class ceiling, or the
833 individual provider target. The ceilings and targets apply only
834 to providers being reimbursed on a cost-based system. Effective
835 October 1, 2018, a prospective payment methodology shall be
836 implemented for rate setting purposes with the following
837 parameters:

838 a. Peer Groups, including:

839 (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee
840 Counties; and

841 (II) South-SMMC Regions 10-11, plus Palm Beach and

576-02654A-25

20252514pb

842 Okeechobee Counties.

843 b. Percentage of Median Costs based on the cost reports

844 used for September 2016 rate setting:

845 (I) Direct Care Costs100 percent.

846 (II) Indirect Care Costs92 percent.

847 (III) Operating Costs86 percent.

848 c. Floors:

849 (I) Direct Care Component95 percent.

850 (II) Indirect Care Component92.5 percent.

851 (III) Operating ComponentNone.

852 d. Pass-through PaymentsReal Estate and

853Personal Property

854Taxes and Property Insurance.

855 e. Quality Incentive Program Payment

856 Pool.....10 percent of September

8572016 non-property related

858payments of included facilities.

859 f. Quality Score Threshold to Qualify ~~Quality~~ for Quality

860 Incentive Payment.....20th

861percentile of included facilities.

862 g. Fair Rental Value System Payment Parameters:

863 (I) Building Value per Square Foot based on 2018 RS Means.

864 (II) Land Valuation10 percent of Gross Building value.

865 (III) Facility Square FootageActual Square Footage.

866 (IV) Movable Equipment Allowance\$8,000 per bed.

867 (V) Obsolescence Factor1.5 percent.

868 (VI) Fair Rental Rate of Return8 percent.

869 (VII) Minimum Occupancy90 percent.

870 (VIII) Maximum Facility Age40 years.

576-02654A-25

20252514pb

871 (IX) Minimum Square Footage per Bed.....350.

872 (X) Maximum Square Footage for Bed.....500.

873 (XI) Minimum Cost of a renovation/replacements \$500 per bed.

874 h. Ventilator Supplemental payment of \$200 per Medicaid day
875 of 40,000 ventilator Medicaid days per fiscal year.

876 2. The agency shall revise its methodology for calculating
877 Quality Incentive Program payments to include the results of
878 consumer satisfaction surveys conducted pursuant to s. 400.0225
879 as a measure of nursing home quality. The agency shall so revise
880 the methodology after the surveys have been in effect for an
881 amount of time the agency deems sufficient for statistical and
882 scientific validity as a meaningful quality measure that may be
883 incorporated into the methodology.

884 3. The direct care subcomponent shall include salaries and
885 benefits of direct care staff providing nursing services
886 including registered nurses, licensed practical nurses, and
887 certified nursing assistants who deliver care directly to
888 residents in the nursing home facility, allowable therapy costs,
889 and dietary costs. This excludes nursing administration, staff
890 development, the staffing coordinator, and the administrative
891 portion of the minimum data set and care plan coordinators. The
892 direct care subcomponent also includes medically necessary
893 dental care, vision care, hearing care, and podiatric care.

894 ~~4.3.~~ All other patient care costs shall be included in the
895 indirect care cost subcomponent of the patient care per diem
896 rate, including complex medical equipment, medical supplies, and
897 other allowable ancillary costs. Costs may not be allocated
898 directly or indirectly to the direct care subcomponent from a
899 home office or management company.

576-02654A-25

20252514pb

900 ~~5.4.~~ On July 1 of each year, the agency shall report to the
901 Legislature direct and indirect care costs, including average
902 direct and indirect care costs per resident per facility and
903 direct care and indirect care salaries and benefits per category
904 of staff member per facility.

905 ~~6.5.~~ Every fourth year, the agency shall rebase nursing
906 home prospective payment rates to reflect changes in cost based
907 on the most recently audited cost report for each participating
908 provider.

909 ~~7.6.~~ A direct care supplemental payment may be made to
910 providers whose direct care hours per patient day are above the
911 80th percentile and who provide Medicaid services to a larger
912 percentage of Medicaid patients than the state average.

913 ~~8.7.~~ Pediatric, Florida Department of Veterans Affairs, and
914 government-owned facilities are exempt from the pricing model
915 established in this subsection and shall remain on a cost-based
916 prospective payment system. Effective October 1, 2018, the
917 agency shall set rates for all facilities remaining on a cost-
918 based prospective payment system using each facility's most
919 recently audited cost report, eliminating retroactive
920 settlements.

921 9. By October 1, 2025, and each year thereafter, the agency
922 shall submit to the Governor, the President of the Senate, and
923 the Speaker of the House of Representatives a report on each
924 Quality Incentive Program payment made pursuant to sub-
925 subparagraph 1.e. The report must, at a minimum, include all of
926 the following information:

927 a. The name of each facility that received a Quality
928 Incentive Program payment and the dollar amount of such payment

576-02654A-25

20252514pb

929 each facility received.

930 b. The total number of quality incentive metric points
931 awarded by the agency to each facility and the number of points
932 awarded by the agency for each individual quality metric
933 measured.

934 c. An examination of any trends in the improvement of the
935 quality of care provided to nursing home residents which may be
936 attributable to incentive payments received under the Quality
937 Incentive Program. The agency shall include examination of
938 trends both for the program as a whole as well as for each
939 individual quality metric used by the agency to award program
940 payments.

941
942 It is the intent of the Legislature that the reimbursement plan
943 achieve the goal of providing access to health care for nursing
944 home residents who require large amounts of care while
945 encouraging diversion services as an alternative to nursing home
946 care for residents who can be served within the community. The
947 agency shall base the establishment of any maximum rate of
948 payment, whether overall or component, on the available moneys
949 as provided for in the General Appropriations Act. The agency
950 may base the maximum rate of payment on the results of
951 scientifically valid analysis and conclusions derived from
952 objective statistical data pertinent to the particular maximum
953 rate of payment. The agency shall base the rates of payments in
954 accordance with the minimum wage requirements as provided in the
955 General Appropriations Act.

956 Section 13. Subsection (1), paragraph (d) of subsection
957 (2), and paragraph (a) of subsection (5) of section 409.91256,

576-02654A-25

20252514pb

958 Florida Statutes, are amended to read:

959 409.91256 Training, Education, and Clinicals in Health
960 (TEACH) Funding Program.—

961 (1) PURPOSE AND INTENT.—The Training, Education, and
962 Clinicals in Health (TEACH) Funding Program is created to
963 provide a high-quality educational experience while supporting
964 participating federally qualified health centers, community
965 mental health centers, rural health clinics, ~~and~~ certified
966 community behavioral health clinics, and publicly funded
967 nonprofit organizations serving Medicaid recipients or other
968 low-income patients in areas designated as health professional
969 shortage areas and approved by the agency by offsetting
970 administrative costs and loss of revenue associated with
971 training residents and students to become licensed health care
972 practitioners. Further, it is the intent of the Legislature to
973 use the program to support the state Medicaid program and
974 underserved populations by expanding the available health care
975 workforce.

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

977 (d) "Qualified facility" means a federally qualified health
978 center, a community mental health center, a rural health clinic,
979 ~~or~~ a certified community behavioral health clinic, or a publicly
980 funded nonprofit organization serving Medicaid recipients or
981 other low-income patients in an area designated as a health
982 professional shortage area and approved by the agency.

983 (5) REIMBURSEMENT.—Qualified facilities may be reimbursed
984 under this section only to offset the administrative costs or
985 lost revenue associated with training students, allopathic
986 residents, osteopathic residents, or dental residents who are

576-02654A-25

20252514pb

987 enrolled in an accredited educational or residency program based
988 in this state.

989 (a) Subject to an appropriation, the agency may reimburse a
990 qualified facility based on the number of clinical training
991 hours reported under subparagraph (3)(e)1. The allowed
992 reimbursement per student is as follows:

- 993 1. A medical or dental resident at a rate of \$50 per hour.
- 994 2. A first-year medical student at a rate of \$27 per hour.
- 995 3. A second-year medical student at a rate of \$27 per hour.
- 996 4. A third-year medical student at a rate of \$29 per hour.
- 997 5. A fourth-year medical student at a rate of \$29 per hour.
- 998 6. A dental student at a rate of \$22 per hour.
- 999 7. An advanced practice registered nursing student at a
1000 rate of \$22 per hour.
- 1001 8. A physician assistant student at a rate of \$22 per hour.
- 1002 9. A nursing student at a rate of \$22 per hour.
- 1003 10. A behavioral health student at a rate of \$15 per hour.
- 1004 11.10. A dental hygiene student at a rate of \$15 per hour.

1005 Section 14. (1) To support and enhance quality outcomes in
1006 Florida's nursing homes, the Agency for Health Care
1007 Administration shall contract with a third-party vendor to
1008 conduct a comprehensive study of nursing home quality incentive
1009 programs in other states.

1010 (a) At a minimum, the study must include a detailed
1011 analysis of quality incentive programs implemented in each of
1012 the states examined, identify components of such programs which
1013 have demonstrably improved nursing home quality outcomes, and
1014 provide recommendations to modify or enhance this state's
1015 existing Medicaid Quality Incentive Program based on its

576-02654A-25

20252514pb

1016 historical performance and trends since it was first
1017 implemented.

1018 (b) The study must also include:

1019 1. An in-depth review of emerging and existing technologies
1020 applicable to nursing home care and an analysis of how their
1021 adoption in this state could improve quality of care and
1022 operational efficiency; and

1023 2. An examination of other states' Medicaid add-on payment
1024 structures related to the provision of ventilator care,
1025 bariatric services, and behavioral health services.

1026 (2) The agency shall submit a final report on the study,
1027 including findings and actionable recommendations, to the
1028 Governor, the President of the Senate, and the Speaker of the
1029 House of Representatives by December 1, 2025.

1030 Section 15. This act shall take effect July 1, 2025.