1 A bill to be entitled 2 An act relating to Medicaid oversight; creating s. 3 11.405, F.S.; establishing the Joint Legislative 4 Committee on Medicaid Oversight within the Office of 5 the Auditor General for specified purposes; providing 6 for membership, subcommittees, and meetings of the 7 committee; specifying duties of the committee; 8 requiring the Auditor General and the Agency for 9 Health Care Administration to enter into a data 10 sharing agreement by a specified date; requiring the 11 Auditor General to assist the committee; providing 12 that the committee must be given access to certain records, papers, and documents; authorizing the 13 14 committee to compel testimony and evidence according 15 to specified provisions; providing for additional 16 powers of the committee; providing that certain joint rules of the Legislature apply to the proceedings of 17 the committee; requiring the agency to notify the 18 committee of certain changes and provide a report of 19 20 specified information to the committee; requiring the 21 agency to submit a copy of certain reports to the 22 committee; providing an effective date. 23 24 Be It Enacted by the Legislature of the State of Florida: 25 Page 1 of 6

CODING: Words stricken are deletions; words underlined are additions.

2025

26 Section 1. Section 11.405, Florida Statutes, is created to 27 read: 28 11.405 Joint Legislative Committee on Medicaid Oversight.-29 The Joint Legislative Committee on Medicaid Oversight is created 30 within the Office of the Auditor General established under s. 31 11.42 to ensure that the state Medicaid program is operating in 32 accordance with the Legislature's intent and to promote 33 transparency and efficiency in government spending. 34 (1) MEMBERSHIP; SUBCOMMITTEES; MEETINGS.-35 The committee shall be composed of three members of (a) the Senate appointed by the President of the Senate and three 36 37 members of the House of Representatives appointed by the Speaker of the House of Representatives, with each member serving a 2-38 39 year term. The chair and vice chair shall be appointed for 1-40 year terms, with the appointments alternating between the 41 President of the Senate and the Speaker of the House of 42 Representatives. The chair and vice chair may not be members of 43 the same house of the Legislature. If both the chair and vice 44 chair are absent at any meeting, the members present must elect 45 a temporary chair by a majority vote. 46 (b) Members shall serve without compensation but may be reimbursed for per diem and travel expenses pursuant to s. 47 48 112.061. The chair may establish subcommittees as needed to 49 (C) 50 fulfill the committee's duties.

Page 2 of 6

CODING: Words stricken are deletions; words underlined are additions.

2025

51 The committee shall convene at least twice a year, and (d) 52 as often as necessary to conduct its business as required under 53 this section. Meetings may be held through teleconference or 54 other electronic means. 55 (2) COMMITTEE DUTIES.-56 The committee shall evaluate all aspects of the state (a) 57 Medicaid program related to program financing, quality of care and health outcomes, administrative functions, and operational 58 59 functions to ensure the program is providing transparency in the 60 provision of health care plans and providers, ensuring access to quality health care services to Medicaid recipients, and 61 62 providing stability to the state's budget through a health care 63 delivery system designed to contain costs. 64 (b) The committee shall identify and recommend policies 65 that limit Medicaid spending growth while improving health care 66 outcomes for Medicaid recipients. In developing its 67 recommendations, the committee shall do all of the following: 68 1. Evaluate legislation for its long-term impact on the 69 state Medicaid program. 70 2. Review data submitted to the agency by the Medicaid 71 managed care plans pursuant to statutory and contract 72 requirements, including, but not limited to, timeliness of provider credentialing, timely payment of claims, rate of claim 73 74 denials, prior authorizations for services, and consumer 75 complaints.

Page 3 of 6

CODING: Words stricken are deletions; words underlined are additions.

2025

2025

76	3. Review the Medicaid managed care plans' encounter data,
77	financials, and audits and the data used to calculate the plans'
78	achieved savings rebates and medical loss ratios.
79	4. Review data related to health outcomes of Medicaid
80	recipients, including, but not limited to, Health Effectiveness
81	Data and Information Set measures for each Medicaid managed care
82	plan, each Medicaid managed care plan's performance improvement
83	projects, and outcome data related to all quality goals included
84	in the Medicaid managed care organization contracts to improve
85	quality for recipients.
86	5. Identify any areas for improvement in statute and rule
87	relating to the state Medicaid program.
88	6. Develop a plan of action for the future of the state
89	Medicaid program.
90	(c) The committee may submit periodic reports, including
91	recommendations, to the Legislature on issues related to the
92	state Medicaid program and any affiliated programs.
93	(3) COOPERATION
94	(a) The Auditor General and the Agency for Health Care
95	Administration shall enter into and maintain a data sharing
96	agreement by July 1, 2025, to ensure the committee has full
97	access to all data needed to fulfill its responsibilities.
98	(b) The Auditor General shall assist the committee in its
99	work by providing credentialed professional staff or consulting
100	services, including, but not limited to, an actuary not
	Page 4 of 6

CODING: Words stricken are deletions; words <u>underlined</u> are additions.

2025

101	associated with the state Medicaid program or any Medicaid
102	managed care organization who currently has a contract with the
103	state.
104	(c) The committee, in the course of its official duties,
105	must be given access to any relevant record, paper, or document
106	in possession of a state agency, any political subdivision of
107	the state, or any entity engaged in business or under contract
108	with a state agency, and may compel the attendance and testimony
109	of any state official or employee before the committee or secure
110	any evidence as provided in s. 11.143. The committee shall also
111	have any other powers conferred on it by joint rules of the
112	Senate and the House of Representatives, and any joint rules of
113	the Senate and the House of Representatives applicable to joint
114	legislative committees apply to the proceedings of the committee
115	under this section.
116	(4) AGENCY REPORTS
117	(a) Before implementing any change to the Medicaid managed
118	care capitation rates, the Agency for Health Care Administration
119	shall notify the committee of the change and appear before the
120	committee to provide a report detailing the managed care
121	capitation rates and administrative costs built into the
122	capitation rates. The report must include the agency's
123	historical and projected Medicaid program expenditure and
124	utilization trend rates by Medicaid program and service category
125	for the rate year, an explanation of how the trend rates were

Page 5 of 6

CODING: Words stricken are deletions; words <u>underlined</u> are additions.

FLORIDA	HOUSE	OF REP	RESENTA	TIVES
---------	-------	--------	---------	-------

2025

126	calculated, and the policy decisions that were included in
127	setting the capitation rates.
128	(b) If the Agency for Health Care Administration or any
129	division within the agency is required by law to report to the
130	Legislature or to any legislative committee or subcommittee on
131	matters relating to the state Medicaid program, the agency must
132	also submit a copy of the report to the committee.
133	Section 2. This act shall take effect upon becoming a law.

Page 6 of 6

CODING: Words stricken are deletions; words <u>underlined</u> are additions.