

1 A bill to be entitled
2 An act relating to health care; providing a short
3 title; repealing ss. 286.31, 286.311, and 381.00321,
4 F.S., relating to the prohibited use of state funds
5 for travel to another state for purpose of abortion
6 services, the prohibited use of state funds for sex-
7 reassignment prescriptions or procedures, and the
8 right of medical conscience of health care providers
9 and health care payors, respectively; creating s.
10 381.027, F.S.; providing a short title; defining
11 terms; requiring a covered entity to, by a specified
12 date, adopt a policy relating to providing written
13 notice of a complete list of its refused services to
14 patients; providing requirements for such notice;
15 requiring a covered entity to submit a complete list
16 of its refused services to the Department of Health by
17 a specified date; requiring a covered entity to notify
18 the department within a specified timeframe after a
19 change is made to such list; requiring a covered
20 entity to submit the list, along with its application,
21 if applying for certain state grants or contracts;
22 providing a civil penalty; requiring the department to
23 adopt rules; requiring the department to publish and
24 maintain on its website a current list of covered
25 entities and their refused services by a specified

26 date; requiring the department to develop and
27 administer a certain public education and awareness
28 program; providing construction; providing for
29 severability; amending s. 381.96, F.S.; revising the
30 definition of the term "eligible client" and
31 redefining the term "pregnancy and parenting support
32 services" as "pregnancy support services,"; revising
33 department duties and contract requirements to conform
34 to changes made by the act; amending s. 390.011, F.S.;
35 deleting the definition of the term "fatal fetal
36 abnormality"; amending s. 390.0111, F.S.; revising the
37 timeframe in which a physician may perform a
38 termination of pregnancy; revising exceptions;
39 deleting the prohibition against the use of telehealth
40 to perform abortions, the requirement that medications
41 intended for use in a medical abortion be dispensed in
42 person by a physician, and the prohibition against
43 dispensing such medication through the United States
44 Postal Service or any other courier or shipping
45 service; amending s. 390.012, F.S.; revising rules the
46 Agency for Health Care Administration may develop and
47 enforce to regulate abortion clinics; repealing s.
48 395.3027, F.S., relating to patient immigration status
49 data collection in hospitals; amending s. 409.905,
50 F.S.; defining the terms "gender identity" and

"transgender individual"; requiring the agency to provide Medicaid reimbursement for medically necessary treatment for or related to gender dysphoria or a comparable or equivalent diagnosis; prohibiting the agency from discriminating in its reimbursement on the basis of a recipient's gender identity or that the recipient is a transgender individual; amending s. 456.001, F.S.; deleting the definition of the terms "sex" and "sex-reassignment prescriptions or procedures"; amending s. 456.47, F.S.; deleting the prohibition against the use of telehealth to perform abortions, including medical abortions; repealing ss. 456.52 and 766.318, F.S., relating to sex-reassignment prescriptions and procedures and civil liability for provision of sex-reassignment prescriptions or procedures to minors, respectively; amending ss. 61.517, 61.534, 409.908, 409.913, 456.074, and 636.0145, F.S.; conforming provisions and cross-references to changes made by the act; providing an effective date.

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

Section 1. This act may be cited as the "Health Care Freedom Act."

Section 2. Section 286.31, Florida Statutes, is repealed.

Section 3. Section 286.311, Florida Statutes, is repealed.

Section 4. Section 381.00321, Florida Statutes, is repealed.

Section 5. Section 381.027, Florida Statutes, is created to read:

381.027 Requirements for covered entities; notice of refused services; department duties.—

(1) SHORT TITLE.—This section may be cited as the "Health Care Transparency and Accessibility Act."

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

(a) "Covered entity" means any health care facility that uses, plans to use, or relies upon a denial of care provision to refuse to provide a health care service, or referral for a health care service, for any reason. The term does not include a health care practitioner.

(b) "Denial of care provision" means any federal or state law that purports or is asserted to allow a health care facility to opt out of providing a health care service, or referral for a health care service, including, but not limited to, ss.

381.0051(5), 390.0111(8), 483.918, and 765.1105; 42 U.S.C. ss. 18023(b)(4) and 18113; 42 U.S.C. s. 300a-7; 42 U.S.C. s. 238n; 42 U.S.C. s. 2000bb et seq.; s. 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2019, Division B of Pub. L. No.

115-245; and 45 C.F.R. part 88.

(c) "Department" means the Department of Health.

(d) "Health care facility" has the same meaning as in s. 381.026(2).

(e) "Health care practitioner" has the same meaning as in s. 456.001.

(f) "Health care services" has the same meaning as in s. 624.27(1).

(g) "Referral" has the same meaning as in s. 456.053(3).

(h) "Refused service" means a health care service that a covered entity chooses not to provide, or not to provide a referral for, based on one or more denials of care provisions. The term includes health care services that the covered entity selectively provides to some, but not all, patients based on their identity, objections to a health care service, or other nonmedical reasons.

(3) REQUIREMENTS FOR COVERED ENTITIES; PENALTY.—

(a) By October 1, 2025, each covered entity shall adopt a policy for providing patients with a complete list of its refused services. A covered entity shall:

1. Provide written notice to the patient or the patient's representative which includes the complete list of its refused services before any health care service is initiated.

a. In the case of an emergency, the covered entity must promptly provide written notice after the patient is capable of

126 receiving such notice or when the patient's representative is
127 available.

128 b. The patient or patient's representative shall
129 acknowledge receipt of the written notice of refused services.

130 2. Retain all acknowledgments of receipt of the written
131 notice of refused services for a period of at least 3 years.

132 3. Provide a complete list of its refused services to any
133 person upon request.

134 (b) By October 1, 2025, a covered entity shall submit to
135 the department a complete list of its refused services. If any
136 change is made to the list, the covered entity must notify the
137 department within 30 days after making the change.

138 (c) If applying for any state grant or contract related to
139 providing a health care service, a covered entity must submit,
140 along with its application, a complete list of its refused
141 services.

142 (d) A covered entity that fails to comply with this
143 subsection is subject to a fine not to exceed \$5,000 for each
144 day the covered entity is not in compliance.

145 (4) DEPARTMENT DUTIES.—

146 (a) The department shall adopt rules to implement this
147 section which must include a process for receiving and
148 investigating complaints regarding covered entities not in
149 compliance with this section.

150 (b) By January 1, 2026, the department shall publish and

151 maintain on its website a current list of covered entities and
152 the refused services for each covered entity.

153 (c) The department shall develop and administer a public
154 education and awareness program regarding the denial of health
155 care services, including how the denial of health care services
156 can negatively impact health care access and quality, how the
157 denial of health care services may be avoided, and how the
158 denial of health care services affects vulnerable people and
159 communities.

160 (5) CONSTRUCTION.—

161 (a) This section does not authorize denials of health care
162 services or discrimination in the provision of health care
163 services.

164 (b) This section does not limit any cause of action under
165 state or federal law, or limit any remedy in law or equity,
166 against a health care facility or health care practitioner.

167 (c) Compliance with this section does not reduce or limit
168 any potential liability for covered entities associated with the
169 refused services or any violations of state or federal law.

170 (d) Section 761.03 does not provide a claim relating to,
171 or a defense to a claim under, this section, or provide a basis
172 for challenging the application or enforcement of this section
173 or the use of funds associated with the application or
174 enforcement of this section.

175 (6) SEVERABILITY.—If any provision of this section or its

application to any person or circumstance is held invalid, the
invalidity does not affect other provisions or applications of
this section which can be given effect without the invalid
provision or application, and to this end the provisions of this
section are severable.

Section 6. Section 381.96, Florida Statutes, is amended to read:

381.96 Pregnancy support and wellness services.—

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

(a) "Department" means the Department of Health.

(b) "Eligible client" means ~~any of the following:~~

~~1. a pregnant woman or a woman who suspects she is~~
~~pregnant, and the family of such woman, who voluntarily seeks~~
~~pregnancy support services and any woman who voluntarily seeks~~
~~wellness services.~~

~~2. A woman who has given birth in the previous 12 months~~
~~and her family.~~

~~3. A parent or parents or a legal guardian or legal~~
~~guardians, and the families of such parents and legal guardians,~~
~~for up to 12 months after the birth of a child or the adoption~~
~~of a child younger than 3 years of age.~~

(c) "Florida Pregnancy Care Network, Inc.," or "network"
means the not-for-profit statewide alliance of pregnancy support
organizations that provide pregnancy support and wellness
services through a comprehensive system of care to women and

201 their families.

202 (d) "Pregnancy ~~and parenting~~ support services" means
203 services that promote and encourage childbirth, including, but
204 not limited to:

205 1. Direct client services, such as pregnancy testing,
206 counseling, referral, training, and education for pregnant women
207 and their families. A woman and her family remain eligible to
208 receive direct client services for up to 12 months after the
209 birth of the child.

210 2. ~~Nonmedical material assistance that improves the~~
211 ~~pregnancy or parenting situation of families, including, but not~~
212 ~~limited to, clothing, car seats, cribs, formula, and diapers.~~

213 3. ~~Counseling or mentoring, education materials, and~~
214 ~~classes regarding pregnancy, parenting, adoption, life skills,~~
215 ~~and employment readiness.~~

216 4. Network awareness activities, including a promotional
217 campaign to educate the public about the pregnancy support
218 services offered by the network and a website that provides
219 information on the location of providers in the user's area and
220 other available community resources.

221 ~~3.5.~~ Communication activities, including the operation and
222 maintenance of a hotline or call center with a single statewide
223 toll-free number that is available 24 hours a day for an
224 eligible client to obtain the location and contact information
225 for a pregnancy center located in the client's area.

226 (e) "Wellness services" means services or activities
227 intended to maintain and improve health or prevent illness and
228 injury, including, but not limited to, high blood pressure
229 screening, anemia testing, thyroid screening, cholesterol
230 screening, diabetes screening, and assistance with smoking
231 cessation.

232 (2) DEPARTMENT DUTIES.—The department shall contract with
233 the network for the management and delivery of pregnancy ~~and~~
234 ~~parenting~~ support services and wellness services to eligible
235 clients.

236 (3) CONTRACT REQUIREMENTS.—The department contract must
237 ~~shall~~ specify the contract deliverables, including financial
238 reports and other reports due to the department, timeframes for
239 achieving contractual obligations, and any other requirements
240 the department determines are necessary, such as staffing and
241 location requirements. The contract must ~~shall~~ require the
242 network to:

243 (a) Establish, implement, and monitor a comprehensive
244 system of care through subcontractors to meet the pregnancy ~~and~~
245 ~~parenting~~ support and wellness needs of eligible clients.

246 (b) Establish and manage subcontracts with a sufficient
247 number of providers to ensure the availability of pregnancy ~~and~~
248 ~~parenting~~ support services and wellness services for eligible
249 clients, and maintain and manage the delivery of such services
250 throughout the contract period.

251 (c) Spend at least 90 ~~85~~ percent of the contract funds on
252 pregnancy and parenting support services, ~~excluding services~~
253 ~~specified in subparagraph (1)(d)4.~~, and wellness services.

254 (d) Offer wellness services through vouchers or other
255 appropriate arrangements that allow the purchase of services
256 from qualified health care providers.

257 (e) Require a background screening under s. 943.0542 for
258 all paid staff and volunteers of a subcontractor if such staff
259 or volunteers provide direct client services to an eligible
260 client who is a minor or an elderly person or who has a
261 disability.

262 (f) ~~Annually~~ Monitor its subcontractors annually and
263 specify the sanctions that will ~~shall~~ be imposed for
264 noncompliance with the terms of a subcontract.

265 (g) Subcontract only with providers that exclusively
266 promote and support childbirth.

267 (h) Ensure that informational materials provided to an
268 eligible client by a provider are current and accurate and cite
269 the reference source of any medical statement included in such
270 materials.

271 (i) Ensure that the department is provided with all
272 information necessary for the report required under subsection
273 (5).

274 (4) SERVICES.—Services provided pursuant to this section
275 must be provided in a noncoercive manner and may not include any

religious content.

(5) REPORT.—By July 1, 2024, and each year thereafter, the department shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the amount and types of services provided by the network; the expenditures for such services; and the number of, and demographic information for, women, ~~parents,~~ and families served by the network.

Section 7. Subsection (6) of section 390.011, Florida Statutes, is amended to read:

390.011 Definitions.—As used in this chapter, the term:
~~(6) "Fatal fetal abnormality" means a terminal condition that, in reasonable medical judgment, regardless of the provision of life-saving medical treatment, is incompatible with life outside the womb and will result in death upon birth or imminently thereafter.~~

Section 8. Subsections (1) and (2) of section 390.0111, Florida Statutes, are amended to read:

390.0111 Termination of pregnancies.—
(1) TERMINATION IN THIRD TRIMESTER AFTER GESTATIONAL AGE OF 6 WEEKS; WHEN ALLOWED.—A physician may not knowingly perform or induce a termination of pregnancy on any person in the third trimester of pregnancy ~~if the physician determines the gestational age of the fetus is more than 6 weeks~~ unless one of the following conditions is met:

301 (a) Two physicians certify in writing that, in reasonable
302 medical judgment, the termination of the pregnancy is necessary
303 to save the pregnant woman's life or avert a serious risk of
304 substantial and irreversible physical impairment of a major
305 bodily function of the pregnant woman other than a psychological
306 condition.

307 (b) The physician certifies in writing that, in reasonable
308 medical judgment, there is a medical necessity for legitimate
309 emergency medical procedures for termination of the pregnancy to
310 save the pregnant woman's life or avert a serious risk of
311 imminent substantial and irreversible physical impairment of a
312 major bodily function of the pregnant woman other than a
313 psychological condition, and another physician is not available
314 for consultation.

315 ~~(c) The pregnancy has not progressed to the third~~
316 ~~trimester and two physicians certify in writing that, in~~
317 ~~reasonable medical judgment, the fetus has a fatal fetal~~
318 ~~abnormality.~~

319 ~~(d) The pregnancy is the result of rape, incest, or human~~
320 ~~trafficking and the gestational age of the fetus is not more~~
321 ~~than 15 weeks as determined by the physician. At the time the~~
322 ~~woman schedules or arrives for her appointment to obtain the~~
323 ~~abortion, she must provide a copy of a restraining order, police~~
324 ~~report, medical record, or other court order or documentation~~
325 ~~providing evidence that she is obtaining the termination of~~

~~pregnancy because she is a victim of rape, incest, or human trafficking. If the woman is 18 years of age or older, the physician must report any known or suspected human trafficking to a local law enforcement agency. If the woman is a minor, the physician must report the incident of rape, incest, or human trafficking to the central abuse hotline as required by s. 39.201.~~

(2) IN-PERSON PERFORMANCE BY PHYSICIAN REQUIRED.—Only a physician may perform or induce a termination of pregnancy. ~~A physician may not use telehealth as defined in s. 456.47 to perform an abortion, including, but not limited to, medical abortions. Any medications intended for use in a medical abortion must be dispensed in person by a physician and may not be dispensed through the United States Postal Service or by any other courier or shipping service.~~

Section 9. Subsection (1) of section 390.012, Florida Statutes, is amended to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

(1) The agency may develop and enforce rules pursuant to ss. 390.011-390.018 and part II of chapter 408 for the health, care, and treatment of persons in abortion clinics and for the safe operation of such clinics. The rules must be reasonably related to the preservation of maternal health of the clients, must be in accordance with s. 797.03, may not impose an

unconstitutional burden on a woman's freedom to decide whether to terminate her pregnancy, and must provide for all of the following:

(a) The performance of pregnancy termination procedures only by a licensed physician.

(b) The making, protection, and preservation of patient records, which must be treated as medical records under chapter 458. When performing a license inspection of a clinic, the agency shall inspect at least 50 percent of patient records generated since the clinic's last license inspection.

(c) Annual inspections by the agency of all clinics licensed under this chapter to ensure that such clinics are in compliance with this chapter and agency rules.

(d) The prompt investigation of credible allegations of abortions being performed at a clinic that is not licensed to perform such procedures.

Section 10. Section 395.3027, Florida Statutes, is repealed.

Section 11. Present subsections (4) through (12) of section 409.905, Florida Statutes, are redesignated as subsections (5) through (13), respectively, and a new subsection (4) is added to that section, to read:

409.905 Mandatory Medicaid services.—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by

Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law.

Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(4) GENDER-AFFIRMING CARE.—

(a) Definitions.—As used in this section, the term:

1. "Gender identity" means an individual's internal sense of that individual's gender, regardless of the sex assigned to that individual at birth.

2. "Transgender individual" means an individual who identifies as a gender different from the sex assigned to that individual at birth.

(b) Reimbursement.—The agency shall provide reimbursement for medically necessary treatment for or related to gender dysphoria as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association or a comparable or equivalent diagnosis.

401 (c) Discrimination prohibited.—The agency may not
402 discriminate in its reimbursement of medically necessary
403 treatment on the basis of the recipient's gender identity or on
404 the basis that the recipient is a transgender individual.

405 **Section 12. Subsections (8) and (9) of section 456.001,**
406 **Florida Statutes, are amended to read:**

407 456.001 Definitions.—As used in this chapter, the term:
408 ~~(8) "Sex" means the classification of a person as either~~
409 ~~male or female based on the organization of the human body of~~
410 ~~such person for a specific reproductive role, as indicated by~~
411 ~~the person's sex chromosomes, naturally occurring sex hormones,~~
412 ~~and internal and external genitalia present at birth.~~

413 ~~(9) (a) "Sex-reassignment prescriptions or procedures"~~
414 ~~means:~~

415 ~~1. The prescription or administration of puberty blockers~~
416 ~~for the purpose of attempting to stop or delay normal puberty in~~
417 ~~order to affirm a person's perception of his or her sex if that~~
418 ~~perception is inconsistent with the person's sex as defined in~~
419 ~~subsection (8).~~

420 ~~2. The prescription or administration of hormones or~~
421 ~~hormone antagonists to affirm a person's perception of his or~~
422 ~~her sex if that perception is inconsistent with the person's sex~~
423 ~~as defined in subsection (8).~~

424 ~~3. Any medical procedure, including a surgical procedure,~~
425 ~~to affirm a person's perception of his or her sex if that~~

~~perception is inconsistent with the person's sex as defined in subsection (8).~~

~~(b) The term does not include:~~

~~1. Treatment provided by a physician who, in his or her good faith clinical judgment, performs procedures upon or provides therapies to a minor born with a medically verifiable genetic disorder of sexual development, including any of the following:~~

~~a. External biological sex characteristics that are unresolvably ambiguous.~~

~~b. A disorder of sexual development in which the physician has determined through genetic or biochemical testing that the patient does not have a normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female, as applicable.~~

~~2. Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any sex-reassignment prescription or procedure, regardless of whether such prescription or procedure was performed in accordance with state or federal law.~~

~~3. Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a physician licensed under chapter 458 or chapter 459, place the individual~~

~~in imminent danger of death or impairment of a major bodily function without the prescription or procedure.~~

Section 13. Paragraph (f) of subsection (2) of section 456.47, Florida Statutes, is amended to read:

456.47 Use of telehealth to provide services.—

(2) PRACTICE STANDARDS.—

~~(f) A telehealth provider may not use telehealth to perform an abortion, including, but not limited to, medical abortions as defined in s. 390.011.~~

Section 14. Section 456.52, Florida Statutes, is repealed.

Section 15. Section 766.318, Florida Statutes, is repealed.

Section 16. Subsection (1) of section 61.517, Florida Statutes, is amended to read:

61.517 Temporary emergency jurisdiction.—

(1) A court of this state has temporary emergency jurisdiction if the child is present in this state and:

(a) The child has been abandoned; or

(b) It is necessary in an emergency to protect the child because the child, or a sibling or parent of the child, is subjected to or threatened with mistreatment or abuse; ~~or~~

~~(c) It is necessary in an emergency to protect the child because the child has been subjected to or is threatened with being subjected to sex-reassignment prescriptions or procedures, as defined in s. 456.001.~~

476 **Section 17. Subsection (1) of section 61.534, Florida**
477 **Statutes, is amended to read:**

478 61.534 Warrant to take physical custody of child.—

479 (1) Upon the filing of a petition seeking enforcement of a
480 child custody determination, the petitioner may file a verified
481 application for the issuance of a warrant to take physical
482 custody of the child if the child is likely to imminently suffer
483 serious physical harm or removal from this state. ~~Serious~~
484 ~~physical harm includes, but is not limited to, being subjected~~
485 ~~to sex reassignment prescriptions or procedures as defined in s.~~
486 ~~456.001.~~

487 **Section 18. Paragraph (a) of subsection (1) of section**
488 **409.908, Florida Statutes, is amended to read:**

489 409.908 Reimbursement of Medicaid providers.—Subject to
490 specific appropriations, the agency shall reimburse Medicaid
491 providers, in accordance with state and federal law, according
492 to methodologies set forth in the rules of the agency and in
493 policy manuals and handbooks incorporated by reference therein.
494 These methodologies may include fee schedules, reimbursement
495 methods based on cost reporting, negotiated fees, competitive
496 bidding pursuant to s. 287.057, and other mechanisms the agency
497 considers efficient and effective for purchasing services or
498 goods on behalf of recipients. If a provider is reimbursed based
499 on cost reporting and submits a cost report late and that cost
500 report would have been used to set a lower reimbursement rate

for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid-eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(1) Reimbursement to hospitals licensed under part I of chapter 395 must be made prospectively or on the basis of negotiation.

(a) Reimbursement for inpatient care is limited as provided in s. 409.905(6) ~~s. 409.905(5)~~, except as otherwise provided in this subsection.

1. If authorized by the General Appropriations Act, the agency may modify reimbursement for specific types of services or diagnoses, recipient ages, and hospital provider types.

526 2. The agency may establish an alternative methodology to
527 the DRG-based prospective payment system to set reimbursement
528 rates for:

- 529 a. State-owned psychiatric hospitals.
530 b. Newborn hearing screening services.
531 c. Transplant services for which the agency has
532 established a global fee.
533 d. Recipients who have tuberculosis that is resistant to
534 therapy who are in need of long-term, hospital-based treatment
535 pursuant to s. 392.62.

536 3. The agency shall modify reimbursement according to
537 other methodologies recognized in the General Appropriations
538 Act.

539
540 The agency may receive funds from state entities, including, but
541 not limited to, the Department of Health, local governments, and
542 other local political subdivisions, for the purpose of making
543 special exception payments, including federal matching funds,
544 through the Medicaid inpatient reimbursement methodologies.
545 Funds received for this purpose shall be separately accounted
546 for and may not be commingled with other state or local funds in
547 any manner. The agency may certify all local governmental funds
548 used as state match under Title XIX of the Social Security Act,
549 to the extent and in the manner authorized under the General
550 Appropriations Act and pursuant to an agreement between the

551 agency and the local governmental entity. In order for the
552 agency to certify such local governmental funds, a local
553 governmental entity must submit a final, executed letter of
554 agreement to the agency, which must be received by October 1 of
555 each fiscal year and provide the total amount of local
556 governmental funds authorized by the entity for that fiscal year
557 under this paragraph, paragraph (b), or the General
558 Appropriations Act. The local governmental entity shall use a
559 certification form prescribed by the agency. At a minimum, the
560 certification form must identify the amount being certified and
561 describe the relationship between the certifying local
562 governmental entity and the local health care provider. The
563 agency shall prepare an annual statement of impact which
564 documents the specific activities undertaken during the previous
565 fiscal year pursuant to this paragraph, to be submitted to the
566 Legislature annually by January 1.

567 **Section 19. Subsection (36) of section 409.913, Florida**
568 **Statutes, is amended to read:**

569 409.913 Oversight of the integrity of the Medicaid
570 program.—The agency shall operate a program to oversee the
571 activities of Florida Medicaid recipients, and providers and
572 their representatives, to ensure that fraudulent and abusive
573 behavior and neglect of recipients occur to the minimum extent
574 possible, and to recover overpayments and impose sanctions as
575 appropriate. Each January 15, the agency and the Medicaid Fraud

Control Unit of the Department of Legal Affairs shall submit a report to the Legislature documenting the effectiveness of the state's efforts to control Medicaid fraud and abuse and to recover Medicaid overpayments during the previous fiscal year. The report must describe the number of cases opened and investigated each year; the sources of the cases opened; the disposition of the cases closed each year; the amount of overpayments alleged in preliminary and final audit letters; the number and amount of fines or penalties imposed; any reductions in overpayment amounts negotiated in settlement agreements or by other means; the amount of final agency determinations of overpayments; the amount deducted from federal claiming as a result of overpayments; the amount of overpayments recovered each year; the amount of cost of investigation recovered each year; the average length of time to collect from the time the case was opened until the overpayment is paid in full; the amount determined as uncollectible and the portion of the uncollectible amount subsequently reclaimed from the Federal Government; the number of providers, by type, that are terminated from participation in the Medicaid program as a result of fraud and abuse; and all costs associated with discovering and prosecuting cases of Medicaid overpayments and making recoveries in such cases. The report must also document actions taken to prevent overpayments and the number of providers prevented from enrolling in or reenrolling in the

Medicaid program as a result of documented Medicaid fraud and abuse and must include policy recommendations necessary to prevent or recover overpayments and changes necessary to prevent and detect Medicaid fraud. All policy recommendations in the report must include a detailed fiscal analysis, including, but not limited to, implementation costs, estimated savings to the Medicaid program, and the return on investment. The agency must submit the policy recommendations and fiscal analyses in the report to the appropriate estimating conference, pursuant to s. 216.137, by February 15 of each year. The agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs each must include detailed unit-specific performance standards, benchmarks, and metrics in the report, including projected cost savings to the state Medicaid program during the following fiscal year.

(36) The agency may provide to a sample of Medicaid recipients or their representatives through the distribution of explanations of benefits information about services reimbursed by the Medicaid program for goods and services to such recipients, including information on how to report inappropriate or incorrect billing to the agency or other law enforcement entities for review or investigation, information on how to report criminal Medicaid fraud to the Medicaid Fraud Control Unit's toll-free hotline number, and information about the rewards available under s. 409.9203. The explanation of benefits

may not be mailed for Medicaid independent laboratory services as described in s. 409.905(8) ~~s. 409.905(7)~~ or for Medicaid certified match services as described in ss. 409.9071 and 1011.70.

Section 20. Paragraph (c) of subsection (5) of section 456.074, Florida Statutes, is amended to read:

456.074 Certain health care practitioners; immediate suspension of license.—

(5) The department shall issue an emergency order suspending the license of any health care practitioner who is arrested for committing or attempting, soliciting, or conspiring to commit any act that would constitute a violation of any of the following criminal offenses in this state or similar offenses in another jurisdiction:

~~(c) Section 456.52(5)(b), relating to prescribing, administering, or performing sex-reassignment prescriptions or procedures for a patient younger than 18 years of age.~~

Section 21. Section 636.0145, Florida Statutes, is amended to read:

636.0145 Certain entities contracting with Medicaid.—An entity that is providing comprehensive inpatient and outpatient mental health care services to certain Medicaid recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk Counties through a capitated, prepaid arrangement pursuant to the federal waiver provided for in s. 409.905(6) ~~s. 409.905(5)~~ must become

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licensed under this chapter by December 31, 1998. Any entity
licensed under this chapter which provides services solely to
Medicaid recipients under a contract with Medicaid is exempt
from ss. 636.017, 636.018, 636.022, 636.028, 636.034, and
636.066(1) .

Section 22. This act shall take effect July 1, 2025.